Mineral Point, Wisconsin

CITY OF MINERAL POINT

137 HIGH STREET, SUITE 1
MINERAL POINT, WI 53565
608-987-2361

AGENDA

CITY OF MINERAL POINT POLICING & LICENSING COMMITTEE MEETING
Wednesday, August 6, 2025, 5:30 PM
City Hall Community Room

1. Call to Order, Roll Call, and Confirmation of Compliance with the Open Meetings Law.
2. Approval of June 4, 2025 Minutes.
3. Consideration of application for 2025-2026 "Class A" Beer & Liquor licenses for Bittersweet Holdings, LLC, d/b/a Staple and Fancy, 110 High Street, Brian Blanchette, Agent. **Action:** Recommend Council approval or denial of license application.
4. Consideration of application for 2025-2026 Cigarette License for Limestone, LLC, 52 High Street. **Action:** Recommendation for Council approval or denial of license application.
5. Discussion and possible action on the 2026 Police Budget.
6. Adjourn.

Agenda Posted and Distributed: Thursday, July 31, 2025

Reasonable accommodations for participation in this meeting by persons with disabilities, as defined by the Americans with Disabilities Act, will be made upon request and if feasible. Please contact the City Clerk's office (608-987-2361) at least 24 hours prior to the scheduled meeting so that necessary accommodations can be provided.

MINUTES

CITY OF MINERAL POINT POLICE & LICENSING COMMITTEE MEETING
Wednesday, June 4, 2025, 5:30 P.M.
City Hall Community Room

CALL TO ORDER/ROLL CALL
Meeting called to order by Chair Graber at 5:30 PM.

Brian Graber, Chair	Present
Keith Burrows	Present
Steph McKeon	Present
Others Present: Clerk-Treasurer Christy Skelding, Police Chief Bob Weier	

APPROVAL OF MINUTES – APRIL 10, 2025 MEETING
Motion (Burrows/McKeon) to approve the minutes. Motion carried, all voting aye (3-0).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 "CLASS A" RETAILERS BEER & LIQUOR LICENSES

- Casey's Marketing Company, d/b/a Casey General Store #3897, 609 Dodge Street, Melissa Frank, Agent
- Five Point Market, LLC., d/b/a Five Point Market, 319 Commerce Street, Molly Huie, Agent
- Kwik Trip Inc., 622 Dodge Street, Julie Oxnem, Agent
- Triple P Express, LLC, 1045 Branger Drive, Leda Poad, Agent
- Team Sullivan, LLC, d/b/a Sullivan's, 303 Commerce Street, Dawn Hughes-Sullivan, Agent
- Dolgencorp, LLC, d/b/a Dollar General, 713 Dodge Street, Jacob Stankowski, Agent

Motion (McKeon/Burrows) to recommend Council approval of all listed applications for 2025-2026 "Class A" Retailers Beer and Liquor licenses. Motion carried, all voting aye (3-0).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 CLASS "B" BEER LICENSES

- Red Rooster Café, LLC, 158 High Street, Tammi Busse, Agent
- Five Point Market, LLC, d/b/a/ Café 43, 43 High Street, Molly Huie, Agent
- Schanen-Spady Hospitality, LLC, d/b/a Mineral Point Hotel, 121 Commerce Street, John Spady, Agent
- Shake Rag Alley, Inc., 18 Shakerag Street, Christina Kubasta, Agent
- The Book Kitchen, LLC, 151 High Street, Nicole Bujewski, Agent
- The US Hotel, LLC, d/b/a Lion and Porcupine, 265 High Street, Julian Kerbis, Agent

Motion (Burrows/McKeon) to recommend Council approval of Red Rooster Café, LLC; Five Point Market, LLC; Schanen-Spady Hospitality, LLC; Shake Rag Alley, Inc.; and The US Hotel LLC, for 2025-2026 Class "B" Beer licenses. Motion carried, all voting aye (3-0).

Motion (McKeon/Graber) to recommend Council approval of The Book Kitchen, LLC, for 2025-2026 Class "B" Beer licenses. Motion carried, all voting aye, with Alder Burrows abstaining (2-0-1).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 "CLASS C" WINE LICENSES

- Five Point Market, LLC, d/b/a/ Café 43, 43 High Street, Molly Huie, Agent
- Schanen-Spady Hospitality, LLC, d/b/a Mineral Point Hotel, 121 Commerce Street, John Spady, Agent
- Shake Rag Alley, Inc., 18 Shakerag Street, Christina Kubasta, Agent
- The Book Kitchen, LLC, 151 High Street, Nicole Bujewski, Agent
- The US Hotel, LLC, d/b/a Lion and Porcupine, 265 High Street, Julian Kerbis, Agent

Motion (Burrows/McKeon) to recommend Council approval Five Point Market, LLC; Schanen-Spady Hospitality, LLC; Shake Rag Alley, Inc.; and The US Hotel, LLC for 2025-2026 "Class C" Wine licenses. Motion carried, all voting aye (3-0).

