City of Menomonie
David Schofield, P.E.

Director of Public Works
800 Wilson Avenue
Menomonie, WI 54751
715-232-2221 Ext. 1020
E-Mail: dschofield@menomonie-wi.gov

June 19, 2023

Mr. Robert Gunther
Public Works/Economic Development Director
Village of Somerset
110 Spring Street
Somerset, WI 54025

RE: Eau Claire Realty

Mr. Gunther,

It is my understanding that Trevor Bohland and Bill Albright at Eau Claire Realty have proposed a development in your fair Village.

The City of Menomonie has worked with Trevor and Bill on several projects including Cobblestone Inn & Suites, Whisper Ridge Townhomes, Woodland Ridge Townhomes and, most recently, Estover Terrace Subdivision which is currently under construction.

Throughout the design and review of Estover Terrace, Trevor and Bill have been good to work with. Estover Terrace, for example, required rezoning and a Planned Unit Development (PUD). Throughout the review period, Trevor and Bill were patient and responsive to questions that arose.

Based upon my experience with Trevor, Bill and their team at Eau Claire Realty, I find it highly likely that they will deliver a project that the Village of Somerset can be proud of.

If you have any questions regarding this letter, please do not hesitate to contact me.

Respectfully Submitted,
CITY OF MENOMONIE

David Schofield, PE

David Schofield, PE
Director of Public Works

156 East First Street
New Richmond, WI 54017
Ph. 715-246-4268 Fax 715-246-7129
www.newrichmondwi.gov

June 13, 2023

Capital Investment Partners, LLC
3420 Mall Drive
Suite 4
Eau Claire, WI 54701

RE: Reference Letter for Eau Claire Realty-Trevor Bohland

To Whom It May Concern:

On behalf of the City of New Richmond, it is my pleasure to recommend Eau Claire Realty, under the leadership of Trevor Bohland, for consideration of construction work primarily in multi-family developments. I have worked with and known Trevor Bohland over the past several years. Trevor is a developer/contractor of multi-family developments within the City of New Richmond. Eau Claire Realty has brought knowledge, experience integrity and a proven track record for construction projects. Trevor Bohland, has certainly had an impact on the highly successful housing market within the City of New Richmond over the past couple years. His company has built two very desirable developments within New Richmond, Mill City Flats with 88 units and West Fifth Townhomes with 48 units in 2022 and 2023.

I also spoke with our building inspector who stated that Eau Claire Realty builds code complaint housing units. The City of New Richmond has had a very positive working partnership with Eau Claire Realty and I would recommend Eau Claire Realty for future projects.

If you have any questions or need any additional supporting information, please feel free to contact me at 715-246-4268.

Regards,

Beth Thompson

Community Development Director
City of New Richmond
bthompson@newrichmondwi.gov

Community Development Department
222 Lewis Street
River Falls, WI 54022
715.425.0900
www.rfcity.org

Trevor Bohland
Eau Claire Realty/Capital Investment Partners, LLC
3420 Mall Drive, Suite 4
Eau Claire, WI 54701

RE: River Falls, WI developments

To whom it may concern,

The City of River Falls has been working with Eau Claire Realty/Capital Investment Partners, LLC since 2019 on development projects in River Falls, WI. Peregrine Terrace was the first project of rental housing that consists of nine buildings and a total of 92 units. Currently the developer is also working on another rental development and a self-storage facility in the City.

Peregrine Terrace is a high-density development that is attractive and well managed. During the process the developer was persistent and worked well with staff to complete the project in a timely fashion. Interactions with the company representatives have been professional and courteous. They are reactive to any on site issues and resolve them promptly when brought to their attention.

Please feel free to contact me with any questions.

Sincerely,

Amy M. Peterson, CPM, AICP
Community Development Director
City of River Falls
715-426-3425
apeterson@rfcity.org



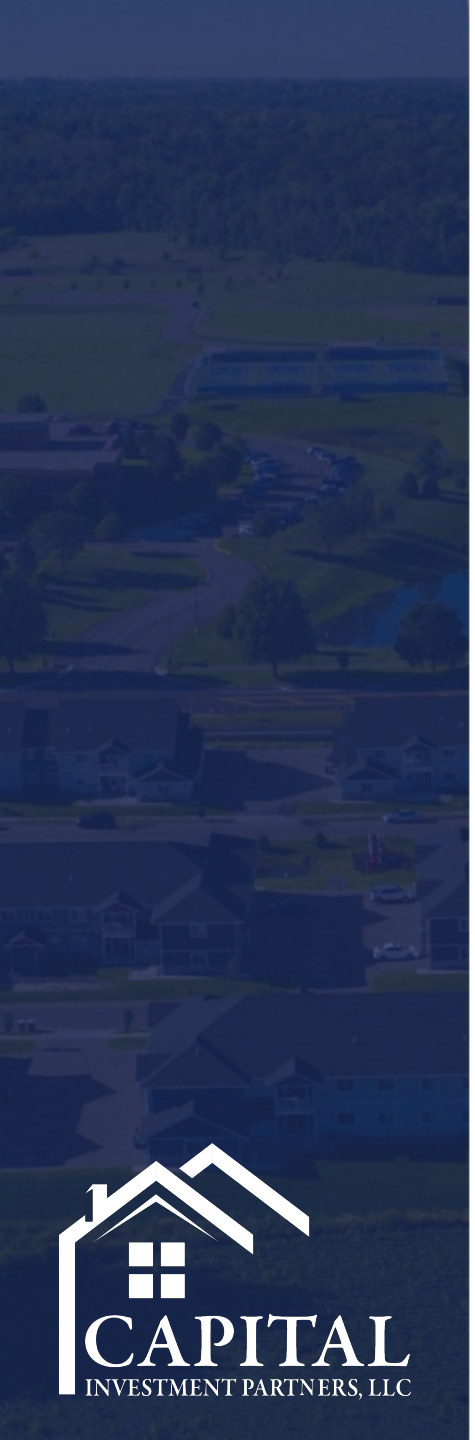
CAPITAL

INVESTMENT PARTNERS, LLC

Meeting Outline

1. Introductions
2. Overview of CapVest
3. Relevant Recent Projects
4. Proposed Project Overview
5. Discussion: Q&A

CAPITAL
INVESTMENT PARTNERS, LLC



CapVest Overview

CAPITAL
INVESTMENT PARTNERS, LLC

Who We Are

CAPITAL
INVESTMENT PARTNERS, LLC

Capital Investment Partners is a real estate development company engaged in acquisition, renovation, and new construction of multi-tenant residential, office, and retail commercial properties.

42	17+	917+	200M+
Active Investors	Years of Experience	Units Under Management	Portfolio Value

CAPITAL
INVESTMENT PARTNERS, LLC

Who We Are

Capital Investment Partners is headquartered in Eau Claire, Wisconsin, and real estate holdings are located within a 90-mile radius of the headquarters location. The company is owned by Bill Albright, Paul Madsen, and Trevor Bohland.



Bill Albright

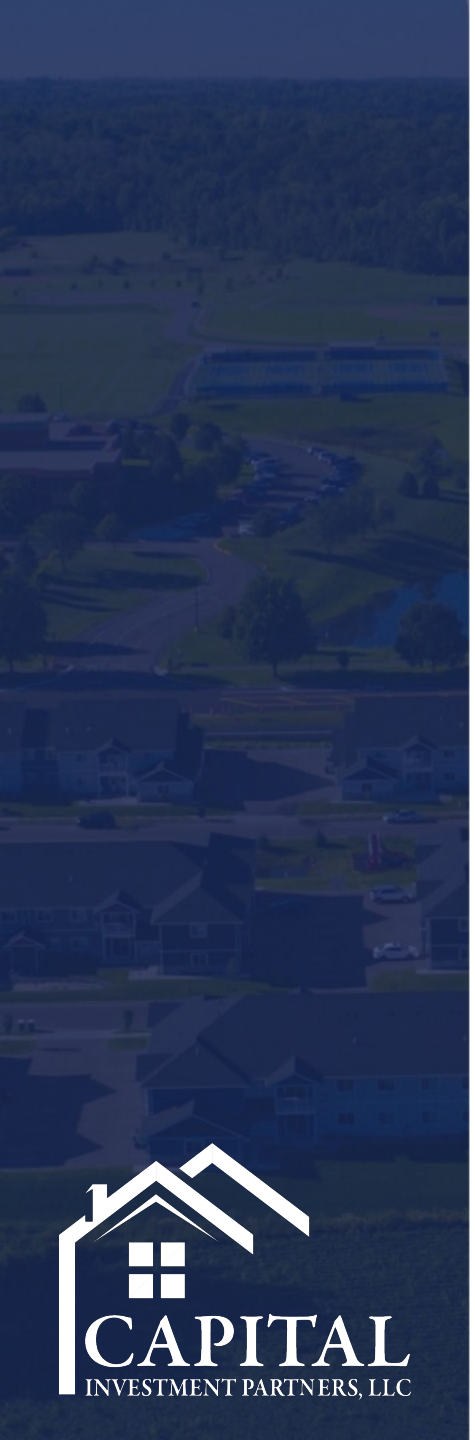


Paul Madsen



Trevor Bohland

CAPITAL
INVESTMENT PARTNERS, LLC



Relevant Recent Projects

CAPITAL
INVESTMENT PARTNERS, LLC

Mill City Apartments, New Richmond

- Construction completed in 2023 and fully occupied
- 88 units over 3 buildings
- Mix of 1 & 2 bedroom apartments
- Garages available
- Amenities include fitness center, pet wash, dog park, bike maintenance station, and more





MILL CITY APARTMENTS

CAPITAL INVESTMENT PARTNERS, LLC

West 5th Townhomes, New Richmond

- Construction completed in 2023 and fully occupied
- 48 units over 5 buildings
- Mix of 1, 2 & 3 bedroom apartments with attached garages





West 5th TOWNHOMES

CAPITAL
INVESTMENT PARTNERS, LLC

Peregrine Terrace, River Falls

- Construction completed in 2022 and fully occupied
- 92 units consisting of 1, 2 & 3 bedroom apartments
- Located near UW-River Falls, Chippewa Valley Technical College, and major highway routes





Peregrine TERRACE

CAPITAL
INVESTMENT PARTNERS, LLC

Estover Terrace, Menomonie

- First units opened January 2024
- 30-acre residential development
- Features 6 single family homes, 14 twin homes, 136 apartment units and a 6+ acre park for the community







Estover TERRACE

CAPITAL
INVESTMENT PARTNERS, LLC

The Current, River Falls

- First units opening July 2024
- Mix of 1, 2 & 3 bedroom apartments
- 105 units when completed
- Garages available
- On-site leasing office
- Amenities include fitness center, bike maintenance station, playground, dog park and regional bike trail access





CAPITAL
INVESTMENT PARTNERS, LLC

Other Projects



Wissota Shores (Chippewa Falls)
136 units (Completed)



Cowboy Jack's Saloon (Altoona)
(Completed)



LockTight Storage (River Falls)
450 units (Completed)

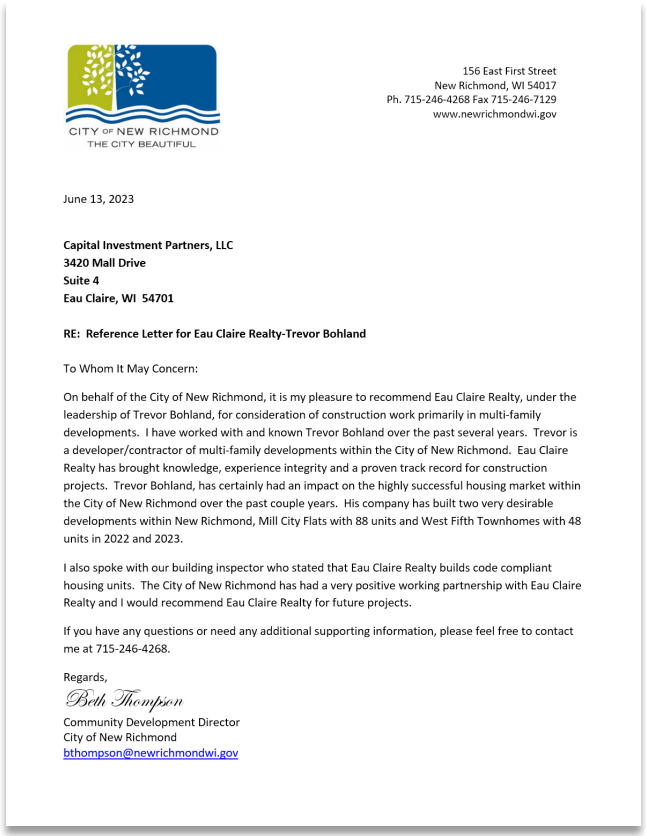


Cobblestone Inn (Menomonie)
(Completed)

CAPITAL
INVESTMENT PARTNERS, LLC

References

Reference letters from nearby communities have been provided to the Village for review



CITY OF NEW RICHMOND
THE CITY BEAUTIFUL

156 East First Street
New Richmond, WI 54017
Ph. 715-246-4268 Fax 715-246-7129
www.newrichmondwi.gov

June 13, 2023

Capital Investment Partners, LLC
3420 Mall Drive
Suite 4
Eau Claire, WI 54701

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Regards,

Beth Thompson

Community Development Director
City of New Richmond
bthompson@newrichmondwi.gov



Community Development Department
222 Lewis Street
River Falls, WI 54022
715.425.0900
www.rfcity.org

City of RIVER FALLS

Trevor Bohland
Eau Claire Realty/Capital Investment Partners, LLC
3420 Mall Drive, Suite 4
Eau Claire, WI 54701

RE: River Falls, WI developments

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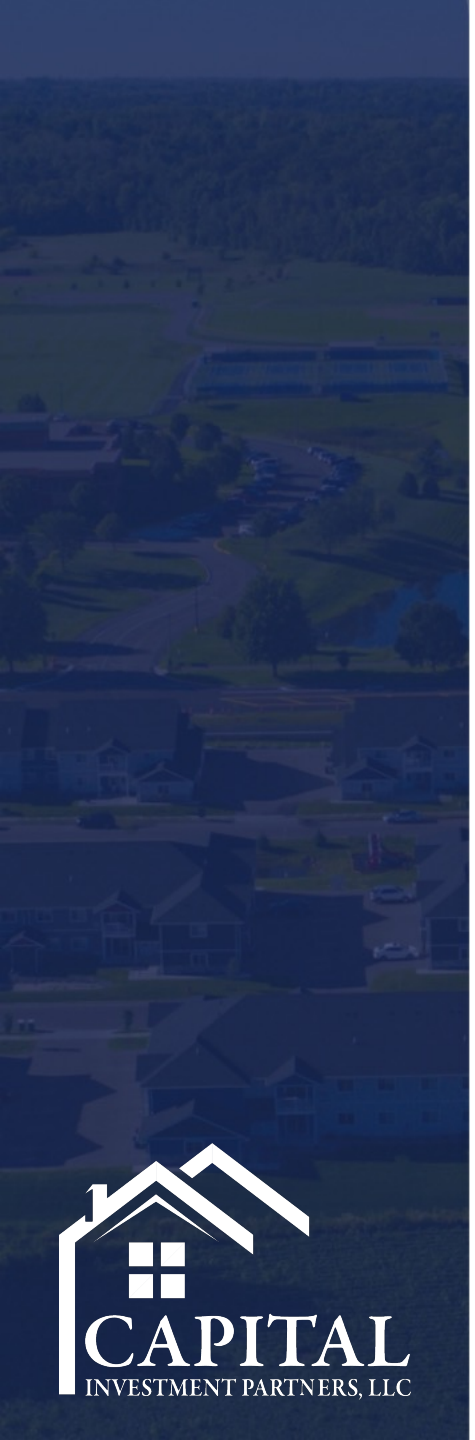
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Sincerely,

Amy M. Peterson, CPM, AICP
Community Development Director
City of River Falls
715-426-3425
apeterson@rfcity.org

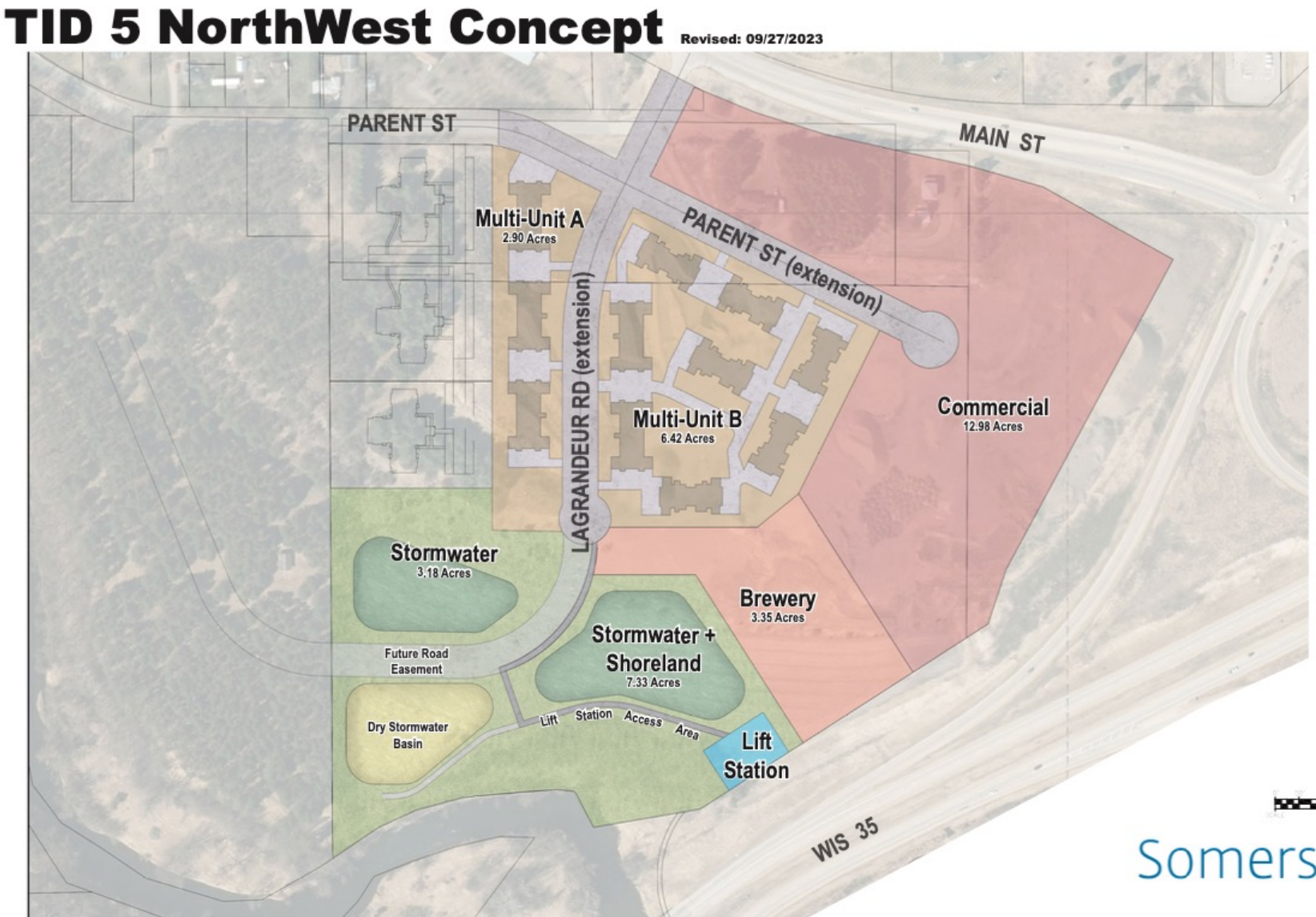
CAPITAL
INVESTMENT PARTNERS, LLC



Proposed Project Overview

CAPITAL
INVESTMENT PARTNERS, LLC

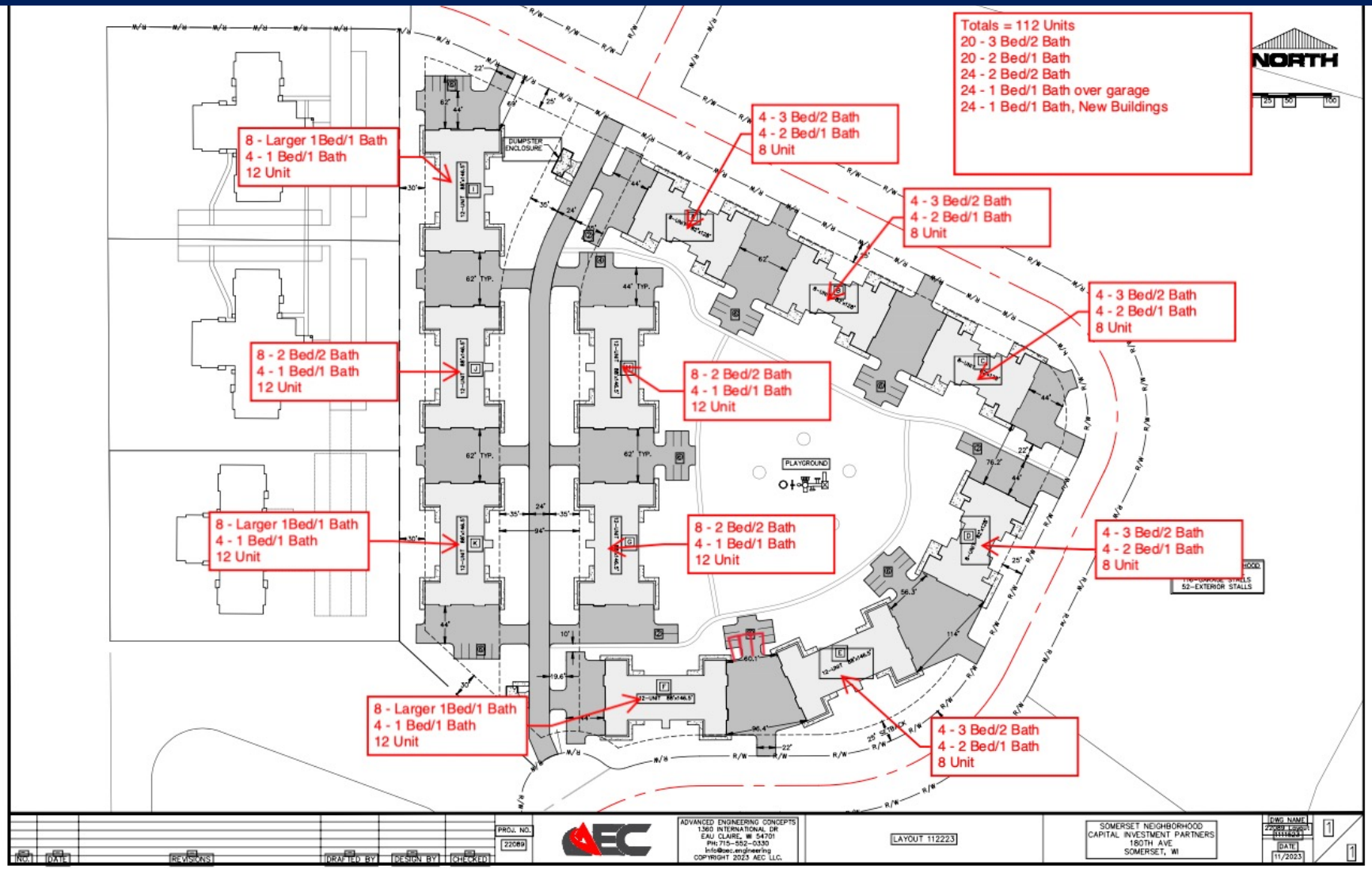
TID District



CAPITAL INVESTMENT PARTNERS, LLC

Somerset

Overall Site Plan



CAPITAL
INVESTMENT PARTNERS, LLC

Local Economic Impact of Building 100 Housing Units (NAHB Report Published April 2015)

	Local Income	Local Business Income	Local Wages & Salaries	Local Taxes	Local Jobs
Phase 1: Direct & Indirect Impact of Construction	$7,403,300	$2,750,500	$4,652,700	$1,699,600	90
Phase 2: Ripple Effect of Spending Income	$4,289,700	$870,000	$3,419,600	$511,600	71
Phase 3: Ongoing Annual Effect of Occupied Housing	$2,640,600	$623,200	$2,016,900	$503,500	44

CAPITAL
INVESTMENT PARTNERS, LLC

Discussion



CAPITAL
INVESTMENT PARTNERS, LLC

2024 LIST OF PUBLIC OFFICIALS

VILLAGE OF SOMERSET

VILLAGE BOARD			
NAME	NUMBER	ADDRESS	TERM
Chris Dubak cdubak@villageofsomerset.us	651-428-7602	540 Spring Street, C4	4/15/25
Caleb Garn cgarn@villageofsomerset.us	517-227-7598	488 Liberty Circle	4/15/25
Mike Kappers mkappers@villageofsomerset.us	715-781-1189	260 Main Street	4/15/25
Brandon Krohn bkrohn@villageofsomerset.us	715-338-6776	316 Walnut Lane	4/15/25
Donnie Kern dkern@villageofsomerset.us	612-860-1907	606 Raymond Street	4/20/26
Chris Moreno cmoreno@villageofsomerset.us	715-245-7194	207 Willow Street	4/20/26
Ryan Sicard rsicard@villageofsomerset.us	715-294-0960	PO Box 159 509 Germain Steet, Unit 13	4/20/26

VILLAGE BOARD COMMITTEES *Village President appoints Chairperson and Committee members. Committee appointments, except designation of chairperson subject to confirmation by majority vote of Board.*			
Public Safety	Chris Dubak	Chris Moreno	Ryan Sicard
Public Works	Donnie Kern	Caleb Garn	Brandon Krohn
Finance/Personnel	Mike Kappers	Chris Dubak	Donnie Kern
Emergency Government	Mike Kappers	Bob Gunther	Travis Belisle
	Chris Moreno	Joel Trepczyk	Tasia Berger
	Donnie Kern		
Board of Review	Mike Kappers	Chris Moreno	Tasia Berger
	Ryan Sicard		

VILLAGE OFFICIALS			
NAME	POSITION	NUMBER	TERM
Tasia Berger	Village Clerk	715-247-3395	12/31/24
Amy Briggs	Utility Clerk	715-247-3395	N/A
Bob Gunther	Public Works Director	715-760-0884	N/A
Colleen Nadeau	Clerk of Court	715-247-3319	N/A
Brad Nemec	Municipal Judge	715-247-5637	4/30/27
Ben Neumann	Weed Commission	715-293-3185	12/31/22
Andrea Otto	Treasurer	715-247-3395	12/31/24
Gina Thernbeck	Police Secretary	715-247-3319	N/A
Joel Trepczyk	Police Chief	715-247-3319	N/A
Darel Hall	Animal Control	715-247-3319	N/A
Bowmar Appraisal	Assessor	715-835-1141	12/31/26
Paul Mahler pmahler@bakkenorman.com	Attorney	715-246-3800 715-888-1012	N/A
Tony Feuerhelm Tfiagency726@gmail.com	Building Inspector	715-386-5410 612-380-8764	12/31/25

OTHER VILLAGE BOARDS AND COMMISSIONS

PLAN COMMISSION
Staggered 3-year terms
5 citizen members and 2 Village Board members, including Village President
Village President appoints citizen members. Trustee member appointed annually by 2/3 vote of Board.