Motion (McKeon/Graber) to recommend Council approval The Book Kitchen, LLC, for 2025-2026 "Class C" Wine licenses. Motion carried, all voting aye, with Alder Burrows abstaining (2-0-1).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 "CLASS B" BEER AND LIQUOR LICENSES

- Inn at Brewery Creek, LLC, d/b/a Commerce Street Brewery Hotel, 23 Commerce Street, Michael Zupke, Agent
- Catherine Yager, d/b/a Cruise Inn Bar & Grill, 221 Commerce Street
- Cow Tipper's Pub & Eatery, LLC, 10A Commerce Street, Lyndsey Knauer, Agent
- Faull, LLC, d/b/a Midway Bar & Grill, 140 High Street, Nicole Faull, Agent
- Wild Blue, LLC, d/b/a Wild Blue Yonder Coffeehouse, 215 High Street, Margaret Payne, Agent
- Mine Shaft, LLC, d/b/a The Mine Shaft, 155 High Street, Cait Finley, Agent
- Limestone, LLC, d/b/a Eliza's Lounge, 52 High Street, Richard Baumeister, Agent
- Lorelei Foods, LLC, d/b/a Popolo, 20 Commerce Street, Wendy Dueling, Agent
- Nuper Hospitality LLC, d/b/a Quality Inn, 1345 Business Park Road, Sejal Patel, Agent
- World Institute for Extreme Beauty, LLC, d/b/a The Walker House, 1 Water Street, Daniel Vaillancourt, Agent
- Mineral Point Opera House, 139 High Street, Christina Harrington, Agent

Motion (Burrows/McKeon) to recommend Council approval of Inn at Brewery Creek, LLC; Catherine Yager; Faull, LLC; Wild Blue, LLC; Mine Shaft, LLC; Limestone, LLC; Lorelei Foods, LLC, Nuper Hospitality, LLC; World Institute for Extreme Beauty, LLC; and Mineral Point Opera House for 2025-2026 "Class B" Beer and Liquor licenses. Motion carried, all voting aye (3-0).

Motion (Burrows/Graber) to recommend Council approval of Cow Tipper's Pub & Eatery, LLC for 2025-2026 "Class B" Beer and Liquor licenses. Motion carried, all voting aye with Alder McKeon abstaining (2-0-1).

CONSIDERATION OF APPLICATION FOR 2025-2026 SIDEWALK CAFÉ/PARKLET PERMIT

- Five Point Market, LLC, d/b/a Café 43, 43 High Street

Motion (Burrows/McKeon) to recommend Council approval of listed application for 2024-2025 Sidewalk Café/Parklet Permit. Motion carried, all voting aye (3-0).

CONSIDERATION OF APPLICATION FOR 2025-2026 EXTENSION OF PREMISE LICENSE

- Five Point Market, LLC, d/b/a Café 43, 43 High Street

Motion (Burrows/McKeon) to recommend Council approval of listed application for 2024-2025 Extension of Premise license. Motion carried, all voting aye (3-0).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 OUTDOOR DRINKING PERMITS

- Lorelei Foods, LLC, d/b/a Popolo, 20 Commerce Street, Wendy Dueling, Agent
- Cow Tipper's Pub & Eatery, LLC, d/b/a Cow Tipper's Pub & Eatery, 10A Commerce Street, Lyndsey Knauer, Agent
- World Institute for Extreme Beauty, LLC, d/b/a The Walker House, 1 Water Street, Daniel Vaillancourt, Agent
- Schanen-Spady Hospitality, LLC, d/b/a The Mineral Point Hotel, 121 Commerce Street, John Spady, Agent
- Shake Rag Alley, Inc., d/b/a Shakerag Alley Center for the Arts, 18 Shakerag Street, Christina Kubasta, Agent
- Limestone, LLC, d/b/a Eliza's Lounge, 52 High Street, Richard Baumeister, Agent
- The US Hotel, LLC, d/b/a Lion and Porcupine, 265 High Street, Julian Kerbis, Agent

Motion (Burrows/Graber) to recommend Council approval of Lorelei Foods, LLC, Cow Tipper's Pub & Eatery, LLC, World Institute for Extreme Beauty, LLC; Schanen-Spady Hospitality, LLC; Shake Rag Alley, Inc.; and Limestone, LLC, for 2025-2026 outdoor drinking permits. Motion carried, all voting aye (3-0).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 CIGARETTE/TOBACCO LICENSES

- Triple P Express, LLC, 1045 Branger Drive
- Casey's Marketing Company, d/b/a Casey's General Store $3897, 609 Dodge Street
- Kwik Trip Inc, 622 Dodge Street
- Little Wolf Farm CBD, LLC, 337 Dodge Street
- Dolgencorp, LLC, d/b/a Dollar General, 713 Dodge Street

Motion (McKeon/Burrows) to recommend Council approval of listed applications for 2025-2026 Cigarette/Tobacco licenses. Motion carried, all voting aye (3-0).

CONSIDERATION OF APPLICATIONS FOR 2025-2026 COIN OPERATOR LICENSES

- Cow Tipper's Pub & Eatery, LLC, d/b/a Cow Tipper's Pub & Eatery, 10A Commerce Street

- Catherine Yager, d/b/a Cruise Inn Bar & Grill, 221 Commerce Street
- Faull LLC, d/b/a Midway Bar & Grill, 140 High Street
- Mine Shaft, LLC, d/b/a The Mine Shaft, 155 High Street

Motion (Burrows/Graber) to recommend Council approval of Cow Tipper's Pub & Eatery, LLC, Catherine Yager; Faull, LLC; and Mine Shaft, LLC for 2025-2026 Coin Operator Licenses. Motion carried, all voting aye with Alder McKeon abstaining (2-0-1).

ADJOURNMENT

Motion (McKeon/Burrows) to adjourn at 5:40 PM. Motion carried, all voting aye (3-0).

_____

Matthew Honer, City Administrator

Approved:

Mineral Point, Wisconsin

City of Mineral Point

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

This license expires on the 30th of June 2026

Please note the fees at:

- **Publication Fee $25.00**
- Class A Beer $100
- Class A Liquor $350
- Class B Beer $100
- Class B Liquor $500
- Class C Wine $100
- Class B Winery $500

Your selected licenses and the publication fee will be automatically totalled in the payment step of this online form.

Check one ☐ Individual ☑ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number

Federal Employer Identification Number (FEIN)

License Requested ☑ Class A beer ☑ Class A liquor ☐ Class B beer ☐ Class B Liquor ☐ Class C Wine ☐ Class B Winery

Trade Name
Bittersweet Holdings LLC

Business Phone Number

Address of Premises
110 High St, DBA: Staple & Fancy, Mineral Point, WI 53565

Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?

- [x] Yes
- [ ] No

Premises description: Describe building or buildings where alcohol beverages are to be sold and stored.

110 High St in the newly renovated Grocery Store. Products are to be stored downstairs in storage and moved upstairs to the market periodically. Some will be sold cold in coolers, and some will be sold at room temperature. -Storage (West Basement) -Sale (Market Area, High Street Level)

The applicant must include all rooms. Alcohol beverages may be sold and stored only on the premises described.

Since filing of the last application, has the named licensee, or any member, for either a LLC, corporation licensee, or nonprofit organization licensee been convicted of any offenses for violation of any laws or ordinances?
Excluding traffic offenses not related to alcohol

- [ ] Yes
- [x] No

Are charges for any offenses presently pending against the named licensee or any other persons affiliated with this license?

Excluding traffic offenses not related to alcohol

- [ ] Yes
- [x] No

Except for questions about convictions and pending charges, have there been any changes in the answers to the questions as submitted by you on your last application for this license?

- [ ] Yes
- [x] No

Explain why note

This is the first application, no prior sales have been made.

Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee?

- [ ] Yes
- [x] No

Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under the applicant section?

Phone (XXX) XXX-XXXX for more info

- [x] Yes
- [ ] No

Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?

- [x] Yes
- [ ] No

Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

☐ Yes
☑ No

Instructions for Renewal Alcohol Beverage License Application (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS

Indicate full name and home address of each partner. Each partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanour and grounds for revocation of this license.

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

Signature

Signed electronically on 7/9/25, 10:22 AM

Payment

PAID **$475.00**

SUBMITED ON: 7/9/25

For Administration use only

Date reported to Council/Board

/ /

License # Issued

CITY OF MINERAL POINT
Plan of Operation
for Alcohol Beverage License Application

OFFICE OF THE CITY CLERK
137 HIGH STREET, SUITE 1
MINERAL POINT WI 53565
(608) 987-2361

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined.

Business Name: Bittersweet Holdings LLC DBA Staple and Fancy

Address of Premises: 110 High Street

Business Telephone Number: [redacted]

Business Mailing Address –*if different from address of premises* :

Business Internet/E-mail Address: [redacted]

Business Fax Number:

Owner's Name: Brian & Kassi

Owner's Phone Number: [redacted]

Owner's Address *include city, state, zip code:* [redacted]

Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business: ☒ Yes ☐ No If no, list name and address of person who will:_____

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.

Does anyone else have money invested or any other interest in this business? ☐ Yes ☒ No
If yes, explain:

What types of business do you or will you conduct at this location? (check all that apply):
(Other licenses/permits may be required to operate your business.)

☐ Full Service Restaurant	☐ Café/Coffee Shop	☐ Bed & Breakfast
☒ Grocery Store	☐ Convenience Market	☐ Hotel
☐ Liquor Store	☐ Indoor Golf Facility	☐ Private Sports Club
☐ Theater	☐ Wine Tasting Room	☐ Veterans Club
☐ Brew Pub	☐ Tavern	☐ Fraternal Club
☐ Volleyball Court (Permanent Extension of Premises required)	☐ Catering (sales only allowed on the premises issued and alcohol beverage licensed)	☐ Video Game Center-6 or more games
☐ Comedy Club	☐ Night club	☐ Bowling Center
☐ Billiard Center		

Briefly detail the type of business you plan to operate, if granted a license:
Grocery Store

What other types of licenses or permits will you or do you hold at this location? ;

☐ Tavern Entertainment	☐ Cigarette	☐ Amusement Devices
☐ Dance Hall	☒ Food (though Health Dept.)	☐ Other(s)_____

If applying for a Class B or C license, what type of food service will you have? (check all that apply):

□ None	☑ Prepackaged Foods	☑ Snacks
□ Appetizers	□ Catered Events	□ Full Meals

What percentage of your total sales will be from the sales of alcohol beverages? 5 %

Is there at least 300 feet between the building and any church, school or hospital? ☑ Yes □ No

How many alcohol serving premises are within a 4 block radius of your business? 6

Do you have any future plans for other businesses, licenses or permits at this location? □ Yes ☑ No
If yes, explain:

Is this premise under construction? ☑ Yes □ No If yes, list estimated completion date: 8/15/25

Is this a franchise? □ Yes ☑ No

What was the previous name & nature of the business operating at this location, if applicable?
Upland Hills Health- Medical Clinic

Is this premises currently or ever been licensed? □ Yes ☑ No If yes, list type of license:

Is the current licensee operating? □ Yes ☑ No If no, list date closed: N/A

If alcohol sales are a new use in this building, please contact the Mineral Point Police Department at (608) 987-2313 to meet with Chief of Police to review regulations/ordinances.