NAME	NUMBER	ADDRESS	TERM
Dan Vanasse	715-220-1828	444 Reed Street	5/18/24
Shyla Williamson	651-242-2433	219 Church Hill Road, Apt. 1	5/18/24
Laine Belter	715-247-5845	302 Spring Street	5/1/25
Chris Dubak	651-428-7602	540 Spring St, C4	4/15/25
Mike Kappers	715-781-1189	260 Main Street	4/15/25
Ken Lehman	651-233-6620	434 Reed Street	5/1/25
Dave Wolner	715-247-4598	490 Forrest Drive	5/6/26

BOARD OF ZONING APPEALS
Staggered 3-year terms
5 citizen members and 2 alternate members, appointed by Village President and approved by Village Board.

NAME	NUMBER	ADDRESS	TERM
Ken Lehman	651-233-6620	434 Reed Street	5/1/22
Dan Vanasse	715-220-1828	444 Reed Street	5/1/23
Dave Wolner	715-247-4598	490 Forrest Drive	5/1/23
Laine Belter	715-247-5845	302 Spring Street	5/1/24
Vacant			
Vacant (Alt)			
Vacant (Alt)			

POLICE BOARD OF REVIEW
Staggered 5-year terms
5 citizen members, appointed by Village President and approved by Village Board.

NAME	NUMBER	ADDRESS	TERM
Tabatha Kwak	651-260-4462	258 Harriman Street	4/20/26
Paul Goosen (2 yrs)	715-441-4760	620 Spring Street	4/20/26
Brandon Koziol	612-224-0167	408 Abby Lane	4/30/27
Louise Hecht		331 Blue Spruce Lane	4/30/27
Greg Sayers	715-247-4870	230 Plum Tree Lane	4/30/27
Michelle Beauvais (Alt) (3 yrs)	715-220-1943	312 Vanasse Street	5/18/24

FIRE/RESCUE (VILLAGE REPS)
2-year terms
1 Village Board Member, 2 Village of Somerset residents (alternate years appointed and approved by Board.

NAME	NUMBER	ADDRESS	TERM
Donnie Kern	715-247-2229	606 Raymond Street	5/1/24
Chris Moreno	715-245-7194	207 Willow Street	5/1/24
Dave Wolner	612-618-0598	490 Forrest Street	5/1/24

LIBRARY BOARD *Staggered 3-year terms* *5 members, appointed by Library, approved by Village Board*			
NAME	NUMBER	ADDRESS	TERM
Rita Lawson	715-247-3243	1917 County Road I	4/30/25
Alexandra Bell	715-247-4400	635 Sunrise Drive	4/30/26
Patricia Edgar	715-338-6864	220 Balsam Drive	4/30/26
Patricia Forsberg	612-810-0043	350 Paquin Drvie	4/30/27
Kay Walsh	715-247-3423	PO Box 113	4/30/27

ECONOMIC DEVELOPMENT COMMITTEE *Terms: 2 @ 1 year / 2 @ 2 years / 2 @ 3 years + Alternate* *7 members, including Village President, appointed by Village President and approved by Village Board.*			
NAME	NUMBER	ADDRESS	TERM
Mike Kappers			
Chris Dubak			
Chris Fergason			
Dave Bracht			
Jim Boo			
Rick Lundell			
Vacant			

MAIN STREET LOAN COMMITTEE [FINANCE COMMITTEE] *2-year terms*			
NAME	NUMBER	ADDRESS	TERM
Joe Green – 1st National	715-243-6113		4/18/23
Donnie Kern	715-247-2229	606 Raymond Street	5/15/24
Chris Moreno	715-245-7194	207 Willow Street	5/15/24
Mike Kappers	715-781-1189	260 Main Street	4/15/25

AMERICANS WITH DISABILILTIES COMMMITTEE [FINANCE COMMITTEE] *2-year terms*			
NAME	NUMBER	ADDRESS	TERM
Donnie Kern	715-247-2229	606 Raymond Street	4/15/24
Chris Dubak	651-428-7602	540 Spring Street, C4	4/15/25
Mike Kappers	715-781-1189	260 Main Street	4/15/25

HOUSING PROGRAM COMMITTEE [RESIDENTS OF VILLAGE] *2-year terms*			
NAME	NUMBER	ADDRESS	TERM
Laine Belter	715-247-5845	302 Spring Street	4/15/23
Julie Lange	651-274-1673	362 Paquin Drive	4/15/24
Dan Vanasse	715-220-1828	444 Reed Street	4/15/24
Vacant			4/15/23

ST. CROIX BIKE & PEDESTRIAN TRAILS COALITION MEMBER *2-year term*			
NAME	NUMBER	ADDRESS	TERM
Josh Hecht	715-222-3966	331 Blue Spruce Lane	4/15/23

GENERAL CHECKING - FIRST NATL Accounting Checks

Posted From: 4/18/2024 From Account:
Thru: 5/17/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
62237	4/22/2024	TOWN WEB DESIGN LLC WEBSITE DESIGN & MAINTENANCE	5,335.00
62238	5/01/2024	ABT MAILCOM WU/SU/APRIL UTILITY BILL	1,378.59
62239	5/01/2024	AMERICAN PEST SOLUTIONS GEN/PEST CONTROL SERVICES	115.89
62240	5/01/2024	APOSTLE SEPTIC SERVICE AND THRONES PW/DISPOSAL OF 28 BULBS	70.00
62241	5/01/2024	BAKER & TAYLOR BOOKS LIB/AUDIO/VIDEO	251.52
62242	5/01/2024	BAKER & TAYLOR BOOKS LIB/BOOKS	1,398.84
62243	5/01/2024	BUILT STRONG EXTERIORS REFUND OVERPAYMENT ON PERMIT	27.00
62244	5/01/2024	CINTAS GEN/FLOOR MAT SERVICES	123.95
62245	5/01/2024	DAREL L. HALL ANIMAL CONTROL SERVICES	147.72
62246	5/01/2024	DETLOFF, BARRY LIB/PROGRAM PRESENTER	140.00
62247	5/01/2024	EO JOHNSON COMPANY GEN/WU/SU/PRINTER MAINTENANCE AGREEMENT	87.00
62248	5/01/2024	GEMPLER'S PW/UNIFORM ALLOWANCE-FOLKERT	102.46
62249	5/01/2024	GUARDIAN SUPPLY POL/LIEUTENANT PLATE & BARS/BADGE	169.97
62250	5/01/2024	IMPACT GROUP GEN/WU/SU/LAPTOPS & DOCKING STATIONS	3,760.90
62251	5/01/2024	LOGISTICS RECYCLING INC GEN/SHRED BIN	20.00
62252	5/01/2024	MENARDS - HUDSON PW/SHOP & STREETS	132.92
62253	5/01/2024	MIDWEST NATURAL GAS INC. MARCH NATURAL GAS SERVICES	1,601.66
62254	5/01/2024	MORTON SALT INC PW/SAFE-T-SALT	4,440.10
62255	5/01/2024	O'ROURKE MEDIA GROUP BOARD OF REVIEW/OPEN BOOK NOTICE	164.39

GENERAL CHECKING - FIRST NATL Accounting Checks

Posted From: 4/18/2024 From Account:
Thru: 5/17/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
62256	5/01/2024	PEA SOUP DAYS PSD SPONSOR	500.00
62257	5/01/2024	PEDERSON, TOM LIB/IN-SERVICE DAY PRESENTER	290.00
62258	5/01/2024	RAY O'HERRON CO INC POL/TRAINING AMMO	945.00
62259	5/01/2024	RICHARD COWELL TACTICAL POL/UNIFORM ALLOWANCE-ANDERSON	687.00
62260	5/01/2024	SAFE ASSURE CONSULTANTS INC PW/PKS/WU/SU/ANNUAL SAFETY TRAINING	5,325.41
62261	5/01/2024	SIGMA CONTROLS INC SU/WWTP SURGE SUPPRESSOR	1,090.84
62262	5/01/2024	T.A. SCHIFSKY & SONS INC PW/AGGREGATE	78.57
62263	5/01/2024	TAPCO PW/STREET NAME SIGNS	146.30
62264	5/01/2024	THANIG, JIM PW/CLOTHING ALLOWANCE REIMBURSEMENT	139.50
62265	5/01/2024	VERIZON WIRELESS PW/PKS/WU/SU/CELLULAR SERVICES	542.09
62266	5/01/2024	WEST CENTRAL WISCONSIN BIOSOLIDS FACILITY SU/MARCH HAULING	17,807.52
62267	5/13/2024	AG SOURCE COOP SERVICES WU/SU/LAB TESTING	780.50
62268	5/13/2024	EO JOHNSON COMPANY GEN/WU/SU/COPIER LEASE	107.10
62269	5/13/2024	FERGUSON WATERWORKS #2516 WU/COUPLINGS/METERS	12,221.52
62270	5/13/2024	FLOCK GROUP INC POL/CAMERAS	7,400.00
62271	5/13/2024	IMPACT GROUP APRIL OFFICE 365	303.60
62272	5/13/2024	MENARDS-STILLWATER SU/WWTP SUPPLIES	62.04
62273	5/13/2024	METRO SALES INC. POL/COPIER LEASE	357.41
62274	5/13/2024	MINUTEMAN PRESS LIB/50TH ANNIVERSARY MERCHANDISE	911.58

GENERAL CHECKING - FIRST NATL Accounting Checks

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Thru: 5/17/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
62275	5/13/2024	NORTHWEST COMMUNICATIONS TELEPHONE EXPENSE	1,417.82
62276	5/13/2024	OLSON SANITATION LLC APRIL SERVICES	21,227.00
62277	5/13/2024	RASKA SEWER SERVICE PKS/PORTABLES AT DISC GOLF	157.50
62278	5/13/2024	SOMERSET UTILITIES WATER/SEWER CHARGES	8,561.05
62279	5/13/2024	ST CROIX COUNTY TREASURER APRIL COURT	463.60
62280	5/13/2024	STATE OF WISCONSIN COURT FINES & SURCHARGES APRIL COURT	1,351.70
62281	5/13/2024	T.A. SCHIFSKY & SONS INC PW/AGGREGATE	157.14
62282	5/13/2024	TRYBA, MARGARET LIB/VALLEY READS BOOK DISCUSSION	55.00
62283	5/13/2024	WISCONSIN PROFESSIONAL POLICE ASSOC POL/MAY UNION DUES	222.50
62284	5/13/2024	WISCONSIN RURAL WATER ASSOCIATION WU/ANNUAL MEMBERSHIP-BRIGGS	45.00
EFT 040124-3	4/01/2024 Manual Check	PRINCIPAL LIFE INSURANCE CO APRIL LIFE INSURANCE PREMIUMS	93.78
EFT 041724-3	4/17/2024 Manual Check	WI ENVIRONMENTAL IMPROVEMENT FUND DEBT/CWFL & SDW LOAN PAYMENTS	207,944.29
EFT 041924-1	4/19/2024 Manual Check	FEDERAL TAX PYMT FEDERAL TAX DEPOSIT	12,339.65
EFT 041924-2	4/19/2024 Manual Check	HSA BANK EMPLOYEE CONTRIBUTIONS	1,398.93
EFT 041924-3	4/19/2024 Manual Check	WISCONSIN DEFERRED COMP PROGRAM EMPLOYEE CONTRIBUTIONS	1,615.08
EFT 041924-4	4/19/2024 Manual Check	WISCONSIN DEPT OF REVENUE STATE TAX DEPOSIT 04/01/24-04/15/24	2,172.88
EFT 041924-5	4/19/2024 Manual Check	WM CORPORATE SERVICES INC SU/APRIL SERVICES	1,104.00
EFT 041924-6	4/19/2024 Manual Check	XCEL ENERGY ELECTRIC EXPENSE	11,245.38
EFT 041924-7	4/19/2024 Manual Check	WM CORPORATE SERVICES INC PW/WU/SU/APRIL SERVICES	354.99

GENERAL CHECKING - FIRST NATL Accounting Checks

Posted From: 4/18/2024 From Account:
Thru: 5/17/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
EFT 042024-1	4/20/2024	KWIK TRIP INC	748.31
Manual Check		POL/PW/GASOLINE CHARGES	
EFT 042324-1	4/23/2024	CULLIGAN OF STILLWATER	58.00
Manual Check		WATER SYSTEM RENTAL	
EFT 042424-1	4/24/2024	WISCONSIN RETIREMENT SYSTEM	18,242.40
Manual Check		MARCH RETIREMENT	
EFT 042524-1	4/25/2024	GE GROUP INC	1,000.00
Manual Check		POL/INSTALL EV CHARGER	
EFT 042624-1	4/26/2024	HSA BANK	15.00
Manual Check		ACCOUNT FEES	
EFT 043024-1	4/30/2024	AFLAC	388.66
Manual Check		EMPLOYEE PREMIUMS	
		Grand Total	361,543.55

GENERAL CHECKING - FIRST NATL Accounting Checks

Posted From: 4/18/2024 From Account:
Thru: 5/17/2024 Thru Account:

	Amount
Total Expenditure from Fund # 100 - VILLAGE GENERAL FUND	92,648.79
Total Expenditure from Fund # 320 - DEBT SERVICE FUND	207,944.29
Total Expenditure from Fund # 470 - CAPITAL IMPROVEMENTS	14,615.45
Total Expenditure from Fund # 610 - WATER UTILITY FUND	16,998.06
Total Expenditure from Fund # 620 - SEWER UTILITY FUND	29,336.96
Total Expenditure from all Funds	361,543.55

Dated From: 1/01/2024 From Account:
Thru: 5/22/2024 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	5/22/2024	AG SOURCE COOP SERVICES WU/SU/LAB TESTING	707.50
	5/22/2024	BAKKE NORMAN SC ATTORNEY SERVICES	9,018.12
	5/22/2024	BLOMBERG, DYLAN POL/LUNCH REIMBURSEMENT 5/8/24 TRAINING	9.59
	5/22/2024	BOWMAR APPRAISAL INC ASSESSOR SERVICES	3,300.00
Manual Check	5/01/2024	BP BUSINESS SOLUTIONS PW/FUEL CHARGES	209.47
Manual Check	5/01/2024	DELTA DENTAL OF WISCONSIN MAY DENTAL INSURANCE PREMIUMS	1,756.29
	5/22/2024	EO JOHNSON COMPANY PRINTER MAINTENANCE AGREEMENT	64.00
Manual Check	5/03/2024	FEDERAL TAX PYMT FEDERAL TAX DEPOSIT	13,045.13
	5/22/2024	FRENCH-AMERICAN HERITAGE FOUNDATION OF MN LIB/PRESENTATION 6/5/24	250.00
	5/22/2024	GENERATOR POWER SYSTEMS LLC WU/WELL 5 GENERATOR MAINTENANCE	1,260.00
	5/22/2024	GIMPL, SANDY LIB/PRESENTATION 6/10/24	200.00
	5/22/2024	GOPHER SPORT PKS/BASES	417.28
	5/22/2024	HAWKINS INC. WU/SU/CHEMICALS	3,354.70
Manual Check	5/01/2024	HEALTH PARTNERS MAY HEALTH INSURANCE PREMIUMS	27,343.69
Manual Check	5/03/2024	HSA BANK EMPLOYEE CONTRIBUTIONS	1,398.93
Manual Check	5/03/2024	HSA BANK EMPLOYER CONTRIBUTION	1,333.33
	5/22/2024	IMPACT GROUP MAY OFFICE 365	303.60
	5/22/2024	IMPACT GROUP MAY BARRACUDA	436.00
	5/22/2024	LA COMPAGNIE LIB/PRESENTATION JUNE 5TH	490.20

Dated From: 1/01/2024 From Account:
Thru: 5/22/2024 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	5/22/2024	POLICE AND SHERIFFS PRESS, THE POL/ID CARDS	17.60
Manual Check	5/01/2024	PRINCIPAL LIFE INSURANCE CO MAY LIFE INSURANCE PREMIUMS	93.78
	5/22/2024	SHORT ELLIOTT HENDRICKSON INC TAP GRANT PROJECT	11,204.83
	5/22/2024	STAAB CONSTRUCTION CORPORATION WWTP/PAY APP #19	43,639.00
	5/22/2024	TECH SALES CO SU/WWTP SUPPLIES	250.00
	5/22/2024	TF INSPECTION AGENCY LLC APRIL BUILDING INSPECTOR'S REPORT	8,670.00
	5/22/2024	ULINE WWTP SUPPLIES	190.53
Manual Check	5/02/2024	UNITED STATES POSTAL SERVICE POSTAGE	1,000.00
	5/22/2024	WI DEPT OF TRANSPORTATION-FOS SU/HWY 35 PROJECT	10,131.41
Manual Check	5/03/2024	WISCONSIN DEFERRED COMP PROGRAM EMPLOYEE CONTRIBUTIONS	1,337.62
	5/22/2024	WISCONSIN DEPT OF NATURAL RESOURCES 2024 WATER USE FEES	125.00
Manual Check	5/03/2024	WISCONSIN DEPT OF REVENUE STATE TAX DEPOSIT 4/16/24-4/30/24	2,169.09
	5/22/2024	WISCONSIN DNR-ENVIRONMENTAL FEES WWTP/ANNUAL FEE	575.37
Manual Check	5/01/2024	XCEL ENERGY ELECTRIC EXPENSE	357.72
Manual Check	5/02/2024	XCEL ENERGY ELECTRIC EXPENSE	128.47
Manual Check	5/03/2024	XCEL ENERGY ELECTRIC EXPENSE	2,581.68
		Grand Total	147,369.93

Dated From: 1/01/2024 From Account:
Thru: 5/22/2024 Thru Account:

	Amount
Total Expenditure from Fund # 100 - VILLAGE GENERAL FUND	75,457.13
Total Expenditure from Fund # 470 - CAPITAL IMPROVEMENTS	11,204.83
Total Expenditure from Fund # 610 - WATER UTILITY FUND	1,573.87
Total Expenditure from Fund # 620 - SEWER UTILITY FUND	59,134.10
Total Expenditure from all Funds	147,369.93

Regular Meeting of the Village of Somerset Board of Trustees
Village Hall, 110 Spring Street Somerset, WI 54025 | Tuesday, April 16, 2024

Village President, Mike Kappers called the Regular to order at 6:01 p.m. Present were Mike Kappers, Caleb Garn, Donnie Kern, Chris Dubak, Chris Moreno, Ryan Sicard and Brandon Krohn. Also present at Village Hall – Village Attorney, Paul Mahler and Director of Public Works, Bob Gunther.

Public Comment

- Tony Feuerhelm, Building Inspector – building inspector fees
- Marcus Berger – Aspen Dr - drainage
- John Montpetit – 710 Spring – building inspector
- Rodney Ring – 220 Main St – underage drinking on the Apple River

Approval of Agenda

Kern asked to pull item 5.B (Bills) from the consent agenda to consider separately. Garn asked to pull item E.1 (Building Inspector Fees) from the consent agenda to consider separately. Krohn asked to pull item C.1 (Flock Cameras) from the consent agenda to consider separately.

Consent Agenda

- *Motion by Kern, second by Garn to approve the Consent Agenda including the following:*
  - *Minutes of March 19, 2024*
  - *Spring Street and Main Street Change Order #1*
  - *Spring Street and Main Street Change Order #2*
  - *Spring Street and Main Street Pay App #4*
  - *Safety Training Proposal*
  - *Concrete Quote Maintenance Shop*
  - *Concrete Quote Larry Forrest Park*
  - *Building Inspector Fee Schedule*
  - *Vendor Village Rental Agreement*
  - *Fire/Rescue Report*

Item 5.B. Village, Water and Sewer Bills

- Kern inquired about a $15,000 payment for Williams and an $11,000 payment for Gateway street damage deposit
  - Gunther – Williams payment was for easement access. Gateway street damage deposit is returned to Gateway once build is complete.
- *Motion by Kern, second by Krohn to approve Village, Water and Sewer Bills. Motion carried unanimously.*

Item 5.C.i. Purchase of one fixed and one portable automated license plate reader from Flock Safety in an amount not to exceed $7,150.00

- Krohn – concerned it is a private company that could sell data, data security, won't prevent crime but can catch criminals after the fact
- Jonathan Paz – rep from Flock Safety presented
- Kern – privacy agreement in contract? Yes. How does system determine stolen vehicle based on plate – state or local database? National list.

DRAFT

- Garn – how long has Flock Safety been in business? 2017. Customer/client retention? Unsure. Has Flock Safety ever been hacked? No. Who is the #1 competitor? Axon. How many municipalities share data with other municipalities? Unsure.
- Kappers – Chief Trepczyk stated Hudson and New Richmond use this system
- Sgt. Farrell spoke on Flock System
- Garn asked where the camera would go. Farrell - Main St bridge possibly – will not be a secretive location.
- Dubak – Chief Trepczyk is developing a policy. Sicard would like to be looped in on policies.
- Kern asked about turnaround time to be up and running. Approx. 2 months.
- *Motion by Kern, second by Dubak to approve as recommended by Public Safety. Motion carried 6-1 (Krohn – nay).*

5.E.i Building Inspector Fees

- Kern asked if fees can be maintained outside of an ordinance. Mahler said yes, the board can adopt a fee schedule by resolution.
- Garn asked who was complaining about a high fee schedule.
- Dubak – Western WI Inspection Agency (WWIA) has good reviews on Google and lower prices.
- Sicard – in favor of fee schedule outside of ordinance but needs more information to act on it.
- Krohn asked what the board is approving – adopting WWIA fee schedule but keep Tony as building inspector?
- *Motion by Kroh, second by Moreno to table this to the May meeting. Motion carried 6-1 (Kern – nay).*

New Business

- **Discussion/Possible Approval – Street Use Permit and Parade Route – Pea Soup Days**
  - *Motion by Sicard, second by Garn to approve the Street Use Permit and Parade Route as presented and motion carried unanimously.*
- **Discussion/Possible Approval – Aspen Drive Drainage Plan and Timeline**
  - Grading plan wasn't followed.
  - Kern asked what it will take to remedy. There is a designed plan to remedy issue.
  - *Motion by Kern, second by Krohn to approve use of line of credit to remedy no later than May 21st.*
- **Discussion/Possible Approval – Use of Village-owned property – Somerset Champions Council**
  - *Motion by Krohn, second by Dubak to approve use of Village-owned property and motion carried unanimously.*
  - Kern asked about insurance. Champions do not carry insurance. Mahler said Village liability insurance would cover. Participants could sign a waiver, but waivers aren't 100%.
- **Discussion/Possible Approval – TAP Grant Proposal**
  - *Motion by Sicard, second by Krohn to approve TAP Grant Proposal not to exceed quoted amount and motion carried unanimously.*
- **Discussion/Possible Approval – Pine Vale Addendum**
  - *Motion by Kern, second by Garn to approve the Pine Vale Addendum as presented and motion carried unanimously.*
- **Discussion/Possible Approval – Village Website – Town Web and HeyGov Proposal**

DRAFT

    - Not moving forward with HeyGov portion at this time
    - *Motion by Kappers, second by Sicard to approve Town Web proposal as presented and motion carried 6-1 (Krohn – nay).*
- **Discussion/Possible Approval – Appointments**
    - Sicard appointed to Public Safety and Board of Review
    - Kern appointed to Emergency Government
    - Dubak appointed to Plan Commission
    - Library appointments as presented
    - *Motion by Kern, second by Garn to approve appointments as stated and motion carried unanimously.*
- **Discussion/Possible Approval – Summer Office Hours**
    - Memo provided by Tasia
    - *Motion by Krohn, second by Garn to approve summer office hours as presented and motion carried unanimously.*
    - Mahler noted that Amery recently switched to similar hours and it has been positive.