What is the zoning classification for this premise? C1

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY

Day of the Week	Proposed Hours of Operation:	
	Open	Close
Sunday	7:00 AM	9:00 PM
Monday	↓	↓
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

PROHIBITED HOURS OF OPERATION:
"Class A": 9:00 PM to 6:00 AM; Class "A": 12:00 a.m. midnight and 6:00 a.m.
Class B/C: Monday thru Friday 2:00 AM - 6:00 AM;
Class B/C: Saturday thru Sunday 2:30 AM - 6:00 AM

Legal Capacity/Occupancy of Premises:
Inside TBD Outside 0
(does not include Class A)
Call (608) 987-3020 if you have questions.

Number of Parking Spaces on the premises, not including street parking: 3

LITTER/GARBAGE:

What are your plans to keep the grounds clean (check all that apply):
(Sweep) (Pressure Wash) (Pick Up Litter) (Hired Maintenance) (Garbage Cans Outside)
Other: _____

Who is responsible to keep the grounds clean? (Licensee) (Building Owner) (Employees)
Hired Maintenance Other: _____

NOISE: How will issues be addressed? (check all the apply): Security (Manager approaches) customer(s) Call police (Signs posted) Other: _____

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 7-30-25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Bittersweet Holdings LLC
2. Business Trade Name or DBA: Staple and Fancy
3. Entity Type *(check one)*
   ☐ Sole Proprietor ☑ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Blanchette	Kassi	J

4. Relationship to Business (Title)	5. Email	6. Phone
owner	[redacted]	[redacted]

7. Home Address: [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Mineral Point	WI	53565	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? ☑ Yes ☐ No

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

Years	Months
	8

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

	City	State	Zip Code
Previous Address 1	[redacted]	[redacted]	[redacted]
Previous Address 2	[redacted]	[redacted]	[redacted]
Previous Address 3	[redacted]	[redacted]	[redacted]
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	

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

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

Part E: Attestation

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

Signature	Date
Lee Vanderlette	7/30/25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 7-30-25

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

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

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

Part A: Business Information

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

2. Business Trade Name or DBA
Staple and Fancy

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

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Blanchette	Brian	L

4. Relationship to Business (Title)	5. Email	6. Phone
owner	[redacted]	[redacted]

7. Home Address [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]	[redacted]	[redacted]	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	[redacted]

Part C: Address History

1. Do you currently reside in Wisconsin? ☑ Yes ☐ No

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

Years	Months
	8

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

	City	State	Zip Code
Previous Address 1 [redacted]	[redacted]	[redacted]	[redacted]
Previous Address 2 [redacted]	[redacted]	[redacted]	[redacted]
Previous Address 3 [redacted]	[redacted]	[redacted]	[redacted]
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
[redacted]	[redacted]						
[redacted]	[redacted]						

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature	Date
B L B	7-30-25

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 7-30-25

Agent Type *(check one)*

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

Part A: Business Information

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

2. Business Trade Name or DBA
Staple and Farex

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

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

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Blanchette	Brian	L

4. Email [redacted]

5. Phone [redacted]

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Age
[redacted]	[redacted]	[redacted]	[redacted]

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

Part C: Agent Questions

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

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

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

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Blanchette	Brian	L

Title	Email	Phone
owner	[redacted]	[redacted]

Signature	Date
B L B C	7-30-25

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Blanchette	Brian	L

Signature	Date
B L B C	7-30-25

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch sized paper. Plans do not need to be architectural drawings and need not be to scale. Handwritten plans are acceptable.
- A separate sheet of paper should be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.

The floor plan must include all of the following items:

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
4. Label and provide dimensions (length x width) of all alcohol display areas (behind the bar, shelves, etc.)
5. Class B & C Applicants only: Label and provide dimensions (length x width) of all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
6. Class B & C Applicants only: Label all seating areas, bars, and food preparation areas (kitchen)
7. Label and provide dimensions (length x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
8. On each page mark the following: North ↑, Date, Business name & address

ALL NEW & TRANSFER APPLICANTS:

Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.

A Lease or Offer to Purchase must:

1. Be in the same legal entity names as those applying for the license
2. Reflect the same address as the premises address on this application
3. Reflect current dates and
4. Be signed by the lessor/seller and lessee/buyer

Lease or Offer to Purchase may be contingent upon the license being granted.

Do you own or lease the building? Check one: ☐ Own ☑ Lease

Who owns the fixtures (i.e. Coolers, etc.)? Goblies Building LLC

Subscribed and sworn to before me
this 30th day of July, 2025

Ashley N. Tibbits
Notary Public, State of Wisconsin
My Commission expires: 07/24/2029
Notary Seal must be affixed