Unfinished Business

- **Discussion – ISG/Ehlers Presentation Follow-up**
    - Table to May

Closed Session

- *Motion by Kappers, second by Kern to move into closed session pursuant to Wis. Stats. 19.85(1)(c) Considering the employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility. – Lieutenant promotion – job description and employment agreement. Roll call vote, motion carried unanimously.*

Reconvene to Open Session

- *Motion by Kern, second by Krohn to reconvene to open session. Motion carried unanimously.*
- *Motion by Garn, second by Moreno to promote Sgt. John Farrell to Lieutenant per the terms provided. Roll call vote – all in favor – motion carried.*

Adjourn

- *Motion by Dubak, second by Garn to adjourn and motion carried unanimously. Meeting adjourned at 7:39 p.m.*

Tasia Berger, Village Clerk

DRAFT

CONDITIONAL USE PERMIT
VILLAGE OF SOMERSET

ISSUED TO: Butterfield Well Drilling
Tim Butterfield
395 Reed Street
Somerset WI 54025

Permit No.: **2004-02**

Parcel Number: **4N**

Zoning: Industrial (I1)

Conditional Use: **Operate a water well drilling and equipment manufacturing company**

Approved By Village Board: **April 20, 2004**

****

CONDITIONS SET BY THE VILLAGE BOARD AND PLAN COMMISSION
[NOTE: The Village of Somerset has the right to relinquish the conditional use permit if the following conditions are not met.]

1) Install a fence a minimum of eight (8) feet high with concealment slats around the entire outside storage area.
2) All outside storage must be contained in the fenced area with stored material not to exceed the fence height.
3) Abide by the approved site plan.
4) The Plan Commission and Village Board must approve future expansion plans.
5) Production or storage of hazardous materials is not allowed.
6) Provide paved parking at a minimum of one space per employee and an area for visitors/customers.
7) Equipment, inventory and vehicles must be stored/parked in an orderly manner in the fenced area to minimize exposure to public view on the property frontage.
8) Maintain mowing of grass on lot.
9) Hours of Operation: 6:00 a.m. to 10:00 p.m.
10) Outside light must be directed downward.
11) Any signs shall be placed on the building.

I certify that the Plan Commission and Village Board approved the application and a public hearing was held for public comment on the application.

_____ _____
Pamela Donohoe, Village Clerk Date

PLAN COMMISSION APPLICATION

Home of the Apple River

APPLICANT'S NAME: Tim Butterfield Drilling Inc.

APPLICANT'S ADDRESS: 395 Reed St Somerset, WI 54025

PHONE: 715-492-9467 EMAIL: tim@timbutterfielddrilling.com

Parcel number and *legal description* of property: Parcel 181-1001-45-170
Sec 36 T31N R19W NW NW 2.55 AC Lot 4 CSM 6/1785

☐ REZONING – Complete Application to Rezone (Application fee $250.00)

☒ CONDITIONAL USE PERMIT – Complete Conditional Use Permit Application (Application fee $250.00)

☐ REPLAT OF LAND – Attach a survey of parcels to be replated. Refer to Section 14 Article D - Plat Review and approval and Article E –Technical Requirements for Plats and Certified Surveys. (Application fee see sec. 14-1-90) There is a $200.00 deposit fee.

☐ EXTRA TERRITORIAL PLAT REVIEW – Attach a survey of parcels. Refer to Section 14-1-20(b) for application fee - one hundred dollars ($100.00) for each review of an extra-territorial plat that comes before the Plan Commission and an additional fee of ten dollars ($10.00) per lot for plats of five (5) or more lots

☐ SITE PLAN REVIEW – Complete Application and review site plan check list

Submit to P.O. Box 356, Somerset, WI 54025: with application fees, two (2) copies of the application and any attachments with the Village Clerk, who will present them to the *Village Planning Commission* for public hearing and recommendation to the *Village Board.*

I have completed this application to the best of my knowledge and believe the information herein to be true and correct. I submit that the request will not be detrimental to the general public interest and purpose of the Zoning Ordinances of the Village of Somerset.

Signature of Applicant

4/18/24
Date

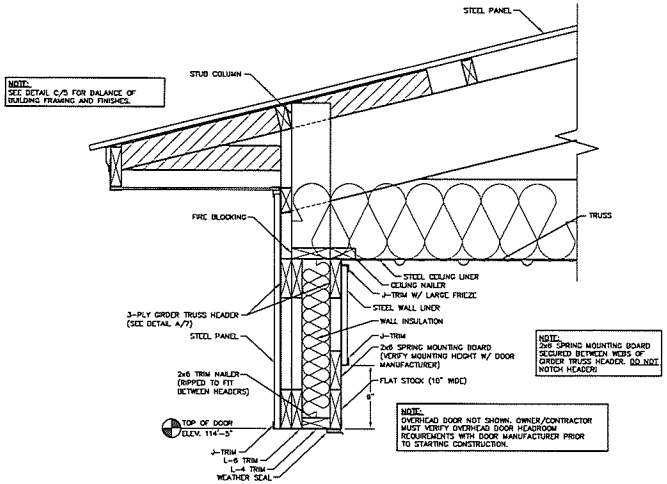
Authorization: The Village Board, acting under the power given it under Zoning Ordinances of the Village of Somerset do hereby:

_____ Accept your application

_____ Reject your application

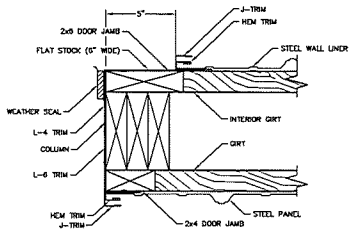
_____ _____

Village President Date



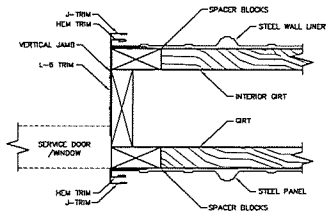
SIDEWALL OVERHEAD DOOR FRAME-OUT DETAIL

SCALE: 1 1/2"=1'-0"



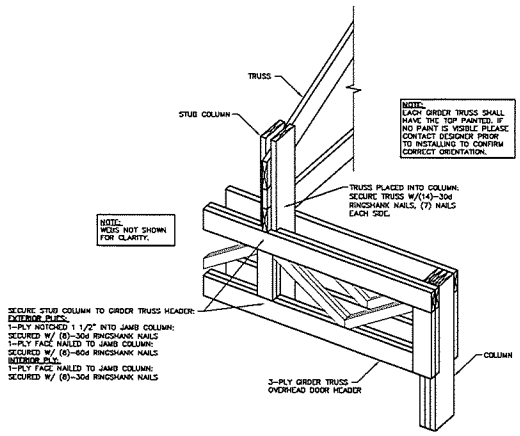
OVERHEAD DOOR JAMB DETAIL

SCALE: 3"=1'-0"



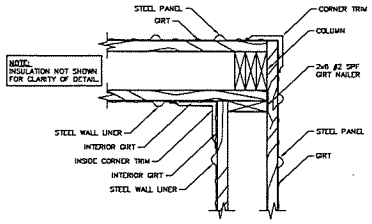
SERVICE DOOR/WINDOW JAMB DETAIL

SCALE: 3"=1'-0"



A/7 OVERHEAD DOOR GIRDER TRUSS HEADER INSTALLATION DETAIL

NOT TO SCALE



CORNER TRIM DETAIL

SCALE: 1 1/2"=1'-0"

ENGINEERING SERVICES
8861 KANE RD. EAU CLAIRE, WI 54703 (715) 874-6888
FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:

BUTTERFIELD DRILLING & IRRIGATION

SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
DRAWN BY:	KWK
DATE:	11/2/2023
SCALE:	AS NOTED

REVISIONS

NO	DATE	DESCRIPTION	BY
1			
2			

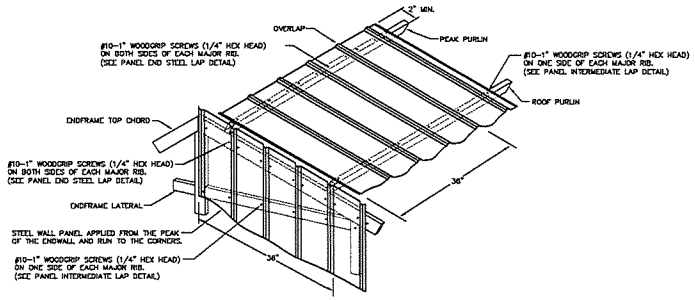
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OVERHEAD DOOR DETAILS

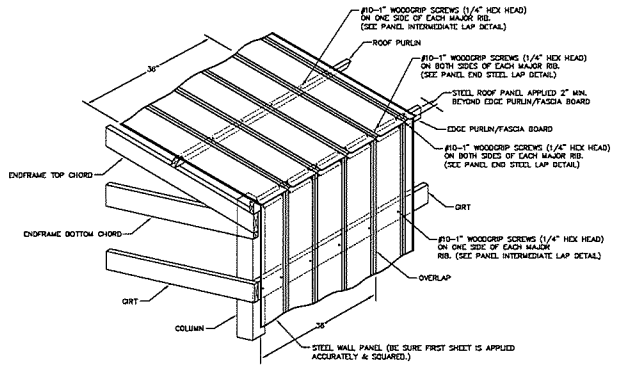
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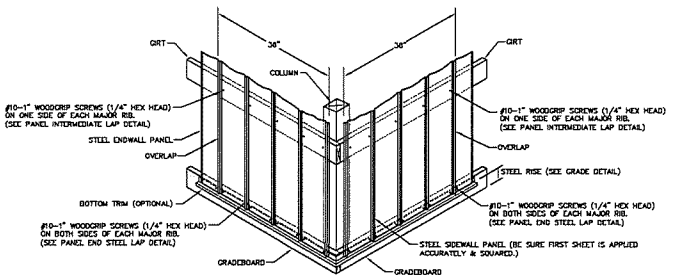
S7



ROOF & ENDWALL STEEL APPLICATION @ GABLE PEAK & INTERMEDIATE



ROOF & SIDEWALL STEEL APPLICATION @ EAVE

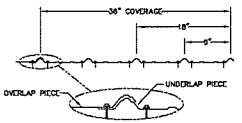


WALL STEEL APPLICATION @ GRADEBOARD

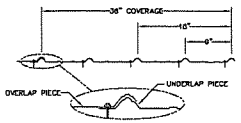
STEEL APPLICATION DETAILS

STEEL PANEL INSTALLATION GENERAL NOTES:

1) PROPER LAPPING OF STEEL PANEL IS VERY IMPORTANT IN THE PANEL'S ABILITY TO PREVENT LEAKING. OVERSEATING AND UNDERSEATING OF LAP IS NOT PERMITTED.
2) FASTENER TIGHTNESS IS CRITICAL IN THE LONGEVITY OF THE FASTENER'S ABILITY TO HELP PREVENT LEAKS AND STRUCTURAL LOAD CARRYING CAPACITY. OVER-TORQUING OF SCREWS WILL REDUCE THE SCREW'S WITHDRAWAL CAPACITY, REGARDLESS OF THE CONSTRUCTION MATERIALS INVOLVED. UNDER-TORQUING OF SCREWS WILL INCREASE THE POTENTIAL OF ROOF LEAKS.
3) FASTENER LOCATION IS CRITICAL FOR INSTALLERS TO MINIMIZE THE POTENTIAL OF OIL CANNING, DIMPLES, AND OTHER APPEARANCE RELATED ISSUES.
4) THE ANTI-SYPHON DRAIN CHANNEL MUST BE CLEAR OF DEBRIS AND OBSTRUCTIONS FOR THE PANEL'S ABILITY TO MINIMIZE THE POTENTIAL OF CAPILLARY ACTION OF WATER FROM GETTING UNDER THE STEEL PANEL.

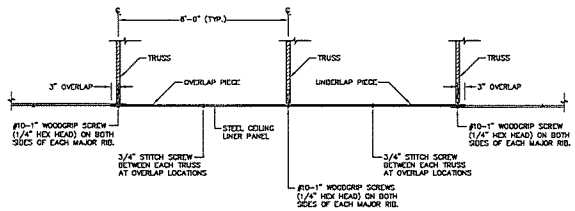


PANEL END STEEL LAP DETAIL
NOT TO SCALE

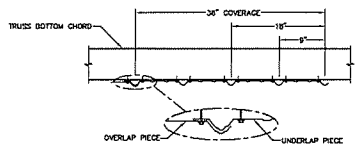


PANEL INTERMEDIATE LAP DETAIL
NOT TO SCALE

NOTE:
THE RECOMMENDED PROCEDURE FOR APPLYING CEILING LINER IS: APPLYING 1" WOODGRIP SCREWS FROM ONE END OF THE PANEL, HOLDING THE PANEL FLAT TO THE BOTTOM CHORD OF THE TRUSSES AND BETWEEN THE TRUSSES, THEN APPLYING ONE SCREW ON BOTH SIDES OF EVERY MAJOR RIB INTO THE FIRST TRUSS, THEN THE MIDDLE TRUSS, THEN FINALLY AT THE THIRD TRUSS WHERE THE PANEL WILL OVERLAP THE TRUSS 3". THE NEXT PANEL ATTACHED TO THE TRUSS W/ 1" OR LONGER WOODGRIP SCREWS ON BOTH SIDES OF EVERY MAJOR RIB. A STITCH SCREW NEEDS TO BE APPLIED AT THE SIDE BY SIDE OVERLAP OF THE PANEL NEXT TO IT HALF WAY BETWEEN EACH TRUSS.



STEEL APPLICATION DETAIL @ CEILING LINER
SCALE: 1/2"=1'-0"



STEEL CEILING LINER-LAP DETAIL
NOT TO SCALE

ENGINEERING SERVICES
5861 STATE RD. 64/27 CLARNO, WI 54755 (715) 979-0880
FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:
BUTTERFIELD DRILLING & IRRIGATION
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PROF. ENGINEER:	MATT BUSHEE
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DATE:	11/2/2023
SCALE:	AS NOTED

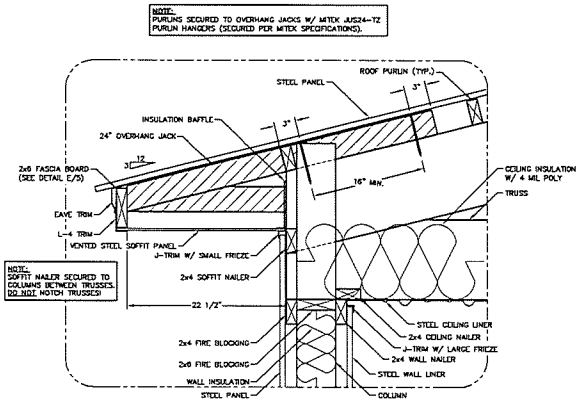
REVISIONS

NO	DATE	DESCRIPTION	BY
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2			

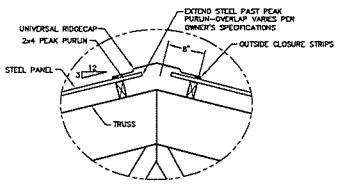
SHEET TITLE:
STEEL APPLICATION DETAILS

FILE NAME: S20223WI

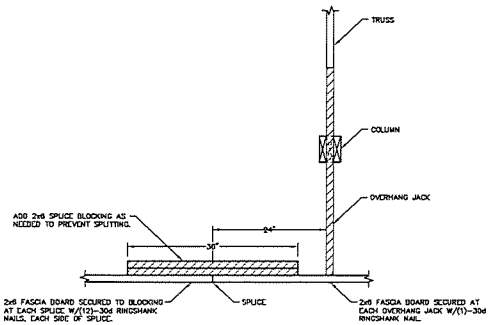
SHEET NO.
S8



C/S 24" BOXED EAVE DETAIL
SCALE: 1 1/2"=1'-0"



D/S PEAK PURLIN DETAIL
SCALE: 1"=1'-0"



E/S FASCIA BOARD DETAIL
SCALE: 1"=1'-0"

SIDEWALL SECTION FASTENER NOTES

OVERHANG JACK:
OVERHANG JACKS SECURED TO TRUSS WITH (2)-60d RINGSHANK NAILS, 16" MIN. APART.

SOFFIT NAILER:
SOFFIT NAILER SECURED WITH (2)-30d RINGSHANK NAILS AT EACH SOFFIT NAILER TO COLUMN LOCATION.

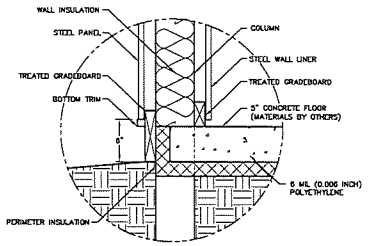
WALL GIRTS:
WALL GIRTS SECURED WITH (2)-30d RINGSHANK NAILS AT EACH GIRT TO COLUMN LOCATION.

INTERIOR TREATED GRADEBOARD:
TREATED GRADEBOARD SECURED WITH (2)-30d RINGSHANK NAILS AT EACH GRADEBOARD TO COLUMN LOCATION.

EXTERIOR TREATED GRADEBOARD:
TREATED GRADEBOARD SECURED WITH (4)-30d RINGSHANK NAILS AT EACH GRADEBOARD TO COLUMN LOCATION.

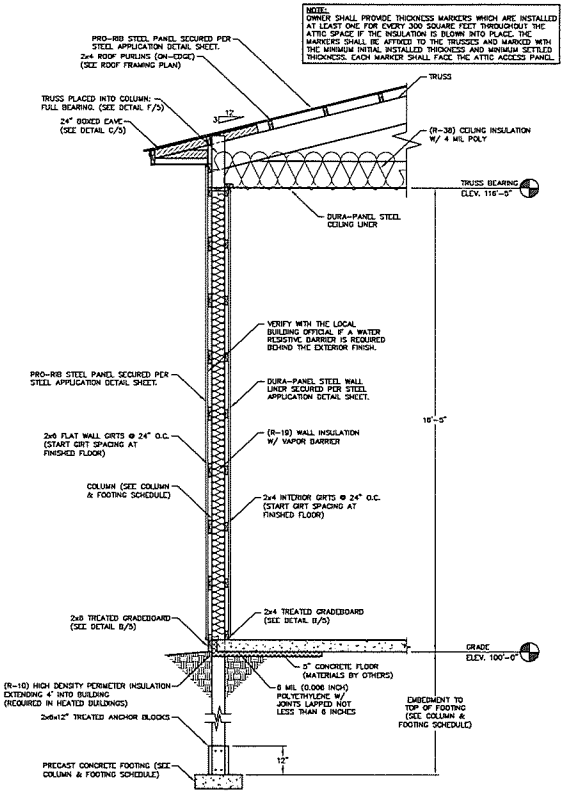
TREATED ANCHOR BLOCKS:
TREATED ANCHOR BLOCKS SECURED TO EACH FACE OF THE COLUMN AT THE BASE WITH (4)-30d RINGSHANK NAILS, EACH BLOCK.

NOTE:
CONCEALED WALL SPACES SHALL HAVE FIRE BLOCKING AT CEILING AND FLOOR LEVELS AND HORIZONTAL INTERVALS NOT EXCEEDING 10' PER IBC 718.2. FIRE BLOCKING MAY CONSIST OF TWO INCH NOMINAL MATERIAL OR INSULATION MEETING IBC REQUIREMENTS.

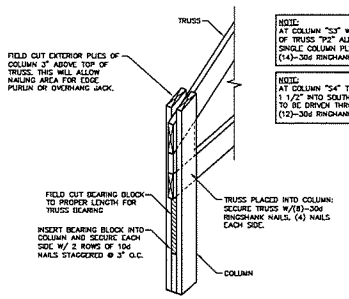


B/S GRADE DETAIL
SCALE: 1 1/2"=1'-0"

NOTE:
OWNER SHALL PROVIDE THICKNESS MARKERS WHICH ARE INSTALLED AT LEAST ONE FOR EVERY 300 SQUARE FEET THROUGHOUT THE ATTIC SPACE IF THE INSULATION IS BLOWN INTO PLACE. THE MARKERS SHALL BE AFFIXED TO THE TRUSSES AND MARKED WITH THE MINIMUM INITIAL INSTALLED THICKNESS AND MINIMUM SETTLED THICKNESS. EACH MARKER SHALL FACE THE ATTIC ACCESS PANEL.



A/S SIDEWALL SECTION
SCALE: 1/2"=1'-0"



F/S TRUSS INSTALLATION DETAIL
NOT TO SCALE

ENGINEERING SERVICES
FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:
BUTTERFIELD DRILLING & IRRIGATION
SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
DRAWN BY:	KWK
DATE:	11/2/2023
SCALE:	AS NOTED

REVISIONS

NO	DATE	DESCRIPTION	BY
1			
2			

SHEET TITLE:
SIDEWALL SECTION AND SECTION DETAILS

FILE NAME: S20223WI

SHEET NO.
S5

ENDWALL SECTION FASTENER NOTES

ENDFRAME:
ENDFRAME SECURED TO ALL ENDWALL COLUMNS WITH (6)–30d RINGSHANK NAILS AT EACH ENDFRAME TO COLUMN LOCATION.

WALL GIRTS:
WALL GIRTS SECURED WITH (2)–30d RINGSHANK NAILS AT EACH GIRT TO COLUMN LOCATION.

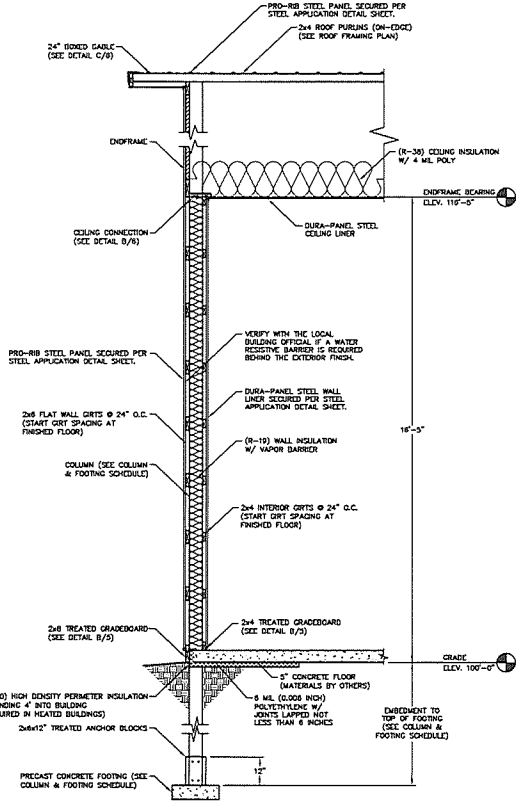
INTERIOR TREATED GRADEBOARD:
TREATED GRADEBOARD SECURED WITH (2)–30d RINGSHANK NAILS AT EACH GRADEBOARD TO COLUMN LOCATION.

EXTERIOR TREATED GRADEBOARD:
TREATED GRADEBOARD SECURED WITH (4)–30d RINGSHANK NAILS AT EACH GRADEBOARD TO COLUMN LOCATION.

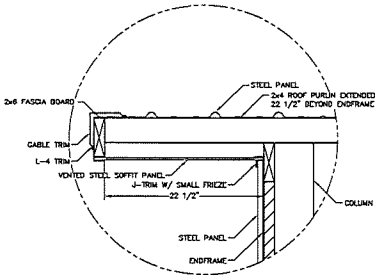
TREATED ANCHOR BLOCKS:
TREATED ANCHOR BLOCKS SECURED TO EACH FACE OF THE COLUMN AT THE BASE WITH (4)–30d RINGSHANK NAILS, EACH BLOCK.

NOTE:
CONCEALED WALL SPACES SHALL HAVE FIRE BLOCKING AT CEILING AND FLOOR LEVELS AND HORIZONTAL INTERVALS NOT EXCEEDING 10' PER IBC 718.2. FIRE BLOCKING MAY CONSIST OF TWO INCH NOMINAL MATERIAL OR INSULATION MEETING IBC REQUIREMENTS.

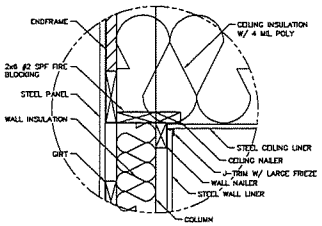
NOTE:
OWNER SHALL PROVIDE THICKNESS MARKERS WHICH ARE INSTALLED AT LEAST ONE FOR EVERY 300 SQUARE FEET THROUGHOUT THE ATTIC SPACE IF THE INSULATION IS BLOWN INTO PLACE. THE MARKERS SHALL BE AFFIXED TO THE TRUSSES AND MARKED WITH THE MINIMUM INITIAL INSTALLED THICKNESS AND MINIMUM SETTLED THICKNESS. EACH MARKER SHALL FACE THE ATTIC ACCESS PANEL.