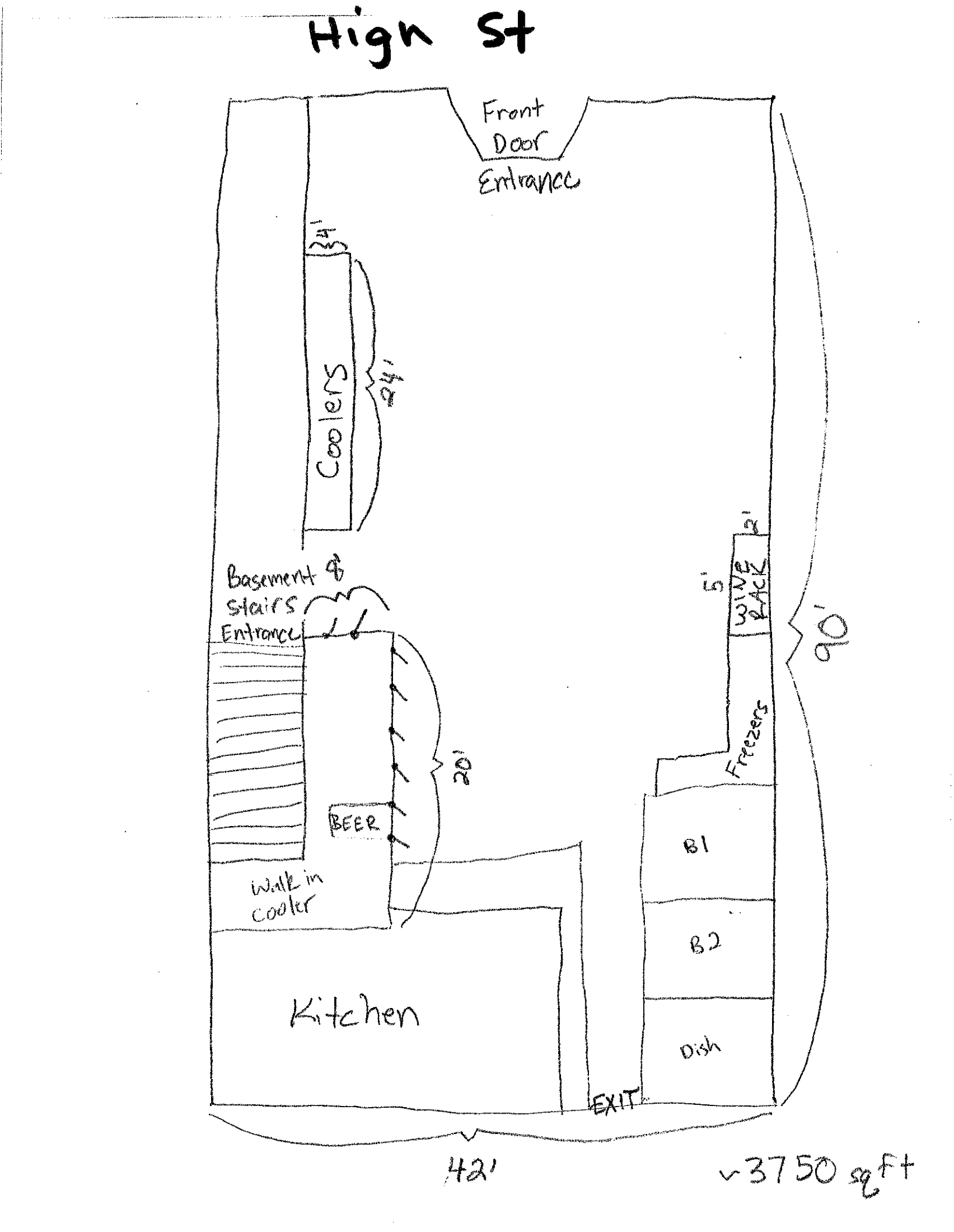
Signature of Individual/Partner/Officer

Kassi Blanchette
Signature of Partner/Officer

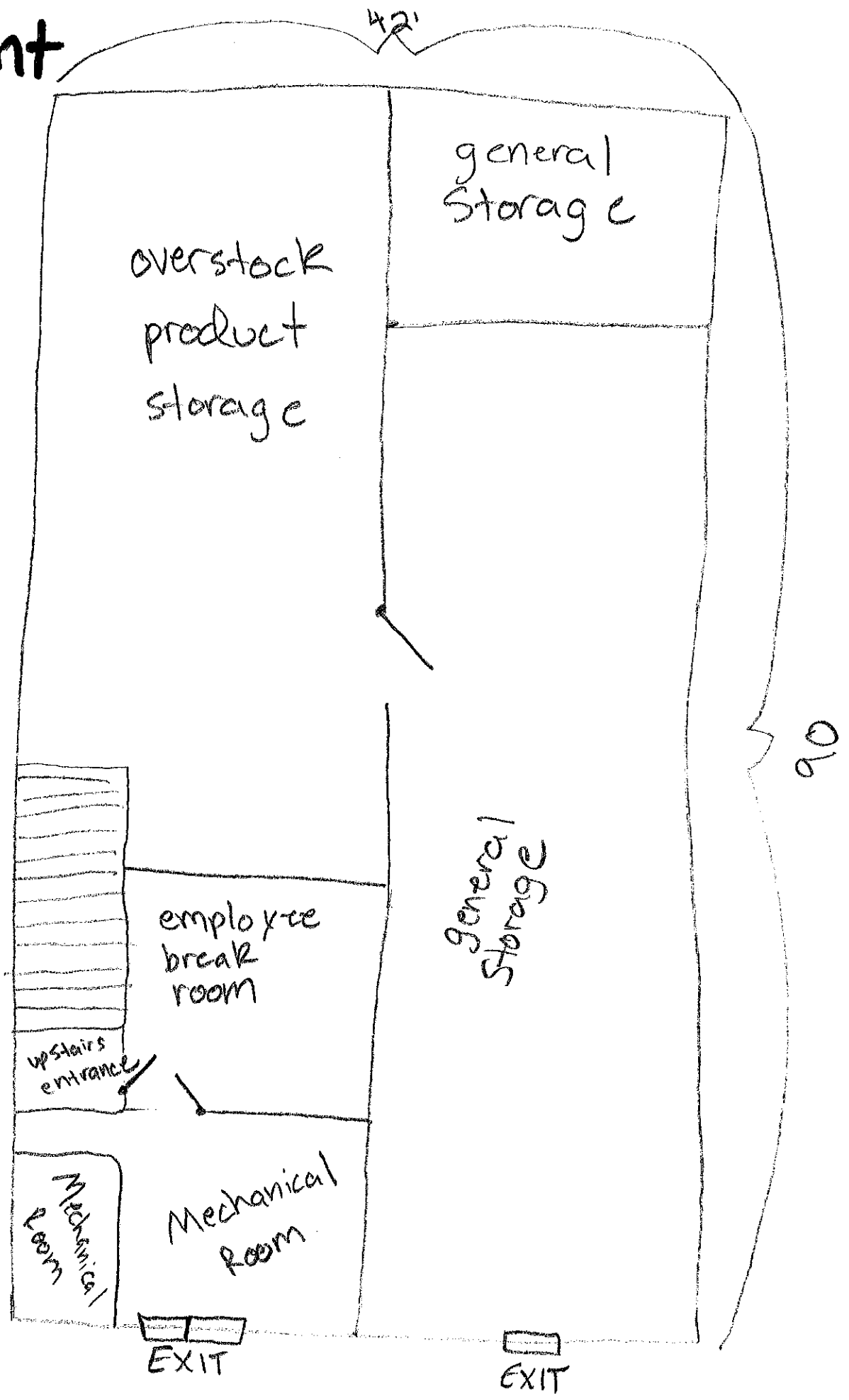
ASHLEY N. TIBBITS NOTARY PUBLIC STATE OF WISCONSIN

Warning: Penalty provided for submitting false statements and affidavits with this application.

Your application will be returned for failure to fill out this form completely and correctly, and submit a detailed floor plan as indicated.


High St
Front Door Entrance
Coolers
24'
Basement & Stairs Entrance
20'
BEER
Walk in cooler
Kitchen
EXIT
WINE BACK
2'
5'
90'
Freezers
B1
B2
Dish
42'
~3750 sq Ft

Basement


42'
general Storage
overstock product storage
90
general Storage
employee break room
upstairs entrance
Mechanical Room
Mechanical Room
EXIT
EXIT

Form **CTV-100**

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor): LIMESTONE, LLC.

2. Business Trade Name or DBA: Eliza's Lounge

3. FEIN: [redacted]

4. Wisconsin Seller's Permit Number:

5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation

6. State of Organization: WI

7. Date of Organization: 7/23 –

8. Wisconsin DFI Registration Number:

9. Premises Address (do not use PO Box): 52 High St

10. City: MINERAL POINT

11. State: WI

12. Zip Code: 53565

13. County: IOWA

14. Governing Municipality: ☒ City ☐ Town ☐ Village of: MINERAL POINT

15. Aldermanic District:

16. Mailing Address (if different from premises address):

17. City:

18. State:

19. Zip Code:

20. Premises Phone:

21. Premises Email:

22. Website:

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

RESTAURANT, BAR. DINING ROOM WITH SEATING FOR 75
BAR SEAT 18
OUTDOOR PATIO (WITH PERMIT) 18
COMMERICAL LICENSED KITCHEN
OFFICE AND STORAGE ROOM

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☐ Cigarettes ☒ Tobacco Products ☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☒ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company: _____

3b. FEIN of Parent Company: _____

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
BAUMEISTER	Richard	MANAGING MEM	[redacted]

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature	Date
[signature]	7/9/25

Name (Last, First, M.I.): Richard M. Baumeister

Title	Email	Phone
Mgm Member	[redacted]	[redacted]

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
7-10-25			
License fees	Signature of Clerk/Deputy Clerk		

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)
LIMESTONE, LLC

2. Business Trade Name or DBA
ELIZAS LOUNGE

3. Entity Type *(check one)*

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
BAUMEISTER	Richard	

4. Relationship to Business (Title)	5. Email	6. Phone
MANAGER	[redacted]	

7. Home Address [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]	[redacted]	[redacted]	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance

Part C: Individual's Address History

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

Previous Address 1 [redacted]	City [redacted]	State [redacted]	Zip Code [redacted]
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
[redacted]							
State	County	State	County	State	County	State	County
[redacted]							

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

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

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
	6 7/9/25

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title

Signature of Local Official	Date

Form **CTV-102**

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 7-10-25

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
BAUMEISTER	Richard	

4. Email	5. Phone
[redacted]	[redacted]

6. Home Address [redacted]

7. City	8. State	9. Zip Code
[redacted]		[redacted]

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	[redacted]	

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

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

2. Business Trade Name or DBA: ELIZAS

3. Entity Type (check one): ☒ Limited Liability Company ☐ Corporation

4. Premises Address: 52 High St

5. City	6. State	7. Zip Code
M.P.	WI	53565

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee,** authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory)	Date
	7/9/25

Name of Person Signing for Licensee	Title
Richard Baumeister	Manager

READ CAREFULLY BEFORE SIGNING: I, the **Agent,** herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

Signature of Agent	Date
	7/9/25

2026 proposed police operating budget notes

OVERVIEW

The 2026 proposed operating budget total is $593,000, an increase over the 2025 budget of $43,820, or approximately 8%.

(Proposed wage increases added $39,720. All other line items added $4100, an increase over 2025 of 6%)

WAGES

- Wages for officers set at 2026 union contract rate.
- Chief's annual wage proposed at $88,000. ($10,617.52 increase)
- Part time hourly rate figured with a 3% at $25.75

BUILDING AND GROUNDS

- Building maintenance raised $500
- Gas and Electric lowered $300

SQUADS

- Squad maintenance and repairs raised $2000

OFFICE

- Office expenses raised $800.