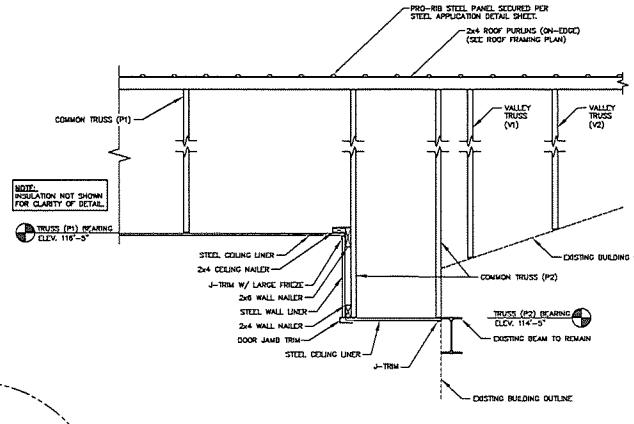
A 6 ENDWALL SECTION
SCALE: 1/2"=1'-0"



C 6 24" BOXED GABLE DETAIL
SCALE: 1 1/2"=1'-0"



B 6 CEILING CONNECTION DETAIL
SCALE: 1 1/2"=1'-0"



D 6 SECTION AT EXISTING BUILDING
SCALE: 3/4"=1'-0"

ENGINEERING SERVICES
9552 STATE RD. EAST CLARE, MI 48705 (517) 879-9500
FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:
BUTTERFIELD DRILLING & IRRIGATION
SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
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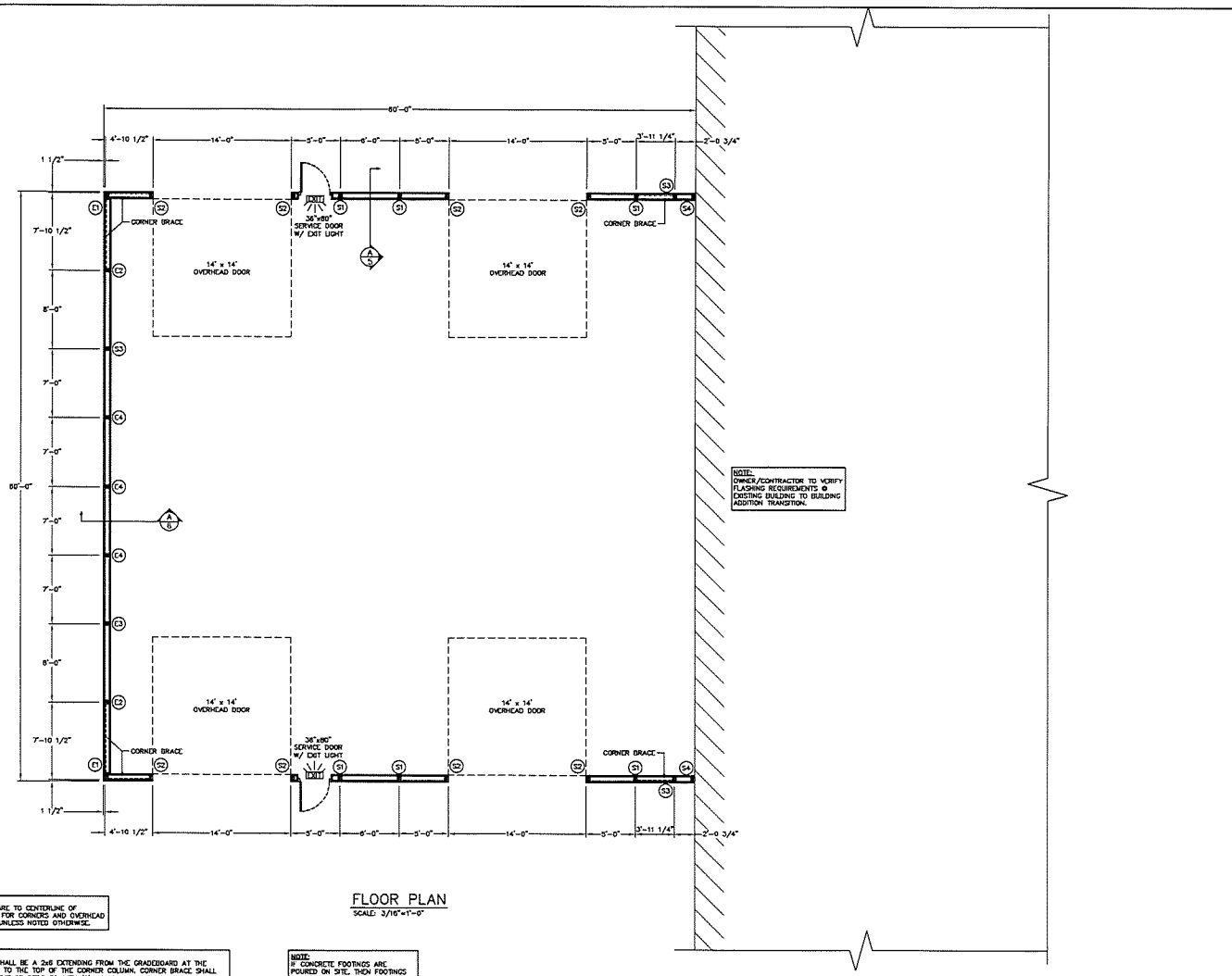
REVISIONS

NO	DATE	DESCRIPTION	BY
1			
2			

SHEET TITLE:
ENDWALL SECTION AND SECTION DETAILS

FILE NAME: S20223WI

SHEET NO.
S6



FLOOR PLAN

SCALE: 3/16"=1'-0"

NOTE: ALL DIMENSIONS ARE TO CENTERLINE OF COLUMNS EXCEPT FOR CORNERS AND OVERHEAD DOOR JAMBS OR UNLESS NOTED OTHERWISE.

NOTE: CORNER BRACE SHALL BE A 2x6 EXTENDING FROM THE GRADEBOARD AT THE INTERIOR COLUMN TO THE TOP OF THE CORNER COLUMN. CORNER BRACE SHALL BE SECURED TO THE GRADEBOARD WITH (2)-10d RINGSHANK NAILS AND TO THE SOFFIT NAILER/ENDFRAME BOTTOM CHORD WITH (2)-10d RINGSHANK NAILS. EACH BRACE TO GIRT LOCATION SHALL BE SECURED WITH (1)-10d RINGSHANK NAIL.

NOTE: IF CONCRETE FOOTINGS ARE POURED ON SITE, THEN FOOTINGS MUST BE A MINIMUM OF 8" THICK.

COLUMN & FOOTING SCHEDULE

COLUMN LOCATION	COLUMN DESCRIPTION	EMBEDMENT	NUMBER OF COLUMNS	FOOTING DESCRIPTION
S1	3-PLY (24")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	8	24"#x8" CONCRETE FOOTING
S2	3-PLY (22")-2x6 2400f MSR SYP LAMINATED COLUMN	5'-4"	8	28"#x8" CONCRETE FOOTING
S3	3-PLY (24")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	2	24"#x8" CONCRETE FOOTING
S4	3-PLY (24")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	2	24"#x8" CONCRETE FOOTING
C1	3-PLY (24")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	2	14"#x4" CONCRETE FOOTING
C2	3-PLY (26")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	2	14"#x4" CONCRETE FOOTING
C3	3-PLY (28")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	2	14"#x4" CONCRETE FOOTING
C4	3-PLY (30")-2x6 2400f MSR SYP LAMINATED COLUMN	4'-7"	3	14"#x4" CONCRETE FOOTING

NOTE: AT COLUMNS "S3" AND "S4" TRUSS BEARING TO BE 114"-5" SEE DETAIL D/6 FOR ADDITIONAL INFORMATION.

ENGINEERING SERVICES

FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING: ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:

BUTTERFIELD DRILLING & IRRIGATION

SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
DRAWN BY:	KWK
DATE:	11/2/2023
SCALE:	AS NOTED

REVISIONS

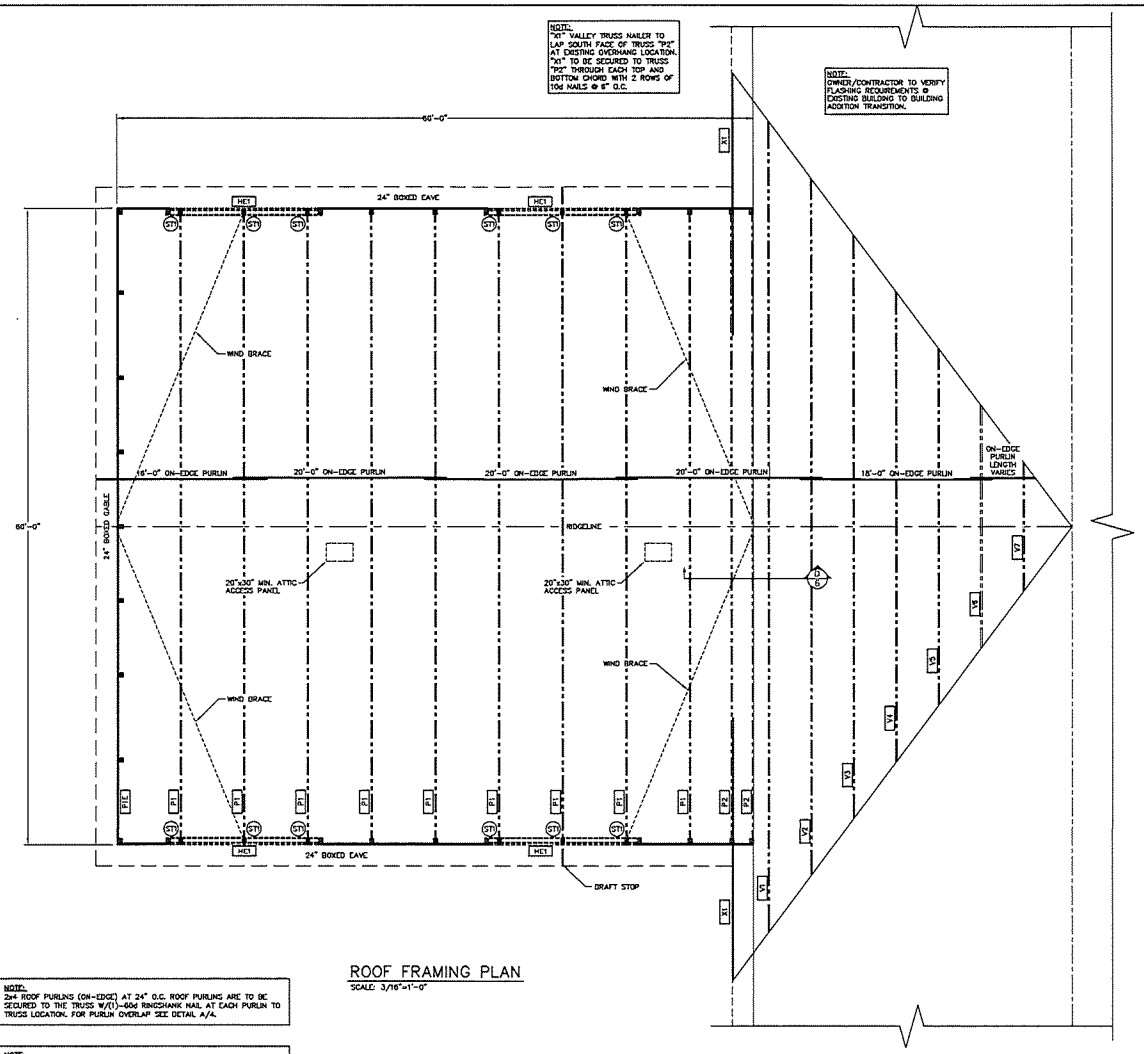
NO	DATE	DESCRIPTION	BY
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SHEET TITLE: FLOOR PLAN

FILE NAME: S20223WI

SHEET NO.

S3

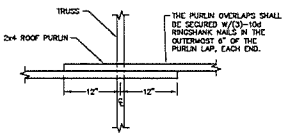


ROOF FRAMING PLAN
SCALE: 3/16"=1'-0"

NOTE:
2x4 ROOF PURLINS (ON-EDGE) AT 24" O.C. ROOF PURLINS ARE TO BE SECURED TO THE TRUSS W/(1)-60d RINGSHANK NAIL AT EACH PURLIN TO TRUSS LOCATION. FOR PURLIN OVERLAP SEE DETAIL A/4.

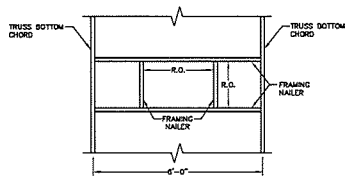
NOTE:
WIND BRACE SHALL BE A 2x4 PLACED ON THE UNDERSIDE OF THE ROOF PURLINS. WIND BRACE SHALL BE SECURED W/(2)-30d RINGSHANK NAILS AT EACH END AND W/(1)-10d RINGSHANK NAIL AT EACH BRACE TO PURLIN LOCATION.

NOTE:
LATERAL BRACING IS REQUIRED. SEE TRUSS SPECIFICATION SHEET(S) FOR LATERAL BRACE LOCATIONS.

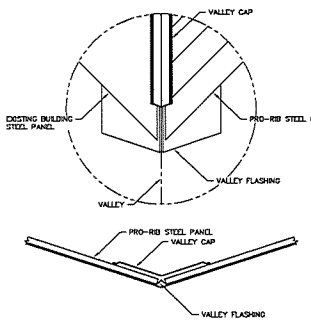


A/4 PURLIN OVERLAP DETAIL
SCALE: 1"=1'-0"

NOTE:
ATTIC AREA SHALL BE COMPARTMENTALIZED INTO AREAS NOT GREATER THAN 3000 SQ. FT BY FIRE STOPPING AS SPECIFIED IN IBC 718.4. EVERY ATTIC COMPARTMENT SHALL BE PROVIDED WITH A 20"x30" ACCESS PANEL FROM LOWER AREA OR ACCESS PANELS IN COMPARTMENT WALLS SHALL BE PROVIDED WITH SELF CLOSING DEVICES. (INCLUDES OVERHANGS)



ATTIC ACCESS FRAMING
SCALE: 1/2"=1'-0"



VALLEY DETAIL
NOT TO SCALE

HEADER LOCATION	HEADER DESCRIPTION	REFERENCE DETAIL(S)
HE1	3-PLY 14-9" FLAT GIRDER TRUSS (EQ)	A/7

NOTE:
EACH GIRDER TRUSS SHALL HAVE THE TOP PAINTED. IF NO PAINT IS VISIBLE PLEASE CONTACT DESIGNER PRIOR TO INSTALLING TO CONFIRM CORRECT ORIENTATION.

STUB COLUMN SCHEDULE		
COLUMN LOCATION	COLUMN DESCRIPTION	NUMBER OF COLUMNS
ST1	3-PLY 2x6-(4") STUB COLUMN (CUT TO FIT)	12

TRUSS SCHEDULE									
TRUSS LOCATION	TRUSS DESCRIPTION	SPACING	LOADING (PSF)				PITCH	HEEL	NUMBER OF ROOF TRUSSES
			GSL	DLTC	DLBC	MIN. LOADING			
P1	60-00-00 COMMON TRUSS	6'-0"	50.0	4	5	20.0	3/12	18"	9
P2	60-00-00 COMMON TRUSS	6'-0"	50.0	4	5	20.0	3/12	42"	2
P1E	60-00-00 ENDFRAME	6'-0"	50.0	4	5	20.0	3/12	18"	1
X1	23-05-04 VALLEY NAILER	6'-0"	50.0	4	5	20.0	3/12	42"	2
V1	78-03-00 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1
V2	83-06-09 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1
V3	34-10-07 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1
V4	44-01-12 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1
V5	33-02-03 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1
V6	27-08-07 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1
V7	12-00-08 VALLEY TRUSS	4'-0"	50.0	4	5	20.0	3/12	N/A	1

MM ENGINEERING SERVICES
9201 EAMES RD. EAU CLAIRE, WI 54703 (715) 874-6666

FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:
BUTTERFIELD DRILLING & IRRIGATION
SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
DRAWN BY:	KWK
DATE:	11/2/2023
SCALE:	AS NOTED

REVISIONS

NO	DATE	DESCRIPTION	BY
1			
2			

SHEET TITLE:
ROOF FRAMING PLAN

FILE NAME: S20223WI

SHEET NO.
S4

BUTTERFIELD DRILLING & IRRIGATION

SOMERSET, WI

BUILDING SPECIFICATIONS AND GENERAL NOTES

OWNERS INFORMATION:
- NAME: BUTTERFIELD DRILLING
- ADDRESS: 385 REED STREET
- CITY: SOMERSET
- STATE: WI
- ZIP: 54025

BUILDING DESIGN INFORMATION:
- DESIGN CODE: 2015 WI COMM. BLDG. CODE
- USE OF BUILDING: STORAGE/SHOP
- OCCUPANCY CLASSIFICATION: MIXED NON-SEPARATED (B/S-1)
- CONSTRUCTION TYPE: 5B
- RISK CATEGORY: II
- FIRE SUPPRESSION SYSTEM: NO

BUILDING AREA:
- AREA OF WORK: 3600 SQFT
- MEZZANINE AREA: 0 SQFT
- EXISTING BUILDING AREA: 9400 SQFT
- TOTAL BUILDING AREA: 12800 SQFT

ALLOWABLE AREA:
- TABLE AREA: 9000 SQFT
- PERIMETER INCREASE: 6750 SQFT
- SPRINKLER INCREASE: 0 SQFT
- TOTAL ALLOWABLE AREA: 15750 SQFT

OCCUPANT LOAD AND FIXTURE COUNT:

ROOM LABEL	AREA	FLOOR AREA PER OCCUPANT (SBC TABLE)	OCCUPANTS	OCCUPANTS PER FIXTURE (TABLE 2902.1)	WATER CLOSETS	OCCUPANTS PER FIXTURE (TABLE 2902.1)	LAVATORIES	OCCUPANTS PER FIXTURE (TABLE 2902.1)	DRINKING FOUNTAINS
SHOP ADDITION	3600	500	8	100	0.08	100	0.08	1000	0.008
EXISTING SHOP	7200	500	15	100	0.15	100	0.15	1000	0.015
EXISTING OFFICE	1200	100	12	25	0.48	40	0.30	1000	0.012
TOTAL	12000		35		0.71		0.53		0.035

BUILDING DESIGN LOADS:

SNOW	WIND	SEISMIC	TRUSS DEAD LOADS
(Pg) = 50.0 PSF	ULTIMATE = 115 MPH	- SEISMIC IMPORTANCE FACTOR: 1.00	DLTC = 4 PSF
(Ce) = 0.90	EXPOSURE = C	- SPECTRA RESPONSE COEFFICIENT SDS: 0.049	DLBC = 3 PSF
(Is) = 1.00		- SPECTRA RESPONSE COEFFICIENT SD1: 0.043	
(Ct) = 1.20		- SITE CLASSIFICATION: D	
(Pf) = 37.80 PSF		- SEISMIC DESIGN CATEGORY: A	
(Ce) = 1.00			
(Pm) = 37.80 PSF			
(Lr) = 20.00 PSF			

*WITH UNBALANCED LOADS AS REQUIRED

MAJOR STRUCTURAL COMPONENTS:

COLUMNS:	- ALL LAMINATED COLUMNS SHALL BE MIDWEST MANUFACTURING'S, RIVET CLINCHED, WITH STEEL REINFORCED JOINTS UNLESS SPECIFIED OTHERWISE.
TRUSSES:	- DESIGNED IN ACCORDANCE TO 2015 IBC TPI APPROVED THIRD PARTY INSPECTED - MIDWEST MANUFACTURING TRUSS QUOTE NUMBER: QTREC0800378 - LATERAL BRACING IS REQUIRED. SEE TRUSS SPECIFICATION SHEET(S) FOR LATERAL BRACE LOCATIONS.
STEEL PANEL:	- MIDWEST MANUFACTURING'S PRO-RIB STEEL PANEL .0142" MINIMUM THICKNESS BEFORE PAINTING .0165" NOMINAL THICKNESS AFTER PAINTING G90 GALVANIZED COATING PLUS ZINC PHOSPHATE 40 YEAR PAINT WARRANTY STRUCTURAL STRENGTH ASTM-A653 GRADE 80 (FULL HARD STEEL) 82000 PSI MINIMUM TENSILE STRENGTH

PLEASE NOTE:
- DESIGNER LIABILITY LIMITED TO THE PREPARATION OF THE DRAWINGS WITH THE PARAMETER CONTRACTED AND ASCERTAINING TO CODE COMPLIANCE.
- THESE DRAWINGS ARE DIAGRAMMATIC AND SHALL NOT BE SCALED. ADDITIONAL DATA SHALL BE RECEIVED FROM THE ENGINEER THROUGH WRITTEN CLARIFICATION ONLY. VERIFY ALL EXISTING CONDITIONS, ELEVATIONS, & DIMENSIONS BEFORE PROCEEDING WITH ANY PORTION OF ANY WORK.
- NO CHANGES, MODIFICATIONS, OR DEVIATIONS SHALL BE MADE FROM THESE DRAWINGS OR SPECIFICATIONS WITHOUT FIRST SECURING WRITTEN PERMISSION FROM THE ENGINEER.
- WHERE LACK OF INFORMATION, OR ANY DISCREPANCY SHOULD APPEAR IN THE DRAWINGS OR SPECIFICATIONS, REQUEST WRITTEN INTERPRETATION FROM THE ENGINEER BEFORE PROCEEDING WITH THAT PORTION OF THE WORK.
- IMPORTANT!! THIS BUILDING IS DESIGNED USING THE ROOF AS A DIAPHRAGM (DEEP THIN BEAM) TO TRANSFER SIDEWALL AND ROOF WIND LOADS TO THE ENDWALL SHEAR WALLS. STEEL PANELS ARE AN INTEGRAL PART OF THE BUILDING STRUCTURE AND ANY FUTURE FIELD MODIFICATIONS MADE MAY BE DETRIMENTAL TO THE BUILDING'S STRUCTURAL PERFORMANCE.
- ROOF SYSTEM USES A SLIPPERY ROOF SURFACE. THE USE OF ACCESSORIES TO PREVENT THE SLIDING OF SNOW IS NOT PERMITTED.

SOIL:
- OWNER RESPONSIBLE FOR VERIFYING SITE SOIL CONDITIONS. ALL SOILS TO MEET OR EXCEED REQUIREMENTS AS REFERENCED IN THE GENERAL NOTES. CONSULT GEOTECHNICAL ENGINEER IF NECESSARY.
- ALL SOILS BELOW CONCRETE SHALL BE A NON-FROST SUSCEPTIBLE SOIL AS REQUIRED IN ASCE 32.
- FOOTINGS TO BE ABOVE THE WATER TABLE
- ALL FOOTINGS AND SLAB TO BEAR ON UNDISTURBED INORGANIC SOIL OR SOIL COMPACTED TO 95% MODIFIED PROCTOR DENSITY.
- SOIL DESIGN BASED ON IBC CHAPTER 18 (CHAPTERS 16, 19, 21, 22 AND 23)
- PRESUMPTIVE SOIL TYPE FROM WCD SOIL SURVEY, USDA AND NRCS: (CLASS OF MATERIAL: SW, SP, SM, AND SC).
- SOIL CONSISTENCY: MEDIUM
- A SOIL BEARING PRESSURE AT GRADE ASSUMED AT A MINIMUM 2000 PSF.

CONCRETE:
- CONCRETE SHALL BE IN ACCORDANCE WITH ACI 318.
- CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI AT 28 DAYS.
- ALL DEFORMED REBAR SHALL MEET A615 GRADE 60 OR BETTER.

LUMBER:
- ALL WOOD CONSTRUCTION SHALL BE OF MATERIALS SHOWN AND WORKMANSHIP SHALL BE IN ACCORDANCE TO THE NATIONAL FOREST PRODUCTS ASSOCIATION SPECIFICATIONS FOR WOOD CONSTRUCTION.
- ALL 2x4, 2x6, 2x8 LUMBER SHALL BE #2 SPF OR BETTER UNLESS NOTED OTHERWISE. ALL 2x10 & 2x12 LUMBER SHALL BE AS SPECIFIED ON THE BUILDING PRINT.
- ALL LUMBER IN CONTACT WITH CONCRETE OR SOIL ABOVE GRADE SHALL BE TREATED IN ACCORDANCE WITH THE MOST CURRENT VERSION OF THE AWPA U1 UC3B REQUIREMENTS OR BETTER.
- ALL LUMBER BELOW GRADE SHALL BE TREATED IN ACCORDANCE WITH THE MOST CURRENT VERSION OF THE AWPA U1 UC4B REQUIREMENTS OR BETTER.

STEEL TRIMS:
- COLOR MATCHED STEEL TRIMS
- CERAM-A-STAR 1050 PAINT SYSTEM

FRAMING FASTENERS:
- POST FRAME NAILS:
- 10d RINGSHANK NAILS (.135"ø), UNLESS NOTED OTHERWISE.
- 16d RINGSHANK NAILS (.148"ø), UNLESS NOTED OTHERWISE.
- 30d RINGSHANK NAILS (.177"ø), UNLESS NOTED OTHERWISE.
- 60d RINGSHANK NAILS (.207"ø), UNLESS NOTED OTHERWISE.

PANEL FASTENERS:
- COLOR MATCHED GALVANIZED WOODGRIP SCREWS, #10 DIAMETER, 1/4" HEX HEAD.

HANDLING AND STORING:
- ALL STEEL PANELS AND TRUSS PRODUCTS SHOULD BE HANDLED AND STORED PER MANUFACTURER SPECIFICATIONS.

GRADE:
- ALL FINISHED GRADES TO SLOPE AWAY FROM BUILDING AT A MIN. 5% GRADE FOR PROPER DRAINAGE (2% FOR IMPERVIOUS SURFACES) (IBC 1804).

CONSTRUCTION BRACING:
- TEMPORARY BRACING DURING CONSTRUCTION SHALL BE CONTRACTORS' RESPONSIBILITY. REFER TO BCSI-B1 AND/OR B10 SUMMARY SHEET "GUIDE FOR HANDLING, INSTALLING, RESTRAINING AND BRACING OF TRUSSES", BY THE TRUSS PLATE INSTITUTE (TPI) AND THE WOOD TRUSS COUNCIL OF AMERICA (WTCA).

HVAC:
- HEATING, VENTING, AND AIR CONDITIONING REQUIREMENTS WERE NOT ADDRESSED ON THE DRAWINGS AND SHOULD BE APPROVED BY LOCAL OFFICIALS.

PLUMBING:
- PLUMBING REQUIREMENTS WERE NOT ADDRESSED ON THE DRAWINGS AND SHOULD BE INSTALLED IN ACCORDANCE WITH REQUIRED BUILDING CODES.

ELECTRICAL:
- ELECTRICAL REQUIREMENTS WERE NOT ADDRESSED ON THE DRAWINGS AND SHOULD BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE AND ANY LOCAL CODES.

EXIT LIGHTS:
- EXIT SIGNS SHALL BE ILLUMINATED AT ALL TIMES. TO ENSURE CONTINUED ILLUMINATION FOR A DURATION OF NOT LESS THAN 90 MINUTES IN CASE OF PRIMARY POWER LOSS, THE EXIT SIGNS SHALL BE CONNECTED TO AN EMERGENCY ELECTRICAL SYSTEM PROVIDED FROM STORAGE BATTERIES, UNIT EQUIPMENT OR AN ON-SITE GENERATOR. THE INSTALLATION OF THE EMERGENCY POWER SYSTEM SHALL BE IN ACCORDANCE WITH THE IBC ELECTRICAL CODE.

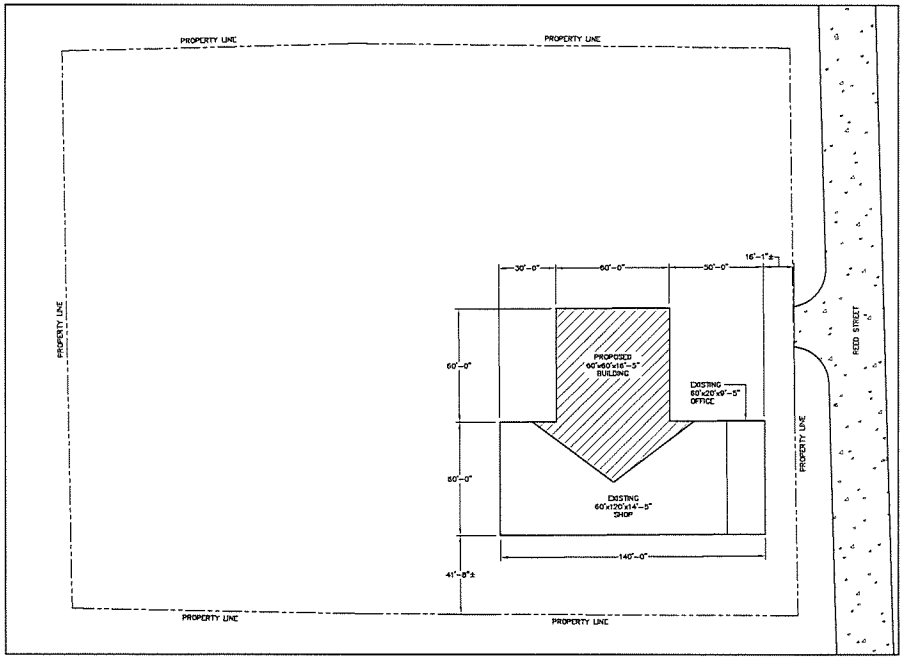
ACCESSIBLE PARKING:
- SHALL COMPLY WITH ICC/ANSI A117.1 CHAPTER 5.

ACCESSIBLE ROUTE:
- SHALL COMPLY WITH ICC/ANSI A117.1 CHAPTER 4.

ACCESSIBLE DOOR HARDWARE:
- SHALL COMPLY WITH ICC/ANSI A117.1 CHAPTER 3 SECTION 309. HANDLES, PULLS, LATCHES, AND OTHER OPERATING DEVICES ON ACCESSIBLE DOORS SHALL HAVE A SHAPE THAT IS EASY TO GRASP WITH ONE HAND AND DOES NOT REQUIRE TIGHT GRASPING, TIGHT PINCHING, OR TWISTING OF THE WRIST TO OPERATE. LEVER OPERATED MECHANISMS, PUSH-TYPE MECHANISMS, AND U-SHAPED HANDLES ARE ACCEPTABLE DESIGNS. WHEN SLIDING DOORS ARE FULLY OPENED, OPERATING HARDWARE SHALL BE EXPOSED AND USABLE FROM BOTH SIDES. HARDWARE REQUIRED FOR ACCESSIBLE DOOR PASSAGE SHALL BE MOUNTED NO HIGHER THAN 48" (1220 MM) ABOVE FINISHED FLOOR. THE THRESHOLD OF SERVICE DOORS MAY NOT EXCEED 1/2" ON EITHER SIDE OF THE DOOR WITH 1:2 SLOPE IF GREATER THAN 1/4".

FIRE EXTINGUISHERS:
- SHALL BE INSTALLED, PROVIDED, AND MAINTAINED AS SPECIFIED IN NFPA NO. 10 (BY OTHERS).

NOTE:
THE REQUIRED PUBLIC AND EMPLOYEE TOILET FACILITIES SHALL BE LOCATED NO MORE THAN ONE STORY ABOVE OR BELOW THE SPACE REQUIRING TOILET FACILITIES, AND THE PATH OF TRAVEL TO SUCH FACILITIES SHALL NOT EXCEED A DISTANCE OF 300 FEET. (IBC 2015 2902.3.2)



SITE PLAN
SCALE: 1"=30'

NOTE:
BUILDING DOES NOT MEET THE REQUIREMENTS OF SECTION 903.2.9 OF 2015 IBC REGARDING THE STORAGE OF COMMERCIAL MOTOR VEHICLES AS DEFINED IN SPS 362.0202(2)(b).

IF BUILDING TO BE USED FOR STORAGE OF COMMERCIAL MOTOR VEHICLES THE FOLLOWING OPTIONS MAY BE USED TO MEET THE CODE REQUIREMENTS:
1. 3-HOUR FIRE BARRIERS TO SEPARATE EACH AREA USED FOR STORAGE OF COMMERCIAL MOTOR VEHICLES INTO MAXIMUM 5,000 FT² AREAS.
2. THE BUILDING CAN HAVE AN AUTOMATIC SPRINKLER SYSTEM INSTALLED THROUGHOUT.



NOTE:
PARKING LOT REQUIRES HANDICAP ACCESSIBLE PARKING STALLS. (AND) A117.1-2002) FOR NUMBER OF STALLS REQUIRED, SEE WISCONSIN CODE SECTION 1106.

NOTES:
1. FLOOR ELEVATION @ ALL SERVICE DOORS SHALL BE LEVEL AND FLUSH WITH ADJACENT INSIDE AND OUTSIDE FLOORS AS PER IBC 1010.1.5.
2. CURB RAMPS COMPLYING WITH ADAAG 4.7 ARE REQUIRED WHEREVER AN ACCESSIBLE ROUTE CROSSES A CURB.
3. IF MORE THAN ONE ACRE OF LAND IS DISTURBED BY BUILDING ERECTION AND/OR PARKING AND ACCESS DRIVE SURFACE, THEN THE OWNER/CONTRACTOR SHALL SUBMIT A WATER RESOURCES APPLICATION FOR PROJECT PERMITS (WRAPP) AS PER NR 216.
4. THE OWNER SHALL PROVIDE AN ALL WEATHER HARD SURFACE AREA 30 FEET OR MORE IN WIDTH EXTENDING AT LEAST SIDE OF THE LENGTH OF ONE SIDE OF THE PROPOSED STRUCTURE AND MUST BE ACCESSIBLE TO FIRE FIGHTING EQUIPMENT.
5. EACH SERVICE DOOR @ EACH UNIT SHALL BE EQUIPPED WITH LEVER OPERATED HANDLES AS PER ADAAG 4.13.9.
6. THE OWNER SHALL PROVIDE DESIGNATED SPACE WITHIN OR ADJACENT TO STRUCTURE FOR THE COLLECTION OF RECYCLABLE MATERIALS AS PER SPS 362.0400(2).

SHEET INDEX

SHEET #	SHEET DESCRIPTION
S1	GENERAL NOTES AND SITE PLAN
S2	ELEVATIONS
S3	FLOOR PLAN
S4	ROOF FRAMING PLAN
S5	SIDEWALL SECTION AND SECTION DETAILS
S6	ENDWALL SECTION AND SECTION DETAILS
S7	OVERHEAD DOOR DETAILS
S8	STEEL APPLICATION DETAILS

WISCONSIN
MATTHEW D. BUSHEE
E-47157
EAU CLAIRE
WISCONSIN
11/2/2023

APPROVED
DEPT. OF SAFETY AND PROFESSIONAL SERVICES
DIVISION OF INDUSTRY SERVICES

CB-122302004-PRB
Addition plan
Building
12/4/23

BUILDING INFORMATION:
NAME: BUTTERFIELD DRILLING & IRRIGATION
ADDRESS: 385 REED STREET
CITY: SOMERSET
STATE: WI
ZIP: 54025
COUNTY: ST. CROIX

NOTE:
OWNER/CONTRACTOR SHALL PROVIDE A PLAT SURVEY WITH PROPOSED BUILDING LOCATIONS AND VERIFY ALL PROPOSED BUILDING SETBACKS AND LOCATION ON PROPERTY WITH LOCAL BUILDING OFFICIAL AT TIME OF CONSTRUCTION AND MAKE ADJUSTMENTS ACCORDINGLY.

ENGINEERING SERVICES
FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:
BUTTERFIELD DRILLING & IRRIGATION
SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
DRAWN BY:	KWK
DATE:	11/2/2023
SCALE:	AS NOTED

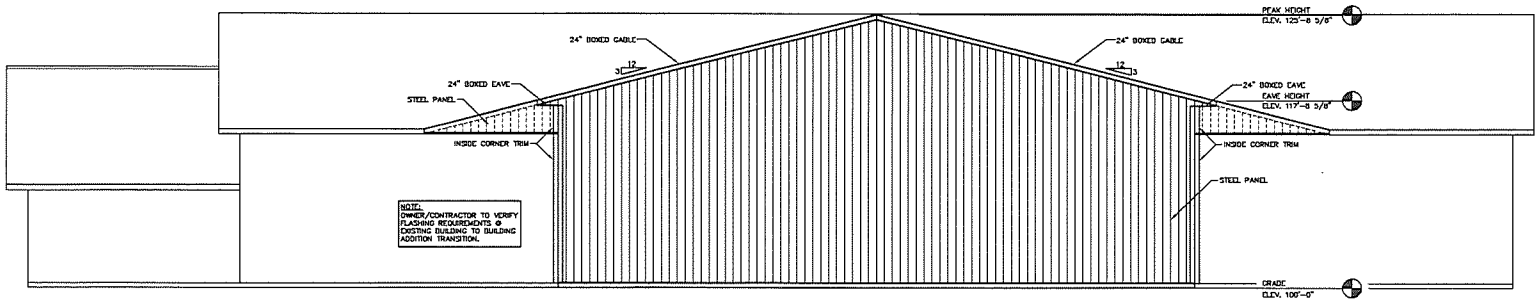
REVISIONS

NO	DATE	DESCRIPTION	BY
1			
2			

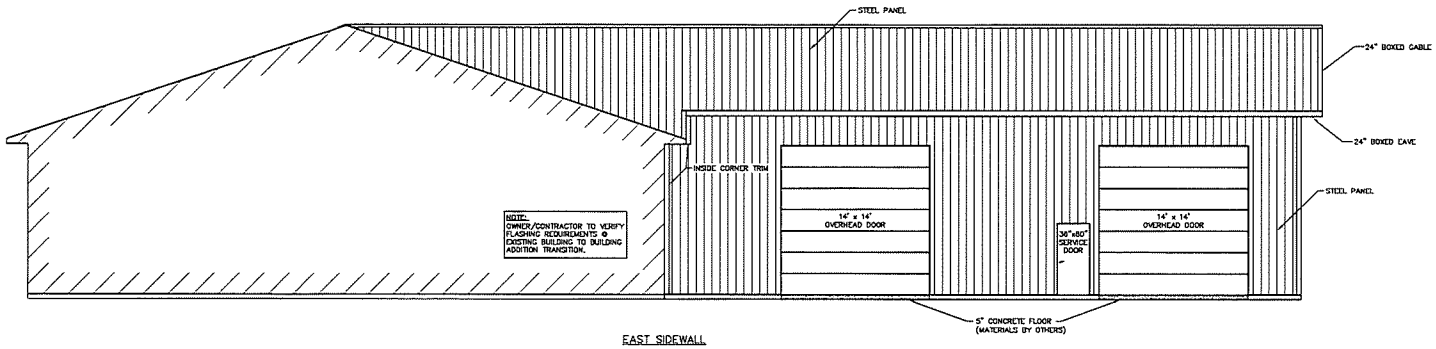
SHEET TITLE:
GENERAL NOTES AND SITE PLAN

FILE NAME: S20223WI

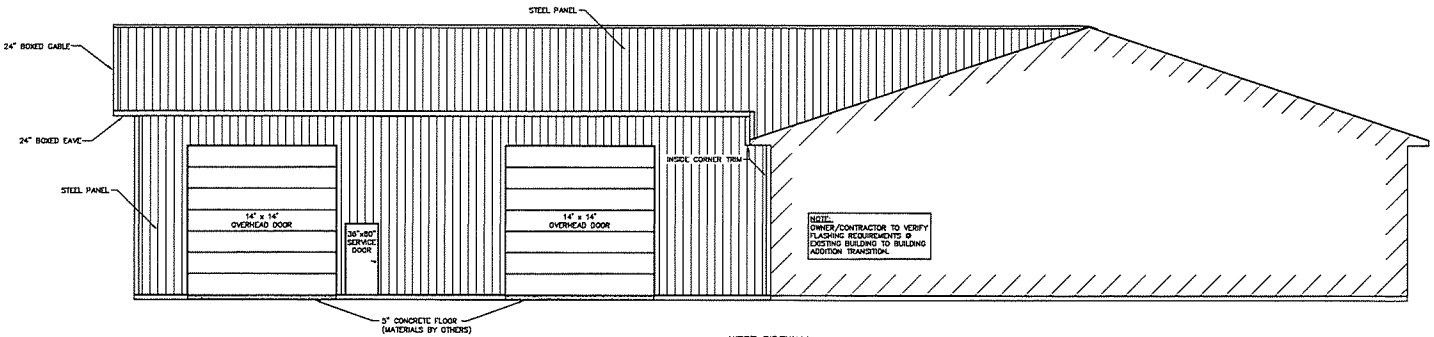
SHEET NO.
S1



NORTH ENDWALL



EAST SIDEWALL



WEST SIDEWALL

ELEVATIONS

SCALE: 3/16"=1'-0"

ENGINEERING SERVICES

FOR QUESTIONS PLEASE CONTACT BUILDING DESIGNER AT THE FOLLOWING:
ENGINEERING@MIDWESTMANUFACTURING.COM

PROJECT TITLE:

BUTTERFIELD DRILLING & IRRIGATION

SOMERSET, WI

PROF. ENGINEER:	MATT BUSHEE
PLAN DESIGNER:	MATT BUSHEE
DRAWN BY:	KWK
DATE:	11/2/2023
SCALE:	AS NOTED

REVISIONS

NO	DATE	DESCRIPTION	BY
1			
2			

SHEET TITLE:

ELEVATIONS

FILE NAME: S20223WI

SHEET NO.

S2

St. Croix County Web Portal

Search powered by GCS

Tax Year	Prop Type	Parcel Number	Municipality	Property Address	Billing Address
2024	Real Estate	181-1001-45-170	181 - VILLAGE OF SOMERSET	395 REED ST	TIMOTHY L BUTTERFIELD 1926 US HWY 8 ST. CROIX FALLS WI 54024

Tax Year Legend: = owes prior year taxes | = not assessed | = not taxed | Delinquent | Current

Property Summary

Parcel #:	181-1001-45-170
Alt. Parcel #:	36.31.19.4N
Parcel Status:	Current Description
Creation Date:	
Historical Date:	
Acres:	2.550

Property Addresses

Primary ▲	Address
	395 REED ST SOMERSET 54025

Owners

Name	Status	Ownership Type	Interest
BUTTERFIELD, TIMOTHY L	CURRENT OWNER		
BUTTERFIELD, TIM	FORMER OWNER		
JERRY CLIPPER II INC, A MINNESOTA CORPORATION	FORMER OWNER		

Parent Parcels

No Parent Parcels were found

Child Parcels

No Child Parcels were found

Abbreviated Legal Description

(See recorded documents for a complete legal description)

SEC 36 T31N R19W NW NW 2.55 AC LOT 4 CSM 6/1785

Public Land Survey - Property Descriptions

Primary	Section ▲	Town	Range	Qtr 40	Qtr 160	Gov Lot	Block/Condo Bldg	Type	#	Plat
	35	31 N	19 W					LOT	04	CSM 06-1785 032-87

District

Code ▲	Description	Category
	LOCAL	
	ST. CROIX COUNTY	OTHER DISTRICT
5432	SCH DIST OF SOMERSET	REGULAR SCHOOL
1700	NORTHWOOD TECH	TECHNICAL COLLEGE
0054	TID #6 VIL SOMERSET	TIF/TID

Associated Properties

No Associated properties were found

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FUNDING | PLANNING | ENVIRONMENTAL
60 Plato Blvd East, St Paul, MN 55107
(715) 362-3244 www.msa-ps.com

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PROJECT NO.	08783109
DRAWN BY:	SCO
SURVEYOR:	CES
FILE NO.	08783109
SHEET NO.	SHEET 1 OF 3

CLIENT:
Village of Somerset
110 Spring Street PO Box 356
Somerset, WI 54025

ST. CROIX COUNTY CERTIFIED SURVEY MAP

A SURVEY OF LANDS IN PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 35, TOWNSHIP 31 NORTH, RANGE 19 WEST, VILLAGE OF SOMERSET, ST. CROIX COUNTY, WISCONSIN; INCLUDING LOT 4, AND PART OF LOT 3 OF CERTIFIED SURVEY MAP VOLUME 11, PAGE 6654.

SURVEYOR'S CERTIFICATE

I, Curtis E. Schley, Professional Land Surveyor No. 2923, hereby certify:

That, by the order of the Village of Somerset, I have surveyed, mapped, and divided a parcel of land which is represented by this Certified Survey Map and described as follows:

A survey of lands in part of the fractional Southeast Quarter of the Southeast Quarter, Section 35, Township 31 North, Range 19 West, Village of Somerset, St. Croix County, Wisconsin, including Lot 4 ,and part of Lot 3 of that Certified Survey Map recorded in Volume 11 of said maps, on Page 6654, as Document No. 1083402, in the office of the St. Croix County Register of Deeds, more particularly described as follows:

Commencing at the Southeast Corner of Section 35, thence N89°22'11"W, along the south line of the Southeast Quarter of said section, a distance of 929.93 feet; thence N00°37'49"E, to the south corner of Lot 4 of said Certified Survey Map, a distance of 304.28 feet to the POINT OF BEGINNING.

Thence N46°06'22"W, along the southwest line of said Lot 4, a distance of 131.89 feet to the west corner of said Lot 4;
thence N43°54'29"E, along the north line of said Lot 4 and Lot 3 of said Certified Survey Map, a distance of 197.01 feet to the east corner of Lot 2 of said Certified Survey Map;
thence S46°06'22"E, a distance of 131.57 feet to the southeasterly line of said Lot 3;
thence S43°48'48"W, along the southeasterly line of said Lots 3 and 4, a distance of 197.01 feet to the POINT OF BEGINNING.

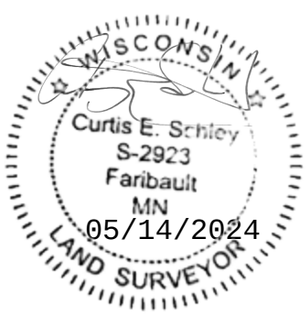
That portion described contains 0.59 acres, more or less.

Together with and subject to all easements and restrictions of record or of use.

That such plat is a correct representation of all of the exterior boundaries of land surveyed. That I have fully complied with the provisions of Chapter 236.34 of the Wisconsin Statutes and the land subdivision ordinance of the Village of Somerset in surveying, dividing, and mapping the same to the best of my knowledge and belief.

05/14/2024

Curtis E. Schley, PLS - 2923 DATE
MSA PROFESSIONAL SERVICES, INC.



PLOT DATE: Thursday, May 16, 2024 1:43:49 PM, G:\08\08783\08783109\CAD\Survey\Topo\08783109 CSM.dwg

MSA
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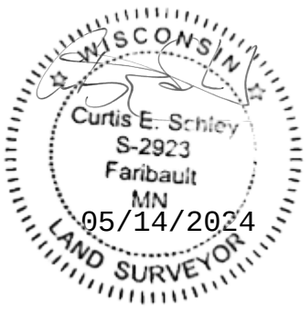
PROJECT NO.	08783109
DRAWN BY:	SCO
CHECKED BY:	CES
FILE:	08783109
SHEET NO.	SHEET 2 OF 3

ST. CROIX COUNTY CERTIFIED SURVEY MAP

A SURVEY OF LANDS IN PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 35, TOWNSHIP 31 NORTH, RANGE 19 WEST, VILLAGE OF SOMERSET, ST. CROIX COUNTY, WISCONSIN; INCLUDING LOT 4, AND PART OF LOT 3 OF CERTIFIED SURVEY MAP VOLUME 11, PAGE 6654.

Village Board Approval Certificate

Resolved, that this certified survey map in the Village of Somerset, owned by the Village of Somerset, is hereby approved by the village board.
Date _____ Approved _____
Village President



I hereby certify that the foregoing is a copy of a resolution adopted by the village board of the Village of Somerset.

Date_____ Approved_____
Village Clerk

Owner's Certificate of Dedication:
As owner(s), I (we) hereby certify that I (we) caused the land described on this plat to be surveyed, divided, mapped and dedicated as represented on the certified survey map. I (we) also certify that this certified survey map is required by s.236.10 or s.236.12 to be submitted to the following for approval or objection: Village of Somerset.

WITNESS the hand and seal of said owner(s) this _____ day of _____, 2024.

In presence of:

_____

_____
Owner's Name

_____

_____
Owner's Name

(Owner's Notary Certificate)

STATE OF WISCONSIN)
_____COUNTY) SS

Personally came before me this _____ day of _____, 20____, the above named _____ to me known to be the same person who executed the foregoing instrument and acknowledged the same.

(Notary Seal) _____

Notary Public, _____, Wisconsin

My commission expires _____

CLIENT:

Village of Somerset
110 Spring Street PO Box 356
Somerset, WI 54025

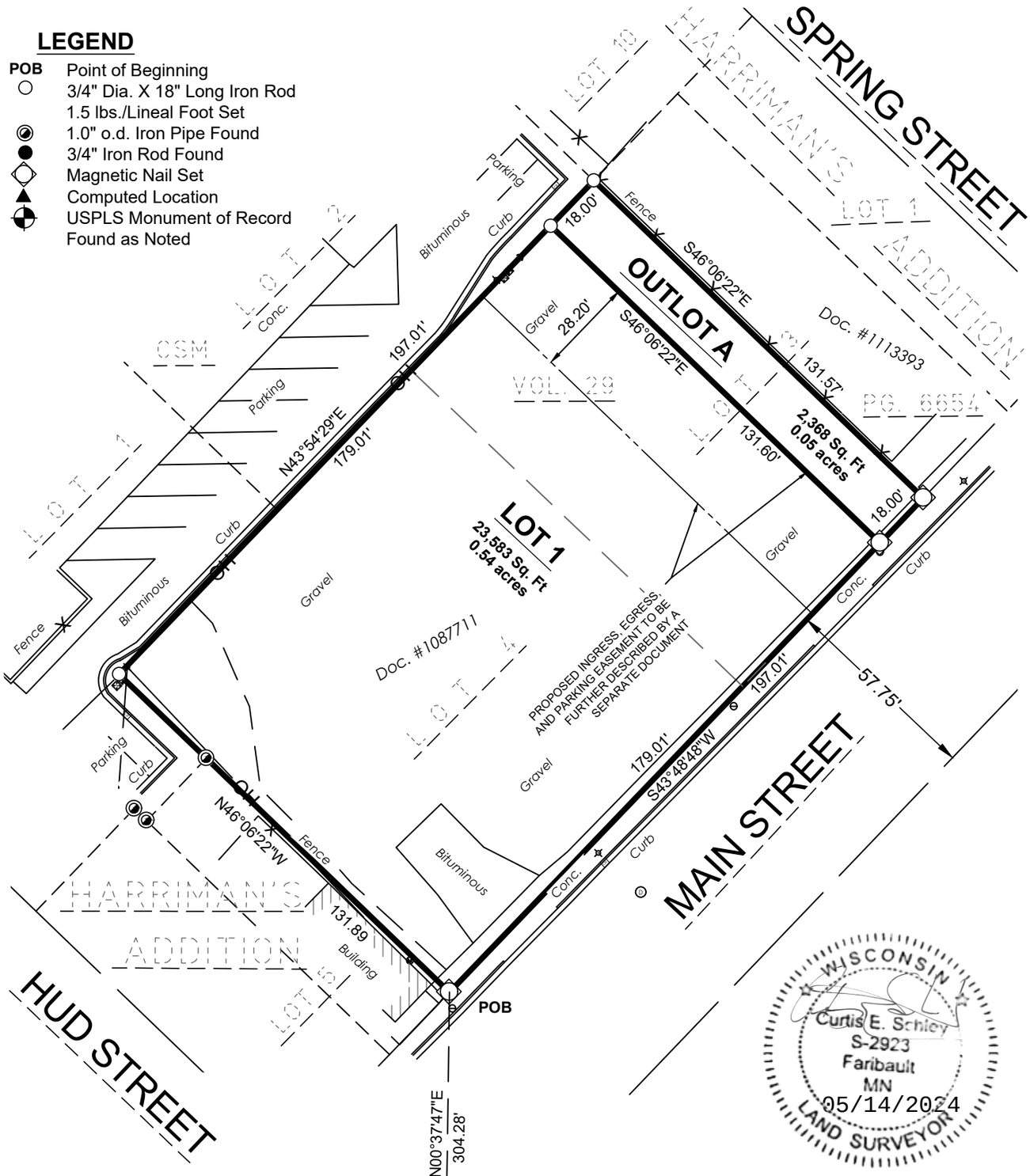
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PROJECT NO.	08783109
DRAWN BY:	SCO
CHECKED BY:	CES
FILE:	08783109
SHEET NO.	SHEET 3 OF 3

ST. CROIX COUNTY CERTIFIED SURVEY MAP

A SURVEY OF LANDS IN PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 35, TOWNSHIP 31 NORTH, RANGE 19 WEST, VILLAGE OF SOMERSET, ST. CROIX COUNTY, WISCONSIN; INCLUDING LOT 4, AND PART OF LOT 3 OF CERTIFIED SURVEY MAP VOLUME 11, PAGE 6654.