DATA

- $1000 removed from Record Access (non-renewal Leads Online)
- $800 added to software tech support
- $200 added to cell phone/wifi

GENERAL EXPENSES

- Overall general expenses increased $1,100.
- $200 increase uniforms
- $500 increase range/ammunition
- $300 increase new equipment
- $100 increase policy manual

Prepared 07-24-2025

2026 PROPOSED BUDGET

Proposed 2026	CATEGORIES	Funded 2025
	WAGES	
$ 438,000.00	Full Time	$ 401,180.00
$ 20,600.00	Part Time	$ 12,000.00
$ 22,000.00	Overtime	$ 28,500.00
$ 33,500.00	Administrative Asst	$ 33,000.00
$ 1,500.00	Cleaning	$ 1,500.00
$ 6,600.00	Longevity	$ 6,300.00
$ 522,200.00		$ 482,480.00
	BUILDING & GROUNDS	
$ 2,000.00	Building Maintenance	$ 1,500.00
$ 500.00	Grounds Maintenance	$ 500.00
$ 1,400.00	Water & Sewer	$ 1,400.00
$ 4,500.00	Gas & Electric	$ 4,800.00
$ 1,800.00	Landline Phone	$ 1,800.00
$ 10,200.00		$ 10,000.00
	SQUADS	
$ 4,000.00	Repairs - 2025 Squad	$ 3,000.00
$ 2,000.00	Repairs - 2021 Squad	$ 2,000.00
$ 4,000.00	Repairs - 2019 Squad	$ 3,000.00
$ -	Repairs - 2017 Squad	$ -
$ 1,500.00	Tires	$ 1,500.00
$ 12,500.00	Fuel	$ 12,500.00
$ 24,000.00		$ 22,000.00
	OFFICE	
$ 2,300.00	Office Supplies	$ 1,500.00
$ 200.00	Postage	$ 200.00
$ 500.00	Copier	$ 500.00
$ 3,000.00		$ 2,200.00
	DATA	
$ 4,000.00	Record Access/Internet	$ 5,000.00
$ 8,800.00	Software Tech Support	$ 8,000.00
$ 2,200.00	Cell Phones / WiFi	$ 2,000.00
$ 15,000.00		$ 15,000.00
	GENERAL	
$ 700.00	Miscellaneous	$ 700.00
$ 700.00	Uniforms	$ 500.00
$ 2,700.00	Equipment Allowance	$ 2,700.00
$ 3,500.00	Training Cost	$ 3,500.00
$ 1,500.00	Range/Ammunition	$ 1,000.00
$ 300.00	Evidence Supplies	$ 300.00
$ 300.00	OWI blood draws	$ 300.00
$ 3,000.00	New Equipment	$ 2,700.00
$ 1,200.00	Equipment Repairs	$ 1,200.00
$ 1,000.00	General Supplies	$ 1,000.00
$ 300.00	Radio Contract	$ 300.00
$ 3,400.00	Policy Manual	$ 3,300.00
$ 18,600.00		$ 17,500.00
$ 593,000.00	**TOTAL**	$ 549,180.00

Revenue $72,100.00 from schools for Liaison Officer
** rev $2500. League of Wis insurance deduction -Lexipol policies
** training revenue $ 2240
** parking revenue $5000

7/24/2025

bn

WEEKEND COVER SHIFT REDUCTION

The following estimates are the potential cost savings if the police department reduces selective weekend cover shifts. For the years listed, I went through the monthly schedules for that year and tallied the number of shifts and the hours of overtime that would have been eliminated.

Currently comp time can not be used on Friday or Saturdays if it would require overtime to fill the shift. If we no longer require two night cars, officers could use comp time, and the cover car would be scheduled to work the shift requested off.

Advantages –

- cost savings (see separate sheet)
- Officers' schedule remains the same non-rotating schedule, but officers will have the ability to use more comp time on Friday and Saturdays.
- Keeping the schedule the same, the five-officer rotation on every weekend ensures officers are available if administration determines extra weekend coverage is warranted due to a special event or emergency.
- The ability for officers to use earned time off on the weekends will increase morale.
- Cost savings to the city while maintaining 24/7 coverage and not cutting staff.

Disadvantages-

- Officer safety, always better to have the ability to have two officers respond to an emergency in a timely manner.
- There will be occasions that require a second officer. In that situation an officer may be called out at the OT rate.
- Opinion-

With the lack of part-time officer availability, we have experimented with reducing the Friday night cover shift at times. We have used this officer to fill the time off requests and to cover special assignments. It has worked well on the Fridays we have tried it.

Most events are known and planned in advance, so I'm confident we can adjust our weekend staffing levels as needed. Obviously, there is no way to predict the unknowns and there likely will be times we will not have the needed coverage.