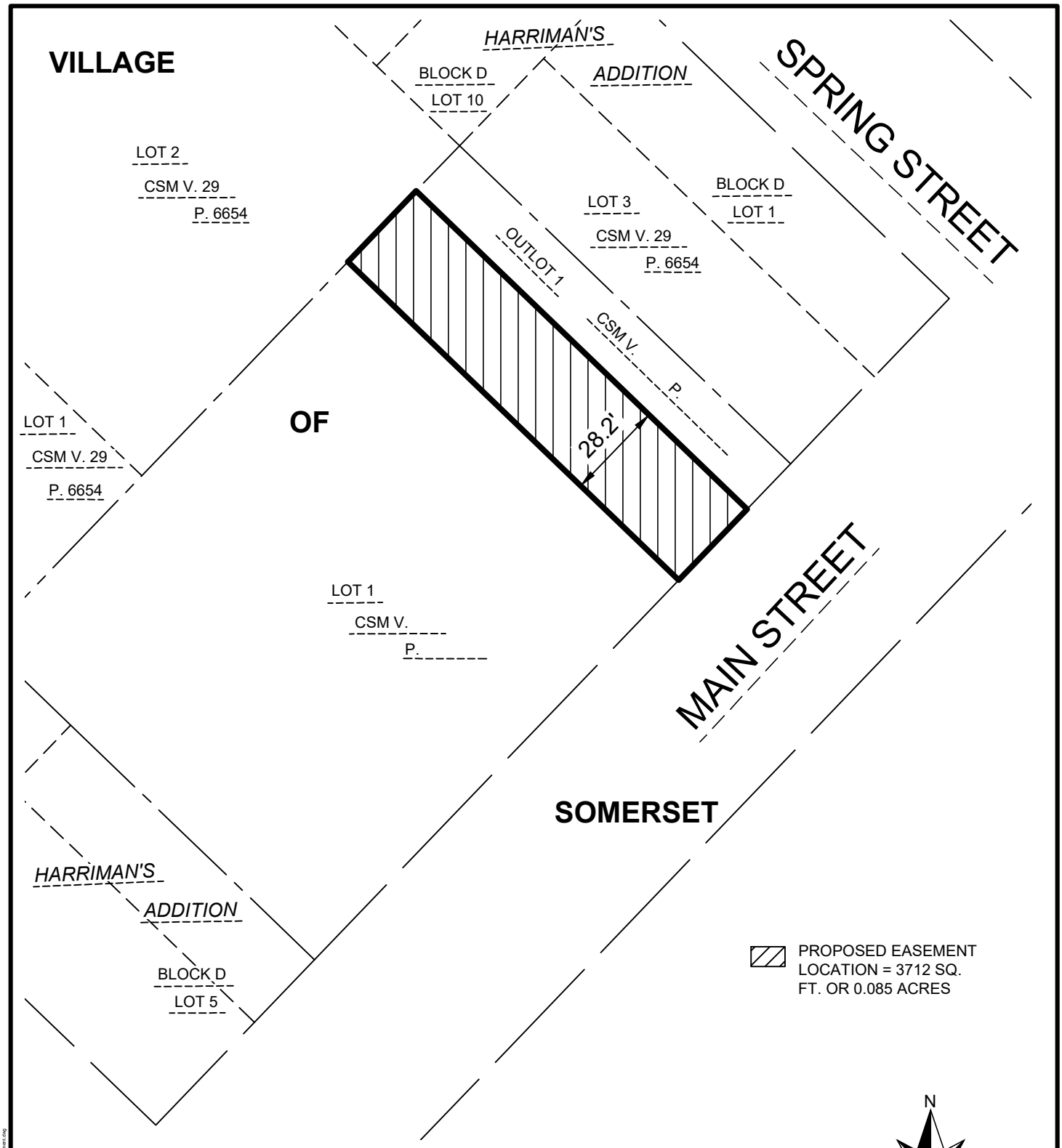
BEARINGS REFERENCE THE ST. CROIX COUNTY COORDINATE SYSTEM, THE SOUTH LINE OF THE SOUTHEAST QUARTER OF SECTION 35 BEARS N89°22'13"W.

WISCONSIN
Curtis E. Schley
S-2923
Faribault
MN
05/14/2024
LAND SURVEYOR

CLIENT:

Village of Somerset
110 Spring Street PO Box 356
Somerset, WI 54025

PLOT DATE: Thursday, May 16, 2024 1:23:53 PM, G:\08\08783\08783.109\CADD\Survey\Topo\08783109 CSM.dwg



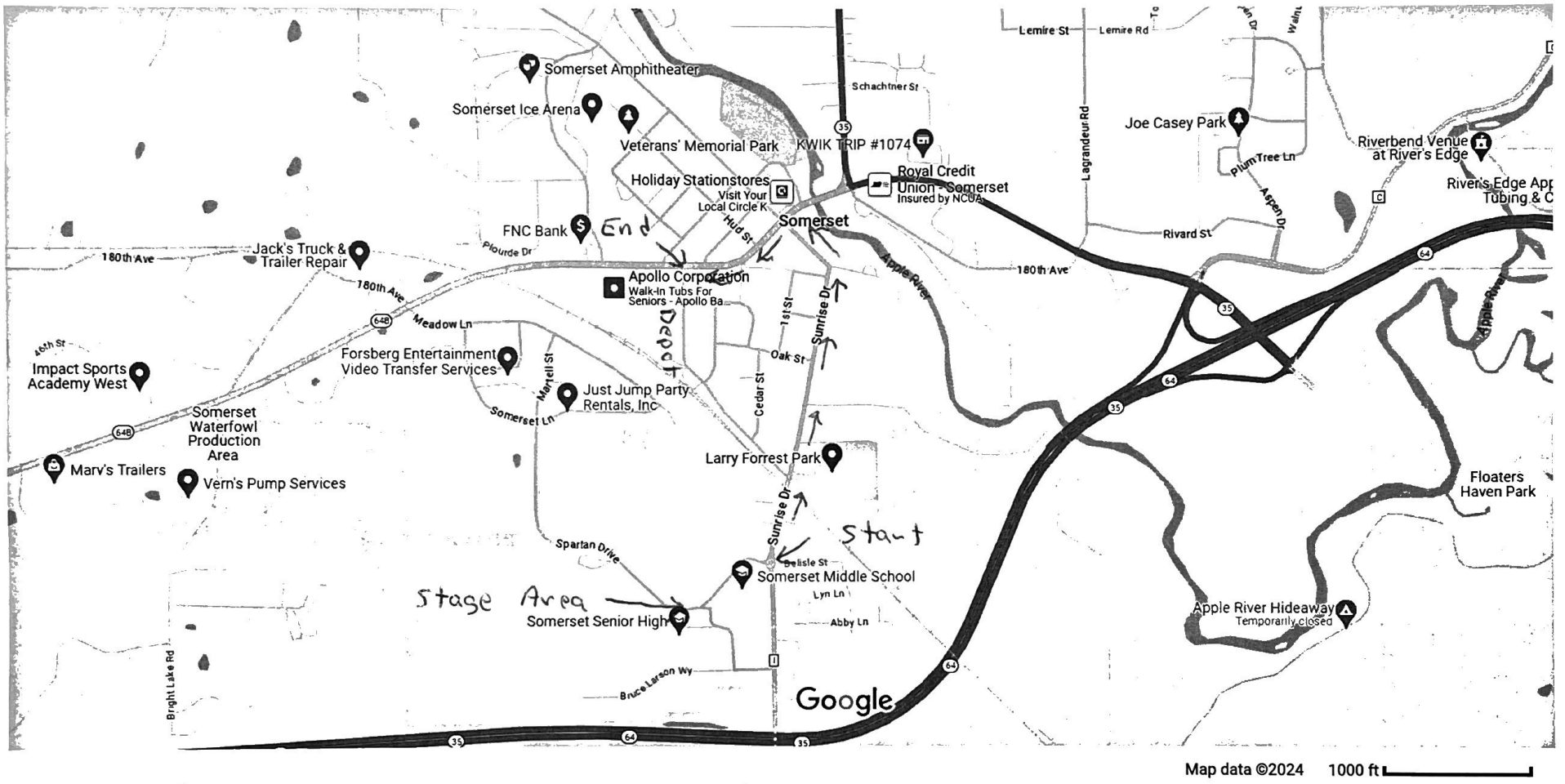
EASEMENT LEGAL DESCRIPTION

A PERPETUAL EASEMENT FOR INGRESS, EGRESS, AND PARKING PURPOSES OVER AND ACROSS THE NORTHEAST 28.2 FEET OF LOT 1 OF
CSM V. P.
RECORDED AS DOCUMENT NUMBER

MSA	VILLAGE OF SOMERSET SOMERSET, WI	INGRESS/EGRESS EASEMENT	PROJECT NO. 08783109 SHEET 1 OF 1

PLOT DATE: 9/1/2023 8:35 AM C:\08\2023\08783109\CAD\Survey\Topo\08783109_Somerset_Ingress Easement.dwg

Google Maps



Staging Area at High School

Starting Area: Enter Sunrise Drive at roundabout by middle school

End Parade at main st. and Depot st.

Route: Sunrise Drive to main st. Left on main st. to Depot st.

Ends at Depot st.

SOMERSET MUNICIPAL COURT

MUNICIPAL BOND DEPOSIT SCHEDULE

Revised 02/2024

VILLAGE ORDINANCE	STATE STATUTE	OFFENSE DESCRIPTION	AMOUNT	RANGE	INCREASE PROPOSED
		ALCOHOL			
11-4-7	125.09(2)	Alcohol on school Property	$313.00	$0 - $200	N/A
		Under 17	$124.00	$0 - $200	N/A
11-4-4(a)(1)	125.07(4)(a)	U/A attempt to procure alcohol	$388.60	$0 - 250	N/A
11-4-6(b)(7)	125.085(3)(b)	U/A carrying a false I.D. / Altered	$388.60	$100-200	N/A
		17 YOA or over	$451.60		N/A
11-4-4(a)(3)	125.07(3)	U/A in place of sale - prohibited	$187.00	$0-250	N/A
11-4-2(a)	125.07(1)(a)2	U/A in place of sale - business		$0-500	N/A
		1st Violation - No Previos Violation w/in 30 months	$577.60	$0-500	N/A
		2nd Violation - Has committed previous w/in 30 months	$703.60	$0-500	N/A
		3rd Violation - 2 previous violations w/in 30 months	$829.60	$0-1,000	N/A
		4th Violation - 3 or more violations w/in 30 months	$1,321.00	$0-10,000	N/A
11-4-4(b)	125.07(4)(b)	U/A Possession of Alcohol (17-20)	$268.90	$250-500	N/A
		2nd w/in 12 months	$325.60	$300-500	N/A
		3rd w/in 12 months	$388.60	$700-1,000	N/A
11-4-4(b)	125.07(a)(b)	U/A Possession of Alcohol (12-16)	$124.00	$250-500	N/A
		2nd w/in 12 months	$187.00	$300-500	N/A
11-4-2(a)	125.07(1)(a)	Sale to U/A Person-business &/or Server			N/A
		1st no w/in 30 months	$413.80	$0-500	N/A
		2nd has a previous w/in 30 months	$514.60	$0-500	N/A
		3rd w/in 30 months	$1,018.60	$0-1,000	N/A
7-2-15(a)	125.23(3)	Person on retail alcohol premises after hours			N/A
		Patron	$136.60		N/A
		Licensed bartender	$199.60		N/A
		Bar Owner	$325.60		N/A
11-4-8	125.07(1)	Contributing to U/A Person	$388.60	$0-500	N/A
11-4-1(a)	125.09	Open Container - Possession	$199.60		N/A
7-2-3		Sale without license	$691.00		N/A
		ANIMALS			
7-1-6(c)	174.042(1)	Animals running at large			
		1st Violation	$35.00	$25-100	**$92.50**
		2nd Violation	$60.00	$50-200	**$124**
		3rd Violation	$85.00	$50-200	**$187**
7-1-1(a)		Failure to Register animal w/Village			
		1st Violation	$111.40	$25-200	N/A
		2nd Violation	$199.60	$100-400	N/A
7-1-1(b)(13)		Failure to display current registration on dog			N/A
		1st Violation	$111.40	$25-200	N/A
		2nd Violation	$199.60	$100-400	N/A
7-1-9(a)		Possess wild, exotic & danerous animals			N/A
		1st Violation	$199.60		N/A
		2nd Violation	$325.60		N/A
7-1-12		Animal barking/howling/crying & etc			N/A
		1st Violation	$111.40	$25-100	N/A
		2nd Violation	$136.60	$50-200	N/A

SOMERSET MUNICIPAL COURT

MUNICIPAL BOND DEPOSIT SCHEDULE

Revised 02/2024

VILLAGE ORDINANCE	STATE STATUTE	OFFENSE DESCRIPTION		AMOUNT	RANGE	INCREASE PROPOSED
		ANIMALS CONT.				
7-1-15		Duty to provide food & water to animal				
			1st Violation	$187.00	$25-100	N/A
			2nd Violation	$313.00	$50-200	N/A
7-1-16		Failure to provide shelter to animal		$313.00	$50-200	N/A
7-1-17		Neglect, abandond & injured animal(s)		$313.00	$50-200	N/A
7-1-18		Cruelty to animal(s)		$313.00	$50-200	N/A
7-1-19		Number of dogs and cats limited; 3 dogs; 4 cats; 4 total dogs & cats (waiver - kennel license).		$313.00	$50-200	N/A
		PROPERTY VIOLATIONS				
4.11-3-1A	943.01	Destruction of Property - Prohibited	**(Penalty 1-1-6)**	$300.40		N/A
13-1-50(b)(4)		Camping Within 500' Of Residece				N/A
			1st Violation	$439.00		N/A
			2nd Violation	$691.00		N/A
			3rd Violation	$1,321.00		N/A
13-1-21©		Camping w/o condintional use				N/A
			1st Violation	$691.00		N/A
			2nd Violation	$1,321.00		N/A
			3rd Violation	$2,575.00		N/A
10-5-8		Abandoned/ Junked vehicles and/or Appliances		$218.50	$25-$500	N/A
11-6-1		Public Nuisances		$218.50	$25-$500	N/A
5-2-9(b)(2)		Burning of refuse		$111.40		N/A
11-2-7(b)		Noise Control/Quiet Hours				N/A
			1st Violation	$149.20		N/A
			2nd Violation	$212.20		N/A
			3rd Violation	$300.40		N/A
			4th Violation	$388.60		N/A
		PARKING				
4.10-1-28B	346.53	PARKING - General Offenses		$35.00		N/A
10-1-28(a)	346.53	Parking All Night Prohibited		$35.00		N/A
10-1-34(b)	346.53	Parking during snow removal		$35.00		N/A
10-1-28('e)		Winter Parking Restrictions		$35.00		N/A
10-1-22(a)		Parking (commercial) residential district				N/A
			1st Violation	$199.60		N/A
			2nd Violation	$325.60		N/A
			3rd Violation	$703.60		N/A
			4th Violation	$1,321.00		N/A
10-1-21(b)	349.13	Temporary Parking Restrictions for Special Events		$0.00	25-100	**$100**
10/1/22(a)	947.01	Obstructing Streets and sidewalks		$161.80		N/A
13-1-102		Sign Violations		$275.20		N/A
			2nd Offense	$527.20		N/A
11-2-4(a)		Skateboards, rollerskates and rollerblades		$20.00		N/A
			2nd Offense	$30.00		N/A
			3rd offense	$40.00		N/A
6-2-13(b)		Failure to display street numbers		$111.40	25-500	N/A
			2nd Offense	$136.60	50-1000	N/A
			3rd offense	$199.60	100-2000	N/A

SOMERSET MUNICIPAL COURT

MUNICIPAL BOND DEPOSIT SCHEDULE

Revised 02/2024

VILLAGE ORDINANCE	STATE STATUTE	OFFENSE DESCRIPTION		AMOUNT	RANGE	INCREASE PROPOSED
		JUVENILE - TOBACCO - DRUGS				
11-5-1		Curfew Violations (1 warning only)				
		Citation written to Parent	1st offense	$73.60		N/A
			2nd offense	$86.20		N/A
			3rd offense	$92.50		N/A
11-5-7	118.163(1m)	Truant 1st violation		$124.00		N/A
			2nd Violation	$187.00		N/A
11-5-7	118-163(2)	Truancy (Habitual)	*			N/A
		*Price set by judge at time of hearing				N/A
11-5-9(c)	254.92(2)	U/A Possession of Tobacco Products		$40.00		N/A
			2nd Offense	$65.00		N/A
			3rd offense	$174.40		N/A
11-5-10	120.12(20)	Tobacco on school property		$149.20		N/A
11-11-1	134.66(2)	Sale of tobacco to underage				N/A
			1st Offense	$262.60		N/A
			2nd Offense within 1 year	$451.60		N/A
2. 11-5-6	961.573(1)	DRUG PARAFERNALIA- POSSESSION OF (17+)		$388.60		**$488.60**
11-2-11(b)	961.41(3g)e	Marijuana - Possession of		$388.60		**$488.60**
11-5-6	961.537(2)	DRUG PARAFERNALIA Juvenile 1st Violation		$136.60		N/A
		DRUG PARAFERNALIA Juvenile 2nd Violation		$199.60		N/A

SOMERSET MUNICIPAL COURT

MUNICIPAL BOND DEPOSIT SCHEDULE

Revised 02/2024

VILLAGE ORDINANCE	STATE STATUTE	OFFENSE DESCRIPTION	AMOUNT	RANGE	INCREASE PROPOSED
		MUNICIPAL - THEFT - DISORDERLY CONDUCT			
2-2-12(j)	785.01	Contempt of Court (Municipal) **2-3-12(j)**	$111.40		N/A
11-2-1(a)		Dischage of firearms/bows	$199.60		N/A
11-2-8(a)	947.01	Disorderly Conduct - Prohibited			N/A
10-1-40(d)		Disorderly Conduct with a Motor Vehicle	$212.20		N/A
7-6-1(b)-(c)		Fireworks-possession or sale	$174.40		N/A
11-1-1	943.21	Fraud on hotel or restraurant keeper	$237.40		N/A
11-3-2(b)	287.81	Littering - Prohibited	$325.60		N/A
11-1-1	946.41(2)(a)	Knowingly give false info to an Officer	$514.60		N/A
7-4-1	66.083	No Seller's permit (transient merchants)	$577.60		N/A
11-2-10(a)	946.41	Resisting or Obstructing an Officer	$388.60		N/A
11-3-7	943.5	Shoplifting (value under $100.00)	$218.50		N/A
11-3-11	943.20(1)(a)	Theft	$237.40		N/A
11-1-1	943.20(1)(e)	Theft by Rental Agreement	$237.40		N/A
11-3-4	943.61(2)	Theft of Library material	$237.40		N/A
11-3-15	943.47(2)(a)	Theft of Cable Service	$237.40		N/A
11-3-14	943.45	Theft of Telecommunication Services	$237.40		N/A
11-2-1(f)	947.01	Throwing or shooting missiles	$218.50		N/A
11-3-9(a)	943.13	Tresspassing to Land	$268.90		N/A
11-3-9(B)	943.14	Tresspassing to Dwelling	$268.90		N/A
11-2-89(a)(3)	947.012(2)	Unlawful us of telephone	$268.90		N/A
11-1-1	941.299(2)	Unlawful us of laser pointers	$111.40		N/A
11-2-8(b)	947.01	Urination in Public	$300.40		N/A
11-3-8	943.24(1)	Worthless Check - Issuance	$300.40		N/A

For any ordinacne with no penalties listed see Sec. 1-1-6 General Penalties 1st $25-500; 2nd $50-1000; 3rd $100-2000

Village of Somerset and Somerset School District Maintenance Agreement for Larry Forrest & Village Park Ballfields

1. **Playing surface**

    1. Lime aggregate replacement/additions will be done every other year as a village expense. Lime was last added in 2022. Lime shall be added in the fall to avoid adverse weather conditions in the spring that could prevent the addition of lime.
    2. Turf cutting height shall not exceed three (3) inches. Public works staff will monitor the high school baseball and softball schedules to ensure that field turf is cut prior to games.
    3. Turf aeration will occur once per year and will be a village expense.
    4. Turf fertilizing/pesticide applications will occur three (3) times per year as a village expense.
    5. Turf irrigation will be maintained and operated as soon as possible after freezing temperatures have subsided.
    6. Contracted work for improvements of field and facilities will be mutually agreed to and done only by licensed and insured contractors with an expertise in associated work. [New structures will abide by the village ordinances.] Approval from Village Board is required for all improvement work.
    7. The village will be responsible for dragging the aggregate playing surface. The school district shall be responsible for lining the foul lines and batter's box.
    8. Reimbursement fee of $50.00 per field will be charged for each dragging. Invoicing will occur at the end of the season.

2. **Advertisements**

    1. Erecting advertising placards and removal will be the responsibility of the school district. Advertisement placards shall be removed no later than one month after all ball leagues complete their seasons. This includes youth baseball and softball leagues.
    2. Acceptable/non-acceptable advertising policies of the school district and village will be strictly adhered to with no exceptions.

3. Facilities

1. Future structures (dugouts, announcing booths, etc.) will be constructed with maintenance-free materials when possible. No future structures may be built or placed on village grounds without prior approval from village staff. When necessary, proper building permits will be obtained and inspected by the village building inspector.
2. Structure material will not include any material prone to rot or decay and will be suitable for outdoor use.
3. Structures shall be secured and anchored into the ground to prevent any toppling due to use or wind. Village staff and/or the village building inspector will determine the adequacy of secured structures.
4. The maintenance of structures will be the responsibility of the village on structures approved and accepted by the village.
5. Wind screening may be installed and removed by the school district if desired. Wind screening shall only be installed on four-foot-high fence. No wind screening shall be installed on fences over four feet.
6. Bathroom facilities will be open for use as soon as freezing weather subsides. This includes overnight temperatures. If weather prevents the bathroom facilities from being open, then a portable toilet will be delivered as a village expense.
7. Capital improvement projects must pass the public benefit test in order for the village to be the sole responsibility for the capital improvement expense. The village may agree to contribute funds for a capital improvement project at their discretion.
8. The school district will work on a capital improvement list with the proposed dates and provide to the village for their awareness and potential contribution to all, some, or none of the proposed projects.

SOMERSET SCHOOL DISTRICT	VILLAGE OF SOMERSET
_____	_____
Somerset School Representative	Mike Kappers, Village President
_____	_____
Date of Acceptance	Tasia Berger, Clerk

Professional Services Agreement

MSA Project Number: 8783110

This AGREEMENT (Agreement) is made today May 21, 2024 by and between VILLAGE OF SOMERSET (OWNER) and MSA PROFESSIONAL SERVICES, INC. (MSA), which agree as follows:

Project Name: Water Storage Needs Study

The scope of the work authorized is: See Attachment A

The schedule to perform the work is: Approximate Start Date: May 15, 2024
Approximate Completion Date: August 2024

The lump sum fee for the work is: **$**14,500

All services shall be performed in accordance with the General Terms and Conditions of MSA, which is attached and made part of this Agreement. Any attachments or exhibits referenced in this Agreement are made part of this Agreement. Payment for these services will be on a lump sum basis.

Approval: Authorization to proceed is acknowledged by signatures of the parties to this Agreement.

VILLAGE OF SOMERSET

Mike Kappers
Village President

Date:

110 Spring Street
Somerset, WI 54025
Phone: (715) 247-5555

MSA PROFESSIONAL SERVICES, INC.

Chuck Schwartz, PE
Team Leader

Date: May 2, 2024

60 Plato Boulevard East, Suite 140
St. Paul, MN 55107
Phone: (612) 548-3141

Somerset – Water Storage Needs Evaluation

Project Understanding: The Village of Somerset Tower Number 1 was constructed in 1973. An inspection report from 2021 has identified that the water tower is due for rehabilitation in 2025 or 2026. The Utility has asked MSA to evaluate whether additional storage capacity is needed, and if replacing the existing water tower with a larger water tower would be recommended.