I believe the advantages outweigh the disadvantages. We maintain flexibility in the schedule, increase officer morale, maintain 24/7 coverage and most importantly, we maintain the staffing level (six officers) to adequately provide police services to our community.
07-23-25

-

Comp Hours Paid Out 2022 – 2024

	2022	2023	2024
Officer 1	6.25	0	82.5
Officer 2	85	10	21.5
Officer 3	191	130	156.5
Officer 4	231.5	137	226
Officer 5	165	96	250.5
TOTAL	679 hrs	373 hrs	737 hrs

FT & PT wage conversion at 2025 rate (includes FICA, Retirement & workers comp)

2022 (679 hrs.) Full- time $39.30 = $26,685.00

Part-time $26.88= $18,252

2023 (373 hrs.) Full- time $39.30 = $14,659.00

Part-time $26.88= $10,262. 00

2024 (737 hrs.) Full- time $39.30 = $28,964.00

Part-time $26.88= $18,252= $19,811.00

Annual holiday pay out

- 10 holidays per year
- Officers' holiday hours range between 80 and 120 per officer
- 80 hrs. x $39.30=$3,144.00 $3144 x 5 officers = $15,720.00 per year
- 100 hrs. x $39.30=$3930 $3930 x 5 officers = $19650 per year
- 120 hrs. x $39.30 = $4,716.00 $4716 x 5 officers = $23,580.00 per year

NOTES – Comp Hour Payout 2022-2024

Full-time payout is the cost to the city for that year's payout using the 2025 wage rate.

Part-time payout is the cost to the city if those hours are covered by a part-time officer.

The average annual holiday pay earned is 500 hrs. or $19,650. Subtract the hours or costs from the above payout to determine the hours or cost of OT payout per year.

- 2022

679 hrs. – 500 =179 hrs. x 39.30 = $7,035

$26,685 – $19,650 = $7,035

- 2023

373 hrs. – 500 = -127 hrs x 39.30 = (- $4,991)

$14,659 – $19,650 = (- $4,991)

- 2024

737 hrs. – 500 = 237 hrs. x $39.30 = $9,314

$28,964 -$19,650 = $9,314

Officer's comp hours can be banked up to 80 hrs. Hours over the 80-hour cap are paid out. 60 hours can be banked and used the following year.

07-23-25

COST SAVINGS PER YEAR – SELECTIVE WEEKEND COVERAGE

I calculated the savings for the years 2022, 2023 and 2024 if selective weekend coverage was in place. I multiplied the hours worked by the current 2025 wage scale for full-time ($39.30 straight time and $58.95 overtime) and part-time officers ($26.88). The overtime hourly rate included FICA and retirement for full-time and FICA only for part-time. (cents rounded to nearest dollar) (2025 base pay FT=$31.40 with the OT rate of $47.10)

2022

- 332 hrs. (41.5 part-time shifts) x $26.88 = $8,924

  19 hours of overtime x $59.95 = $1,139

  TOTAL $10,063

2023

- 372 hrs. (46.5 part-time shifts) x $26.88 = $9,999

  23 hours of overtime x $58.95 = $1,356

  TOTAL $11,355

2024	FRINGE RATE	STRAIGHT TIME
• 204 hrs. (25.5 part-time shifts) x $26.88 =	$5,484	$5,100
42 hours of overtime $58.95 =	$2,476	$1,978
*comp. hours 104 hrs x $39.30 =	$4,087	$3,266
** additional available hours = 96	$3773	$3,014
*** additional available hrs sun-thurs. = 120	$4716	$3,768
	TOTAL $20,536	$17,126

*In 2024 Officers 1 and 2 comp hours paid out as their max was reached. Both would have taken the time off option instead of the payout.(Officer 1 82.5 hrs & Officer 2 21.5 hrs) Total of 104 hrs x $39.30 = $4087.

** I found an additional 12 Saturdays in 2024 in which an officer would have been approved for comp time. 12 days x 8 hrs. = 96 hrs. 96 x $39.30 = $3773

***The following is the estimated additional comp hours officers may use annually Sunday through Thursday. 5 officers x 3 days = 15 days x 8 hrs. = 120 hrs. $39.30 x 120 hrs. = $4716

The above numbers for 2022 and 2023 reflect what the actual savings would have been if we did not fill the weekend cover position during those years. 2024 shows the actual savings plus the projected comp payout savings.

PROJECTED ANNUAL COST SAVINGS – SELECTIVE COVERAGE

Based on 2025 wages, I project the annual cost savings at approximately **$20,000 per year with fringe** and $**17,000 without fringe**. 2026 fringe rates are unavailable. Projected 2026 savings without fringe is $17,500 (2026 contract rate of $32.82).

This total is dependent on the officers choosing to use more comp days and taking less payout. The contract allows officers to convert all overtime and holiday pay to comp hours. Officers have the choice to use the comp hours at their discretion (with approval of the Chief) or take the payout.

FUNDS 2021 – 2025

The final budget amounts for overtime and part time for the years 2021-2024 are below.

	Budgeted	Actual	part-time	overtime
2021	$20,000	$31,446	$26,993	$4,453
2022	$35,000	$41,729	$24,916	$16,813
2023	$40,000	$37,054	$25,755	$11,299

Budgeted Actual part-time overtime

2024	$40,500	$33,930	$13,356	$20,574
2025	$40,500	*$16,792	* $5,807	* $10,985
2026	$42,600**		$20,600	$22,000

*Funds through June 30,2025

**Proposed 2026 funds

HOLIDAY PAY – All of the current officers convert their holiday pay to comp hours. If one chooses to, they could get paid the overtime rate on the pay period the holiday falls. (If coverage allows, the officer can request the holiday off, banking no comp hours and receiving no OT wage)

OVERTIME PAY – All of the current officers convert OT into comp time. Officers are paid out for the comp time if it goes over the banked limit of 80 hrs. (60 hrs. at year-end). Overtime is earned from emergencies, investigation/follow up, training, call ins, vacation shift coverage, special events etc.

Earned comp hour breakdown 2022 through 2024 -

	HOLIDAY PAY	OVERTIME
2022 –	497 hrs.	555 hrs.
2023 –	507 hrs.	353 hrs.
2024 -	466 hrs.	841 hrs.