Scope of Services: In order to meet Village's request, MSA proposes the following scope of services:

1. Water Model Update
    - Update existing water system model to reflect current conditions
        - Update system demand per PSC annual reports
        - Identify Top 10 Users and allocate demand accordingly in the model
        - Update distribution system per GIS maps supplied by the Utility
        - Update operational settings per Village
            - Well capacities, reservoir levels
        - Review existing fire flow and static pressure results
2. Water System Capacity Evaluation
    - Review 'all well' and 'firm well' system capacities
    - Review existing storage capacity and turnover rates
    - Estimate future demand
3. Existing Water Tower Evaluation (Alternative A)
    - Review existing available plans and past inspection reports as provided by the Village
    - Evaluate existing facility for compliance with current NR811 code
    - Schedule one site visit to review existing infrastructure
    - Prepare preliminary cost estimate for rehabilitating the existing water tower
4. Proposed Water Tower Evaluation (Alternative B)
    - Review areas within the Village and provide recommendation on proposed water tower location
    - Estimate effect on whole system and pressure zone(s) (wells and reservoirs)
    - Evaluate feasibility of connecting well to the water system
    - Prepare preliminary cost estimate for
5. Summary Memo
    - Prepare a written memo (and relevant exhibits) summarizing the tasks noted above, and any conclusions and/or recommendations that result from this study
    - Note: Summary memo text to be incorporated into Village Needs Study

Additional Services:

- Additional site visits or meetings
- Water modeling scenarios not necessary for evaluation of proposed water tower
- Water quality evaluation
- Design, bidding and construction services

Owner to Provide:

- Access to Village GIS mapping application
- Access to all relevant water facilities and equipment
- Copies of any reports, maintenance evaluations, or other determinations performed to date
- Well pumping records, including daily pumpage and drawdown, for the past three years
- Existing well pump information, including pump curves for each well
- Fire flow testing data throughout the distribution system
- Operational control settings including reservoir water elevation, pump speed and pumping rates, and chemical pump settings
- Ten (10) largest water consumers in the Village (by records of use)

Professional Services Agreement

This AGREEMENT (Agreement) is made today May 21, 2024 by and between VILLAGE OF SOMERSET (OWNER) and MSA PROFESSIONAL SERVICES, INC. (MSA), which agree as follows:

Project Name: TID #5 Lift Station & Utility Extension

The scope of the work authorized is: See Exhibit A

The schedule to perform the work is: Complete by December 31, 2025

The design and bidding lump sum fee for the work is:	$ 49,430
The construction phase estimated hourly for the work is:	$ 42,000 (est.)
Total:	$ 91,430 (est.)

All services shall be performed in accordance with the General Terms and Conditions of MSA, which is attached and made part of this Agreement. Any attachments or exhibits referenced in this Agreement are made part of this Agreement. Payment for these services will be on a lump sum basis.

Approval: Authorization to proceed is acknowledged by signatures of the parties to this Agreement.

VILLAGE OF SOMERSET

Mike Kappers
Village President
Date:

110 Spring Street
Somerset, WI 54025
Phone: (715) 247-5555

MSA PROFESSIONAL SERVICES, INC.

Chuck Schwartz
Team Leader
Date: May 2, 2024

60 Plato Boulevard East, Suite 140
St. Paul, MN 55107
Phone: (612) 548-3141

EXHIBIT A

A. SCOPE OF SERVICES

MSA will provide engineering services for design, bidding, and construction phase engineering services for TID #5 Lift Station & Utility Extension. Following is our understanding of the services to be provided.

1. Design and Bidding Phase Services – Lump Sum
    a. Review design options with Village Staff.
    b. Use previously completed topographic survey and locates for the proposed utility alignment in the north project area (2022). Provide a topographic survey for the proposed utility alignment and lift station site in the south project area.
    c. Lift Station Design that includes:
        i. Determine ultimate service area for the proposed lift station.
        ii. Complete sewer capacity calculations and sizing for the lift station based on the Plourde property concept plan, TID #5 concept plan, and the hideaway concept plan.
        iii. Design the duplex submersible lift station including the process mechanical, structural, electrical, instrumentation & control, and site/civil work.
        iv. Prepare plan sheets for all work including details.
        v. Prepare technical specifications.
    d. Utility extension design that includes:
        i. Utility plan & profile drawings that show alignment and elevations of the sanitary force main, gravity sanitary sewer and water main from south side of 180th Street (connection to pipe completed during 2023 Growing Wings utility extension project) to the existing casing pipes shown in the WISDOT STH 64 plan sheet.
        ii. Prepare construction details.
        iii. Prepare technical specifications.
    e. Correspondence with the Village during design and bidding phase.
    f. Internal quality control and quality assurance.
    g. DNR permit application and required attachments for:
        i. Water System Extension
        ii. Sanitary Sewer Extension
        iii. Lift Station approval
    h. Meeting attendance and plan presentation at one Public Works and Board meeting.
    i. Reimbursables (mileage, copies, fax, postage, UPS, submittal fees) during design and bidding phase.

2. Construction Phase Services – Hourly
    a. Construction administration and communication.
    b. Eighty (180) hours of construction observation.
    c. Preconstruction Meeting coordination, preparation, attendance, and meeting preparation.
    d. Shop drawing submittal review.
    e. Construction Staking.
    f. Record Drawing data collection and completion.
    g. Correspondence with the Village during construction phase.

h. Reimbursables (mileage, copies, fax, postage, UPS, submittal fees) during construction phase.

B. Services Provided by the Owner

1. The OWNER will:
   a. Provide requested information and documentation for surrounding Village infrastructure.
   b. Provide previous studies, reports and results from past engineering planning efforts.
   c. Provide CAD in electronic format, if available.
   d. Construction Observation.
   e. Easement and Waiver of Trespass acquisition.

C. Additional Services

1. The following additional services are not included in the Scope of Basic Services, but are available at standard billing rates upon request:
   a. Additional water and sewer improvements not identified above.
   b. Additional Construction Observation.
   c. Additional Meetings.
   d. Permitting fees or any additional permitting activities.
   e. Private utility coordination.
   f. Soil Borings.
   g. Casing pipe end excavation needed to verify location and depth at STH 64 right of way.

Remit to: **STAAB CONSTRUCTION CORPORATION**
1800 LAEMLE AVE
MARSHFIELD, WI 54449

Contractor's Application for Payment No. 19

	Application Period: **12/26/23 to 4/30/2024**	Application Date : **04/30/24**
To (Owner): **VILLAGE OF SOMERSET**	From (Contractor): **Staab Construction Corporation**	Via (Engineer): **M S A PROF. SERVICES**
Project: **4631- SOMERSET WWTF**	Contract:	
Owner's Contract No:	Contractor's Project No: **4631-**	Engineer's Project No: **08783059**

Application for Payment
Change Order Summary

Change Orders approved in Previous months by Owner	**$37,824.00**	**-$49,092.00**
Number	Additions	Deductions
7	**42,412.66**	**0.00**
TOTALS	**$80,236.66**	**-$49,092.00**
Net Change by Change Orders		**$31,144.66**

1. ORIGINAL CONTRACT PRICE	**$4,067,000.00**
2. Net Change By Change Orders	**$31,144.66**
3. Current Contract Price (Line 1+2)	**$4,098,144.66**
4. TOTAL COMPLETED AND STORED TO DATE (Column G on Progress Estimate)	**$4,097,794.66**
5. RETAINAGE:	
0.24 % of Total Contract (Project over 50% Complete)	
c. Total Retainage (Line5a = 5b)	**$10,000.00**
6. AMOUNT ELEGIBLE TO DATE (Line 4 - Line 5c)	**$4,087,794.66**
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)	**$4,044,155.66**
8. AMOUNT DUE THIS APPLICATION	**$43,639.00**
9. BALANCE TO FINISH, PLUS RETAINAGE (Column H on Progress Estimate + Line 5 above)	**$10,350.00**

Contractor's Certification

The undersigned Contractor certifies, to the best of its knowledge, the following:
(1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment;
(2) Title of all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interest or encumbrances); and
(3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

STAAB CONSTRUCTION CORPORATION

By: _____ **Date:** 5-8-24
Benjamin J. Lee President

Payment of: **$43,639.00**
Line 8 or other - attach explanation of other amount)

is recommended by: _____ 05-08-2024
(Engineer) (Date)

Payment of: **$43,639.00**
Line 8 or other - attach explanation of other amount)

is approved by: _____ _____
(Owner) (Date)

Approved by: _____ _____
(Funding or Financing Agency (if applicable) (Date)

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CONTINUATION SHEET (FOR UNIT PRICE APPLICATION FOR PAYMENT)

Application and Certification for Payment, containing
Contractor's signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

Application # : 19
Application Date : 04/30/24
Period To : 04/30/24
Architect's Project No.: 08783059

Invoice # : 19 **Contract:** 4631- SOMERSET WWTF

A	B	C				D		E		F	G		H
Item #	Description of Work	Schedule of Values				Work Completed				Materials Presently Stored (Not in D or	Total Completed and Stored to Date	% G / C)	Balance to Finish (C-G)
		Contract Quantity	U/M	Unit Price	Contract Amount	Previous Periods (D + Qty	Amount	This Period Qty	Amount				
010010	PM/Supervision	1.00	LS	0.00	88,000.00	0.00	88,000.00	0.00	0.00	0.00	88,000.00	100.00%	0.00
012200	Bonds & Insurance	1.00	LS	0.00	46,000.00	0.00	46,000.00	0.00	0.00	0.00	46,000.00	100.00%	0.00
013100	Misc Job Expenses	1.00	LS	0.00	53,000.00	0.00	53,000.00	0.00	0.00	0.00	53,000.00	100.00%	0.00
015000	Temporary Facilities	1.00	LS	0.00	46,000.00	0.00	46,000.00	0.00	0.00	0.00	46,000.00	100.00%	0.00
016000	Yard & Equipment	1.00	LS	0.00	75,000.00	0.00	75,000.00	0.00	0.00	0.00	75,000.00	100.00%	0.00
024100	Demolition	1.00	LS	0.00	23,000.00	0.00	23,000.00	0.00	0.00	0.00	23,000.00	100.00%	0.00
024135	Equipment Demo	1.00	LS	0.00	17,000.00	0.00	17,000.00	0.00	0.00	0.00	17,000.00	100.00%	0.00
030000	Concrete	1.00	LS	0.00	185,000.00	0.00	185,000.00	0.00	0.00	0.00	185,000.00	100.00%	0.00
034113	Precast Plank	1.00	LS	0.00	25,000.00	0.00	25,000.00	0.00	0.00	0.00	25,000.00	100.00%	0.00
042000	Masonry	1.00	LS	0.00	65,000.00	0.00	65,000.00	0.00	0.00	0.00	65,000.00	100.00%	0.00
055000	Metals	1.00	LS	0.00	48,000.00	0.00	48,000.00	0.00	0.00	0.00	48,000.00	100.00%	0.00
071400	Fluid Applied Waterproofing	1.00	LS	0.00	5,500.00	0.00	5,500.00	0.00	0.00	0.00	5,500.00	100.00%	0.00
072113	Board Insulation	1.00	LS	0.00	2,500.00	0.00	2,500.00	0.00	0.00	0.00	2,500.00	100.00%	0.00
075300	Single Ply Roofing	1.00	LS	0.00	15,000.00	0.00	15,000.00	0.00	0.00	0.00	15,000.00	100.00%	0.00
076200	Wall Panel	1.00	LS	0.00	43,000.00	0.00	43,000.00	0.00	0.00	0.00	43,000.00	100.00%	0.00
079200	Joint Sealants	1.00	LS	0.00	2,600.00	0.00	2,600.00	0.00	0.00	0.00	2,600.00	100.00%	0.00
081600	FRP Doors	1.00	LS	0.00	19,000.00	0.00	19,000.00	0.00	0.00	0.00	19,000.00	100.00%	0.00
083100	Access Doors	1.00	LS	0.00	3,000.00	0.00	3,000.00	0.00	0.00	0.00	3,000.00	100.00%	0.00
099100	Painting	1.00	LS	0.00	47,000.00	0.00	46,000.00	0.00	1,000.00	0.00	47,000.00	100.00%	0.00
101423	Signs & Fire Extinguishers	1.00	LS	0.00	500.00	0.00	500.00	0.00	0.00	0.00	500.00	100.00%	0.00
220500	Plumbing	1.00	LS	0.00	30,000.00	0.00	30,000.00	0.00	0.00	0.00	30,000.00	100.00%	0.00
230500	HVAC	1.00	LS	0.00	167,000.00	0.00	167,000.00	0.00	0.00	0.00	167,000.00	100.00%	0.00
260500	Elec - Mobilization & Demobi	1.00	LS	0.00	37,700.00	0.00	37,700.00	0.00	0.00	0.00	37,700.00	100.00%	0.00
260500	Elec - Site Conduit & Cabling	1.00	LS	0.00	235,000.00	0.00	235,000.00	0.00	0.00	0.00	235,000.00	100.00%	0.00
260500	Elec - Str 10 Headworks Bldg	1.00	LS	0.00	199,950.00	0.00	197,951.00	0.00	1,999.00	0.00	199,950.00	100.00%	0.00
260500	Elec - Str 20 Control Bldg	1.00	LS	0.00	9,400.00	0.00	9,400.00	0.00	0.00	0.00	9,400.00	100.00%	0.00
260500	Elec - Str 30 SBR	1.00	LS	0.00	23,500.00	0.00	23,500.00	0.00	0.00	0.00	23,500.00	100.00%	0.00
260500	Elec - Str 40 Sludge Storg Ta	1.00	LS	0.00	11,850.00	0.00	11,850.00	0.00	0.00	0.00	11,850.00	100.00%	0.00
260500	Elec - Str 70 UV Disinfection	1.00	LS	0.00	6,200.00	0.00	6,200.00	0.00	0.00	0.00	6,200.00	100.00%	0.00
260500	Elec - Str 80 Decant Pump St	1.00	LS	0.00	15,300.00	0.00	15,300.00	0.00	0.00	0.00	15,300.00	100.00%	0.00
260500	Elec - Energenecs	1.00	LS	0.00	693,700.00	0.00	693,700.00	0.00	0.00	0.00	693,700.00	100.00%	0.00
260500	Elec - Aqua Aerobics	1.00	LS	0.00	171,700.00	0.00	171,700.00	0.00	0.00	0.00	171,700.00	100.00%	0.00

A	B	C				D		E		F	G		H
Item #	Description of Work	Schedule of Values				Work Completed				Materials Presently Stored (Not in D or	Total Completed and Stored to Date	% G / C)	Balance to Finish (C-G)
		Contract Quantity	U/M	Unit Price	Contract Amount	Previous Periods (D + Qty	Amount	This Period Qty	Amount				
260500	Elec - Temporary Power	1.00	LS	0.00	20,500.00	0.00	20,500.00	0.00	0.00	0.00	20,500.00	100.00%	0.00
260500	Elec - Fabick Generator	1.00	LS	0.00	138,200.00	0.00	138,200.00	0.00	0.00	0.00	138,200.00	100.00%	0.00
260500	Elec - Startup & Commission	1.00	LS	0.00	16,200.00	0.00	16,200.00	0.00	0.00	0.00	16,200.00	100.00%	0.00
260500	Elec - Close Out and O&M's	1.00	LS	0.00	10,800.00	0.00	9,720.00	0.00	1,080.00	0.00	10,800.00	100.00%	0.00
312000	Earthwork	1.00	LS	0.00	229,020.00	0.00	229,020.00	0.00	0.00	0.00	229,020.00	100.00%	0.00
312000	UP1 - Saw Cut Bituminous P	190.00	LF	8.00	1,520.00	190.00	1,520.00	0.00	0.00	0.00	1,520.00	100.00%	0.00
312000	UP2 - Bituminous Pavement	3,600.00	SY	7.00	25,200.00	3,600.00	25,200.00	0.00	0.00	0.00	25,200.00	100.00%	0.00
312000	UP4 - Aggregate Base	330.00	TN	22.00	7,260.00	1,449.03	31,878.66	1,119.03	-24,618.66	0.00	7,260.00	100.00%	0.00
312000	UP6 - Imported Granular Fill	500.00	TN	40.00	20,000.00	578.31	23,132.40	-78.31	-3,132.40	0.00	20,000.00	100.00%	0.00
321124	UP3 - Bituminous Pavement	670.00	TN	120.00	80,400.00	754.18	90,501.60	-84.18	-10,101.60	0.00	80,400.00	100.00%	0.00
321124	UP5 - Tack Coat	200.00	GAL	5.00	1,000.00	130.00	650.00	0.00	0.00	0.00	650.00	65.00%	350.00
330000	Underground Process Piping	1.00	LS	0.00	217,000.00	0.00	217,000.00	0.00	0.00	0.00	217,000.00	100.00%	0.00
400500	Exposed Process Pipe / Valv	1.00	LS	0.00	164,000.00	0.00	164,000.00	0.00	0.00	0.00	164,000.00	100.00%	0.00
400593	Temporary Bypassing	1.00	LS	0.00	75,000.00	0.00	75,000.00	0.00	0.00	0.00	75,000.00	100.00%	0.00
404200	Piping Insulation	1.00	LS	0.00	16,000.00	0.00	16,000.00	0.00	0.00	0.00	16,000.00	100.00%	0.00
407170	Parshall Flume	1.00	LS	0.00	5,500.00	0.00	5,500.00	0.00	0.00	0.00	5,500.00	100.00%	0.00
432513	Submersible Pumps	1.00	LS	0.00	53,000.00	0.00	53,000.00	0.00	0.00	0.00	53,000.00	100.00%	0.00
434111	Ground Storage Tank	1.00	LS	0.00	290,000.00	0.00	290,000.00	0.00	0.00	0.00	290,000.00	100.00%	0.00
462113	Fine Screen and Wash Press	1.00	LS	0.00	190,000.00	0.00	190,000.00	0.00	0.00	0.00	190,000.00	100.00%	0.00
463300	Chemical Feed Equipment	1.00	LS	0.00	18,000.00	0.00	18,000.00	0.00	0.00	0.00	18,000.00	100.00%	0.00
464140	Sludge Mixing Equipment	1.00	LS	0.00	65,000.00	0.00	65,000.00	0.00	0.00	0.00	65,000.00	100.00%	0.00
465353	SBR Diffuser Replacement	1.00	LS	0.00	13,000.00	0.00	13,000.00	0.00	0.00	0.00	13,000.00	100.00%	0.00
C.O. # 0	Change Order #1	1.00	LS	0.00	-5,000.00	0.00	-5,000.00	0.00	0.00	0.00	-5,000.00	100.00%	0.00
C.O. # 0	Change Order #2	1.00	LS	0.00	-31,869.00	0.00	-31,869.00	0.00	0.00	0.00	-31,869.00	100.00%	0.00
C.O. # 0	Change Order #3	1.00	LS	0.00	-12,223.00	0.00	-12,223.00	0.00	0.00	0.00	-12,223.00	100.00%	0.00
C.O. # 0	Change Order #4	1.00	LS	0.00	19,789.00	0.00	19,789.00	0.00	0.00	0.00	19,789.00	100.00%	0.00
C.O. # 0	Change Order #5	1.00	LS	0.00	7,594.00	0.00	7,594.00	0.00	0.00	0.00	7,594.00	100.00%	0.00
C.O. # 0	Change Order #6	1.00	LS	0.00	10,441.00	0.00	10,441.00	0.00	0.00	0.00	10,441.00	100.00%	0.00
C.O. # 0	Change Order #7	1.00	LS	0.00	42,412.66	0.00	0.00	0.00	42,412.66	0.00	42,412.66	100.00%	0.00
Grand Totals:					**4,098,144.66**		**4,089,155.66**		**8,639.00**	**0.00**	**4,097,794.66**	**99.99%**	**350.00**

Somerset Fire/Rescue

from the office of Chief Belisle

May 1st, 2024

Dear Board Members –

This is the update for April 2024. This month we responded to 31 calls for service. The breakdown is as follows: 16 calls in the Village consisting of 8 medicals and 8 fire/rescue call; 8 in the Township consisting of 4 medicals and 4 fire/rescue calls; and 7 auto aid calls, 6 in St. Joe and 1 in Roberts. This brings us to a total of 166 runs for the year compared to 129 for the same time in 2023.

The month of April thankfully slowed down with the exception of grass fires due to the dry weather. As April finished and May begins things are greening up quickly and with that the grass fires should continue to slow down. We are still 37 calls ahead of 2023 and had no calls of any real significance this past month. Our vehicle exhaust removal system is now completely installed and we will be trained on it tomorrow, May 2nd, in the afternoon. The tender is still showing delivery in July. The Lightning is currently in getting the radio and lighting package installed, again once both trucks are delivered we will sell the Tahoe and the 1992 Tender.

We are currently operating with 21 members, 18 full members and 3 probationary members, as well as one High School Cadet. We are still below staffing for what we would like to see and we currently are working with our recruitment committee to attempt to recruit from our growing community. As always you are more than welcome to stop in and say hi at the station when you see someone there. We welcome visitors and are more than willing to give you a tour and show you our trucks and equipment!

Sincerely,

Travis Belisle

Travis Belisle - Chief
Somerset Fire/Rescue

748 Hwy 35
Somerset, WI 54025
Station (715)247-5364 Fax (715)247-3194

ST. CROIX COUNTY
Wisconsin
Innovation Through Cooperation

Community Development
1101 Carmichael Road | Hudson WI 54016
Telephone: 715-386-4680 | Fax: 715-245-4250
www.sccwi.gov

May 7, 2024

VILLAGE OF SOMERSET
PO BOX 356
SOMERSET, WI 54025

Notice of Board of Adjustment Hearing

Dear Property Owner:

Enclosed is the notice for a hearing for land that adjoins or is near your property. Please take note of the time and place of the hearing. You are welcome to attend the hearing to make your approval or opposition known.

Should you have any questions or concerns, please feel free to contact me.

Sincerely,

Mike Wozniak

Mike Wozniak
Land Use Administrator

Enclosure

CUP-2021-011 upd 2024.

PUBLIC HEARING NOTICE

The St. Croix County Board of Adjustment has scheduled a public hearing for **Thursday May 23, 2024, at 8:30 a.m.** at the St. Croix County Government Center, 1101 Carmichael Road, Hudson, Wisconsin to consider the following request under the St. Croix County Zoning Ordinance. The Board may view the site in question, after which the Board will deliberate and vote on the request.

CONDITIONAL USE REQUEST

APPLICANT: Steve Kaufman/Rivers Edge
LOCATION: NW ¼ of NE ¼ of Section 3, Town 30N, Range 19W, Town of Somerset
ADDRESS: Parent Street, Somerset, WI 54016
REQUEST: Conditional use permit to authorize construction and operation of a campground use in an R-2 Residential zoning district, pursuant to Section 15.322 of the St. Croix County Zoning Ordinance.

All interested persons are invited to attend said hearing and be heard. Additional information may be obtained from the St. Croix County Community Development Department, Hudson, Wisconsin at (715)386-4680.

St. Croix County Board of Adjustment

Sec. 2-3-2. - Certain officials to be appointed.

(a) The Village officials hereinafter set forth shall be appointed.

Official	How Appointed	Term
Assessor	~~Village President~~ Any trustee subject to confirmation by the Village Board	Three Years
Attorney	~~Village President~~ Any trustee subject to confirmation by the Village Board	Indefinite
Engineer	~~Village President~~ Any trustee subject to confirmation by the Village Board	One Year
Health Officer	~~Village President~~ Any trustee subject to confirmation by the Village Board	Two Years
Weed Commissioner	~~Village President~~ Any trustee subject to confirmation by the Village Board	One Year
Chief of Police	Majority of Village Board	Indefinite
Director of Public Works	Majority of Village Board	Indefinite
Village Clerk-Treasurer	~~Village President~~ Any trustee subject to confirmation by the Village Board	Two Years
Building Inspector	~~Village President~~ Any trustee subject to confirmation by the Village Board	Two Years

(b) Continued employment with the Village is conditioned upon satisfactory performance and reviews. All Village employees shall comply with the standards prescribed in the Village Personnel Manual, incorporated herein by reference. The Village Board is not required to fill all of the positions specified in Subsection (a) above.

61.197 Selection of officers.

(1) Officers other than members of the village board and municipal judges except as provided in s. 61.65, shall be selected by one of the following methods:

(a) Appointment by the village president.

(b) Appointment by the village president subject to confirmation by the village board.

(c) Appointment by the village board.

(d) Election by the voters of those officers so enumerated in s. 61.19, unless otherwise provided pursuant to s. 61.195.

(e) Selection under any of the above methods, the selection to be from an eligible list established pursuant to s. 66.0509.

(f) A corporation or an independent contractor may be appointed as the village assessor. The corporation or independent contractor so appointed shall designate the person responsible for the assessment. The designee shall file the official oath under s. 19.01, and sign the affidavit of the assessor attached to the assessment roll under s. 70.49. No person may be designated by any corporation or independent contractor unless he or she has been granted the appropriate certification under s. 73.09. For purposes of this subsection, “independent contractor" means a person who either is under contract to furnish appraisal and assessment services or is customarily engaged in an independently established trade, business or profession in which the services are offered to the general public.

(2) Such officers shall continue to be selected in the manner prevailing on April 15, 1939, provided one of the above plans was in force on that date. Such method shall be continued until changed in the manner provided by s. 66.0101. However, any village may require that selection be made from an eligible list as specified under sub. (1) (e) by the enactment of an ordinary ordinance.

History: 1973 c. 90; 1977 c. 305 s. 64; 1979 c. 221; 1999 a. 150 s. 672.

Sec. 7-2-9. - Approval or denial.

(a) No license shall be granted for operation on any premises or with any equipment ~~for which~~ if there are delinquent and unpaid taxes, assessments, forfeitures or other financial claims of the Village, County, or State. ~~are delinquent and unpaid.~~

(b) No license shall be issued unless the premises conform to the sanitary, safety and health requirements of the State Building Code, and the regulations of the State Board of Health and local Board of Health applicable to restaurants. The premises must be properly lighted and ventilated, must be equipped with separate sanitary toilet and lavatory facilities equipped with running water for each sex and must conform to all Ordinances of the Village.

(c) Consideration for the granting or denial of a license will be based on:

(1) Arrest and conviction record of the applicant, subject to the limitations imposed by Secs. 111.321, 111.322, and 111.335, Wis. Stats.;

(2) The financial responsibility of the applicant;

(3) The appropriateness of the location and the premises where the licensed business is to be conducted; and

(4) Generally, the applicant's fitness for the trust to be reposed.

(d) An application may be denied based upon the applicant's arrest and conviction record if the applicant has been convicted of a felony (unless duly pardoned) or if the applicant has habitually been a law offender. For purposes of this licensing procedure, "habitually been a law offender" is generally considered to be an arrest or conviction of at least two (2) offenses which are substantially related to the licensed activity within the five (5) years immediately preceding the license application. Because a license is a privilege, the issuance of which is a right granted solely to the Village Board, the Village Board reserves the right to consider the severity, and facts and circumstances of the offense when making the determination to grant, deny or not renew a license. Further, the Board, at its discretion, may, based upon an arrest or conviction record of two (2) or more offenses which are substantially related to the licensed activity within the five (5) years immediately preceding, act to suspend such license for a period of one (1) year or more.

125.10 Municipal regulation.

(1) AUTHORIZATION. Any municipality may enact regulations incorporating any part of this chapter and may prescribe additional regulations for the sale of alcohol beverages, not in conflict with this chapter. The municipality may prescribe forfeitures or license suspension or revocation for violations of any such regulations. Regulations providing forfeitures or license suspension or revocation must be adopted by ordinance. Any municipality may, by ordinance, regulate contests, competitions, or other events for the exhibition, demonstration, judging, tasting, or sampling of homemade wine or fermented malt beverages.

(2) REGULATION OF UNDERAGE PERSONS. A municipality or a county may enact an ordinance regulating conduct regulated by s. 125.07 (1) or (4) (a), (b) or (bm), 125.085 (3) (b) or 125.09 (2) only if it strictly conforms to the statutory subsection. A county ordinance enacted under this subsection does not apply within any municipality that has enacted or enacts an ordinance under this subsection.

(3) ZONING. Except as provided in s. 125.68, this chapter does not affect the power of municipalities to enact or enforce zoning regulations.

(4) REGULATION OF CLOSED RETAIL PREMISES. A municipality may not prohibit the permittee, licensee, employees, salespersons, employees of wholesalers issued a permit under s. 125.28 (1) or 125.54 (1); employees of permittees under s. 125.295 with respect to the permittee's own retail premises; or service personnel from being present on premises operated under a Class “A", “Class A" or “Class C" license or under a Class “B" or “Class B" license or permit during hours when the premises are not open for business if those persons are performing job-related activities.

(5) FERMENTED MALT BEVERAGES ON COMMERCIAL QUADRICYCLES.

(a) A municipality may, by ordinance, prohibit the consumption of fermented malt beverages by passengers on a commercial quadricycle within the municipality.

(b) Notwithstanding sub. (1), an ordinance enacted before January 1, 2014, regulating the possession or consumption of open containers of alcohol beverages in public places may not prohibit the possession or consumption of alcohol beverages by passengers on a commercial quadricycle. An ordinance that is inconsistent with this paragraph may not be enforced.

History: 1981 c. 79, 202; 1983 a. 74 ss. 19, 32; 1985 a. 28 ss. 5, 9; 1987 a. 168; 1989 a. 31, 253; 1991 a. 39; 1993 a. 208; 2007 a. 20; 2011 a. 32, 200; 2013 a. 106; 2015 a. 372.

This chapter contemplates and expressly directs that regulation is to supersede competition in the retail sale of alcohol beverages. The regulatory scheme indicates a legislative intent to make state antitrust law not applicable by authorizing contrary or inconsistent conduct by granting municipalities broad statutory authority to prescribe or orchestrate anticompetitive regulation in the sale and consumption of alcohol if that regulation serves an important public interest. Private parties are eligible for antitrust immunity when they act in concert, in an anticompetitive manner, in direct response to pressure bordering on compulsion from a municipality. Eichenseer v. Madison-Dane County Tavern League, Inc., 2008 WI 38, 308 Wis. 2d 684, 748 N.W.2d 154, 05-1063.

A town must renew a license, if the proper application is made and the fees are paid, unless it revokes, suspends, or non-renews the license, following the procedures outlined in s. 125.12. This section does not give towns the authority to unilaterally modify the described premises in an individual license upon renewal of that license. A town must either pass a regulation or an ordinance under this section or it must find grounds for revocation or nonrenewal under s. 125.12. Wisconsin Dolls, LLC v. Town of Dell Prairie, 2012 WI 76, 342 Wis. 2d 350, 815 N.W.2d 690, 10-2900.

125.12 Revocations, suspensions, refusals to issue or renew.

(1) REVOCATION, SUSPENSION, NONISSUANCE OR NONRENEWAL OF LICENSE.

(a) Except as provided in this subsection, any municipality or the division may revoke, suspend or refuse to renew any license or permit under this chapter, as provided in this section.

(b)

1. In this paragraph, " violation" means a violation of s. 125.07 (1) (a), or a local ordinance that strictly conforms to s. 125.07 (1) (a).

2. No violation may be considered under this section or s. 125.04 (5) (a) 1. unless the licensee or permittee has committed another violation within one year preceding the violation. If a licensee or permittee has committed 2 or more violations within one year, all violations committed within one year of a previous violation may be considered under this section or s. 125.04 (5) (a) 1.

(c) Neither a municipality nor the division may consider an arrest or conviction for a violation punishable under s. 101.123 (8) (d), 945.03 (2m), 945.04 (2m), or 945.05 (1m) in any action to revoke, suspend, or refuse to renew a Class "B" or "Class B" license or permit.

(2) REVOCATION OR SUSPENSION OF LICENSES BY LOCAL AUTHORITIES.

(ag) *Complaint.* Any resident of a municipality issuing licenses under this chapter may file a sworn written complaint with the clerk of the municipality alleging one or more of the following about a person holding a license issued under this chapter by the municipality:

1. The person has violated this chapter or municipal regulations adopted under s. 125.10.

2. The person keeps or maintains a disorderly or riotous, indecent or improper house.

3. The person has sold or given away alcohol beverages to known habitual drunkards.

4. The person does not possess the qualifications required under this chapter to hold the license.

5. The person has been convicted of manufacturing, distributing or delivering a controlled substance or controlled substance analog under s. 961.41 (1); of possessing, with intent to manufacture, distribute or deliver, a controlled substance or controlled substance analog under s. 961.41 (1m); or of possessing, with intent to manufacture, distribute or deliver, or of manufacturing, distributing or delivering a controlled substance or controlled substance analog under a substantially similar federal law or a substantially similar law of another state.

5m. The person has been convicted of possessing any of the materials listed in s. 961.65 with intent to manufacture methamphetamine under that subsection or under a federal law or a law of another state that is substantially similar to s. 961.65.

6. The person knowingly allows another person, who is on the premises for which the license under this chapter is issued, to possess, with the intent to manufacture, distribute or deliver, or to manufacture, distribute or deliver a controlled substance or controlled substance analog.

6m. The person knowingly allows another person, who is on the premises for which the license under this chapter is issued, to possess any of the materials listed in s. 961.65 with the intent to manufacture methamphetamine.

7. The person received the benefit from an act prohibited under s. 125.33 (11).

(ar) *Summons.* Upon the filing of the complaint, the municipal governing body or a duly authorized committee of a city council shall issue a summons, signed by the clerk and directed to any peace officer in the municipality. The summons shall command the licensee complained of to appear before the municipal governing body or the committee on a day and place named in the summons, not less than 3 days and not more than 10 days from the date of issuance, and show cause why his or her license should not be revoked or suspended. The summons and a copy of the complaint shall be served on the licensee at least 3 days before the time at which the licensee is commanded to appear. Service shall be in the manner provided under ch. 801 for service in civil actions in circuit court.

(b) *Procedure on hearing.*

1. If the licensee does not appear as required by the summons, the allegations of the complaint shall be taken as true and if the municipal governing body or the committee finds the allegations sufficient, the license shall be revoked. The clerk shall give notice of the revocation to the person whose license is revoked.

2. If the licensee appears as required by the summons and denies the complaint, both the complainant and the licensee may produce witnesses, cross-examine witnesses and be represented by counsel. The licensee shall be provided a written transcript of the hearing at his or her expense. If the hearing is held before the municipal governing body and the complaint is found to be true, the license shall either be suspended for not less than 10 days nor more than 90 days or revoked, except that, if a complaint under par. (ag) 4. is found to be true with respect to a license issued under s. 125.51 (4) (v), the license shall be revoked.

3. If the hearing is held before a committee of a city council, the committee shall submit a report to the city council, including findings of fact, conclusions of law and a recommendation as to what action, if any, the city council should take with respect to the license. The committee shall provide the complainant and the licensee with a copy of the report. Either the complainant or the licensee may file an objection to the report and shall have the opportunity to present arguments supporting the objection to the city council. The city council shall determine whether the arguments shall be presented orally or in writing or both. If the city council, after considering the committee's report and any arguments presented by the complainant or the licensee, finds the complaint to be true, or if there is no objection to a report recommending suspension or revocation, the license shall be suspended or revoked as provided under subd. 2.

4. The municipal clerk shall give notice of each suspension or revocation to the person whose license is suspended or revoked.

5. If the municipal governing body finds the complaint untrue, the proceeding shall be dismissed without cost to the accused. If the municipal governing body finds the complaint to be malicious and without probable cause, the costs shall be paid by the complainant. The municipal governing body or the committee may require the complainant to provide security for such costs before issuing the summons under par. (ar).

(c) *Effect of revocation.* When a license is revoked under this subsection, the revocation shall be recorded by the clerk and no other license issued under this chapter may be granted within 12 months of the date of revocation to the person whose license was revoked. No part of the fee paid for any license so revoked may be refunded.

(d) *Judicial review.* The action of any municipal governing body in granting or failing to grant, suspending or revoking any license, or the failure of any municipal governing body to revoke or suspend any license for good cause, may be reviewed by the circuit court for the county in which the application for the license was issued, upon application by any applicant, licensee or resident of the municipality. The procedure on review shall be the same as in civil actions instituted in the circuit court. The person desiring review shall file pleadings, which shall be served on the municipal governing body in the manner provided in ch. 801 for service in civil actions and a copy of the pleadings shall be served on the applicant or licensee. The municipal governing body, applicant or licensee shall have 20 days to file an answer to the complaint. Following filing of the answer, the matter shall be deemed at issue and hearing may be had within 5 days, upon due notice served upon the opposing party. The hearing shall be before the court without a jury. Subpoenas for witnesses may be issued and their attendance compelled. The decision of the court shall be filed within 10 days after the hearing and a copy of the decision shall be transmitted to each of the parties. The decision shall be binding unless it is appealed to the court of appeals.

(3) REFUSALS BY LOCAL AUTHORITIES TO RENEW LICENSES. A municipality issuing licenses under this chapter may refuse to renew a license for the causes provided in sub. (2) (ag). Prior to the time for the renewal of the license, the municipal governing body or a duly authorized committee of a city council shall notify the licensee in writing of the municipality's intention not to renew the license and provide the licensee with an opportunity for a hearing. The notice shall state the reasons for the intended action. The hearing shall be conducted as provided in sub. (2) (b) and judicial review shall be as provided in sub. (2) (d). If the hearing is held before a committee of a city council, the committee shall make a report and recommendation as provided under sub. (2) (b) 3. and the city council shall follow the procedure specified under that subdivision in making its determination.

(3m) REFUSALS BY LOCAL AUTHORITIES TO ISSUE LICENSES. If a municipal governing body or duly authorized committee of a city council decides not to issue a new license under this chapter, it shall notify the applicant for the new license of the decision not to issue the license. The notice shall be in writing and state the reasons for the decision.

VB Agenda item

Chris Dubak <cdubak@villageofsomerset.us>

Wed 5/15/2024 12:08 PM

To:Tasia Berger <tberger@villageofsomerset.us>

Hi Tasia,
At the last joint meeting, the fire dept requested that we update our ordinance to reflect the reality of their hierarchy. So, I am asking that we include this item on the Village Board consent agenda for May 21st.

Discussion/possible approval - Amendment to ordinance 5-2-1 (f), (g), (h).

I believe either Chris or Brandon will second this item being placed on the agenda. I am working on the exact verbiage and will send it to you soon.

Thank you!
Chris

Get Outlook for Android

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
APG WI LLC

2. Business Trade Name or DBA
Speedway #7843

3. FEIN
93-3048770

4. Wisconsin Seller's Permit Number
456-1031540862-02

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

6. State of Organization
WI

7. Date of Organization
08/23/2023

8. Wisconsin DFI Registration Number
A108616

9. Premises Address
419 Main St.

10. City
Somerset

11. State
WI

12. Zip Code
54025

13. County
St. Croix

14. Governing Municipality: ☐ City ☐ Town ☑ Village of: Somerset

15. Aldermanic District

16. Premises Phone
715-247-3764

17. Premises Email
store7843@dmgcorp.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Alcohol is displayed behind the counter and stored in the back room/office. Beer is sold from the cooler.
Small quantities of extra beer stock may occasionally be stacked on the sales floor.
Monthly records are behind the counter. A year's worth of records are stored in the back room/office.

20. Mailing Address (if different from premises address)
PO BOX 3155

21. City
EAU CLAIRE

22. State
WI

23. Zip Code
54702-3155

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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
PANDIT	RAD	MANAGING PARTNER	(563) 676-0993
CHAUDHRY	ATHER	MANAGER	(301) 980-2576
BOTTOLFSON	TRACY	STORE MANAGER	(715) 247-3764

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.
PANDIT	RAD	

Title	Email	Phone
MANAGING PARTNER	JENNY.MATYSIK@MEGACOOP.COM	(715) 839-5258

Signature	Date
	04/04/24

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-101

Alcohol Beverage Appointment of Agent

Date 4/4/24

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)
APG WI LLC

2. Business Trade Name or DBA
SPEEDWAY #7843

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.
BOTTOLFSON	TRACY	

4. Email	5. Phone
TRACY.BOTTOLFSON@DMGCORP.COM	715-247-3764

6. Home Address
1069 110th Ave

7. City	8. State	9. Zip Code	10. Age
Amery	WI	54001	53

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
B341-8127-0709-09	WI

Part C: Agent Questions

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

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

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

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
PANDIT	RAD	

Title	Email	Phone
MANAGING PARTNER	JENNY.MATYSIK@DMGCORP.COM	(715) 839-5258

Signature	Date

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.
BOTTOLFSON	TRACY	L

Signature	Date
Tracy L Bottolfson	4-4-2024

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 4/4/24

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): APG WI LLC
2. Business Trade Name or DBA: SPEEDWAY #7843
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.
BOTTOLFSON	TRACY	

4. Relationship to Business (Title)	5. Email	6. Phone
AGENT/STORE MANAGER	TRACY.BOTTOLFSON@DMGCORP.COM	715-247-3764

7. Home Address: 1069 110TH AVE

8. City	9. State	10. Zip Code	11. Date of Birth
AMERY	WI	54001	06/09/1970

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
B341-8127-0709-09	WI

Part C: Address History

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

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

Years	Months
21	0

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			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County
MN	Washington						

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
disorderly conduct	Polk county wi	1/2025
Penalty Imposed	**Was sentence completed?** ☑ Yes ☐ No	
monetary		
Law/Ordinance Violated	**Location**	**Conviction Date**
possession of paraphernalia	St Croix county wi	1/2008
Penalty Imposed	**Was sentence completed?** ☑ Yes ☐ No	
monetary		
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
Tracy S Bottolfson	4-4-2024

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 4/4/24

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)
APG WI LLC

2. Business Trade Name or DBA
Speedway #7843

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.
CHAUDHRY	ATHER	S

4. Relationship to Business (Title)	5. Email	6. Phone
MANAGER	ATHER@AZANPETRO.COM	(301) 980-2576

7. Home Address
2412 PEBBLEBROOK CT

8. City	9. State	10. Zip Code	11. Date of Birth
DAVIDSONVILLE	MD	21035	02/21/75

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
MD-10272357459	MD

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

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

Previous Address 1: SAME AS ABOVE.	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
MD	ANNE ARUNDEL						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ 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
	04/04/2024

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information

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

2. Business Trade Name or DBA
DINO STOP #7843

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.
PANDIT	RAD	

4. Relationship to Business (Title)	5. Email	6. Phone
MANAGER	RAD.PANDIT@GMAIL.COM	(563) 676-0993

7. Home Address
5772 NEW CASTLE LN

8. City	9. State	10. Zip Code	11. Date of Birth
BETTENDORF	IA	52722	07/21/71

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
763ZZ9404	IA

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

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: SAME AS ABOVE.			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County
IA	SCOTT						

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

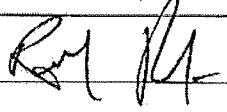
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

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
	04/04/2024

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000177

Letter ID L1796331568

APG WI LLC
2280 EASTRIDGE CTR
EAU CLAIRE WI 54701-3410

Wisconsin Department of Revenue Seller's Permit

Legal/real name:	APG WI LLC
Business name:	SPEEDWAY #7843 419 MAIN ST SOMERSET WI 54025-9633

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031540862-02

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- [X] Class "A" Beer ..... $ 75
- [ ] Class "B" Beer ..... $
- [ ] "Class C" Wine ..... $
- [ ] Reserve "Class B" Liquor $
- [X] "Class A" Liquor ..... $ 400
- [ ] "Class B" Liquor ..... $
- [ ] "Class A" Liquor (Cider Only) $ 0
- [ ] "Class B" (Wine Only) Winery $

License Fees	$ 475
Publication Fee	$ 13
Background Check	$ 7
Total Fees	$ ~~505~~ 495

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
ML Vanasse Inc.

2. Trade Name or DBA
Liquor Depot

3. Premises Address
350 Main Street, Somerset, WI 54025

4. County	5. Municipality	6. Aldermanic District
St. Croix	Somerset	

7. Mailing Address (if different from premises address)
350 Main Street, Somerset, WI 54025

8. FEIN	9. Wisconsin Seller's Permit Number
39-1840466	456000014643 6-03
10. Premises Phone	**11. Premises Email**
(715) 247-5336	maryvallece@comcast.net

12. Entity Type *(check one)*
- [ ] Sole Proprietor
- [ ] Partnership
- [ ] Limited Liability Company
- [X] Corporation
- [ ] Nonprofit Organization

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? ..... [ ] Yes [X] No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	[ ] Add [ ] Remove
First Name	Last Name	
Phone	Title	[ ] Add [ ] Remove
First Name	Last Name	
Phone	Title	[ ] Add [ ] Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information . . . . . ☐ Yes ☒ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary . . . . . ☐ Yes ☒ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? . . . . . ☒ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☒ Yes ☐ No

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

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

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 . . . . . ☐ Yes ☒ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature	Date
Mary Wallace	4/11/24

Name (Last, First, M.I.): Mary Wallace

Title	Email	Phone
President	marywallace@comcast.net	651-428-4460

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of SOMERSET County of St Croix

The undersigned duly authorized officer/member/manager of Liquor Depot
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Liquor Depot
(Trade Name)

located at 350 MAIN ST SOMERSET WI 54025

appoints Ryan M Vanasse
(Name of Appointed Agent)

714 191 ST AVE SOMERSET WI 54025
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 39 YEARS

Place of residence last year 714 191 ST AVE SOMERSET WI 54025

For: Liquor Depot
(Name of Corporation / Organization / Limited Liability Company)

By: Mary Walla
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Ryan M Vanasse, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Ryan M V
(Signature of Agent)

05/02/2024
(Date)

Agent's age 39

714 191 ST AVE SOMERSET WI 54025
(Home Address of Agent)

Date of birth 11/03/84

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ *(Date)* by _____ *(Signature of Proper Local Official)* Title _____ *(Town Chair, Village President, Police Chief)*

Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
ML Vanasse Inc

2. Trade Name or DBA
Liquor Depot

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

Part B: Individual Information

1. Name (Last, First, M.I.)
VANASSE RYAN M

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
	ryanvanasse@yahoo.com	715 222 9210

5. Home Address
714 191 ST AVE

6. City	7. State	8. Zip Code	9. Date of Birth
SOMERSET	WI	54025	11/03/1984

10. Drivers License/State ID Number	11. Drivers License/State ID State of Issuance
V520-7338-4403-03	V520 7338 4403 03 / WI

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
219 RED PINE DR

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
SOMERSET WI 54025	OCT 2014 July 18

Previous Address 2

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
ADOPT TECHNOLOGIES

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
13570 GROVE DR MAPLE GROVE MN 5534	MAY 2012 - PRESENT

Employer's Name

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	9	7

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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
[signature]	05/02/2023

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Somerset Village of
License Period	July 1, 2024 to June 30, 2025

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

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer $ 100.00
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor $ 500.00
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 606.00
Background Check Fee	$ 21.00
Publication Fee	$ 13.00
Total Fees	$ 634.00

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 1074

3. FEIN	4. Wisconsin Seller's Permit Number
39-1036365	456-0000287614-03

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

6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
Wisconsin	October 7, 1964	- - - - -

9. Premises Address
726 Hwy 35

10. City	11. State	12. Zip Code
Somerset	WI	54025

13. County	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: Somerset Village of	15. Aldermanic District
Saint Croix		- - - - -

16. Premises Phone	17. Premises Email	18. Website
715-247-2134	LicensingDept@kwiktrip.com	www.KwikTrip.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

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

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

21. City	22. State	23. Zip Code
La Crosse	WI	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 list of retail store violations.		
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 pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ■ No

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

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

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

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ■ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-793-4741 608-791-7385
Wagner	David	CFO & Treasurer	608-793-4741 608-791-7385
Howard	Allison	Agent	715-559-8488

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.
Zietlow	Scott	P

Title	Email	Phone
CEO & President	LicensingDept@kwiktrip.com	608-791-7385 608-793-4741

Signature	Date
Scott P. Zietlow	April 1, 2024

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-101

Alcohol Beverage Appointment of Agent

Date
04/01/2024

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)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 1074

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.
N/A

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Howard	Allison	J

4. Email	5. Phone
LicensingDept@kwiktrip.com	715 559 8488

6. Home Address
800 Raymond St

7. City	8. State	9. Zip Code	10. Age
Somerset	WI	54025	30

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
H630-0109-4525-09	Wisconsin

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.
Zietlow	Scott	P

Title	Email	Phone
CEO/President	LicensingDept@kwiktrip.com	(608) 791-7385

Signature	Date
Scott P. Zietlow	04/01/24

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.
Howard	Allison	J

Signature	Date
Allison Howard	0402-24

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 04/01/2024

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): Kwik Trip, Inc.

2. Business Trade Name or DBA: Kwik Trip 1074

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.
Howard	Allison	J

4. Relationship to Business (Title)	5. Email	6. Phone
Agent	LicensingDept@kwiktrip.com	715 559 8488

7. Home Address: 800 Raymond St.

8. City	9. State	10. Zip Code	11. Date of Birth
Somerset	WI	54025	01-25-1994

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
H630-0109-4525-09	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
30	

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: 800 Raymond Street	Somerset	WI	54025
Previous Address 2: 754 E 11th Street	New Richmond	WI	54017
Previous Address 3:			
Previous Address 4:			
Previous Address 5:			

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

State	County	State	County	State	County	State	County
WI	St. Croix						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ 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
Alan H D	04-02-24

Village of Somerset
PO Box 356
110 Spring Street
Somerset WI 54025
715-247-3395 / Fax 715-247-5790

Home of the Apple River

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Somerset, Wisconsin — Fee: $7.00

PART "A"

To the governing body of the Village of Somerset, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 2021, inclusive (unless sooner revoked), Fermented Mal Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 30 years of age and (do) (do not) have an arrest for a pending charge (NOTE: If there is a pending arrest, the Clerk may determine the details to see if the charge substantially related to the licensed activity).

Details of pending charge: _____

CHECK ONE:

X I further certify that I have no conviction record.

_____ I certify that I have a conviction record as set forth in Part B.

This information will be used by the licensing authority to determine if the convictions are for offenses the circumstances of which substantially relate to the circumstances of the licensed activity. Reference Section 111.32, 111.322; and 111.325, Wisconsin State Statues.

Birth Date: 1/25/1994

Allison Howard
Signature of Applicant

Part "B"

Answer the following questions fully and completely: Telephone #: 715-559-8488

Name of Applicant: Allison (First) J. (Middle Initial) Howard (Last)

Address of Applicant: 800 Raymond St. (Street) Somerset (City) WI (State) 54025 (Zip)

→ Have you been convicted of any felony? No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

→ Have you been convicted of any **misdemeanor(s)?** ____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

→ Have you been convicted of violating an **Ordinance or other offense (i.e. traffic)?** ____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

→ Have you been convicted of violating any **license law or ordinance regulating the sale of beverages or intoxicating liquors?** ____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

→ **Signature of Applicant** _____ 4-4-24 **Date Sign**

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
4-2-2024

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)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

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.
Zietlow	Scott	P

4. Relationship to Business (Title)	5. Email	6. Phone
CEO & President	LicensingDept@kwiktrip.com	507-285-0074

7. Home Address
1301 7th St. SW

8. City	9. State	10. Zip Code	11. Date of Birth
Rochester	MN	55902	12-14-1957

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
N074-166-295-911	Minnesota

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

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

Previous Address 1: N/A - At current address since 1991	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

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

State	County	State	County	State	County	State	County
MN	Olmsted						
WI	La Crosse						

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
Scott P. Zitthen	4-2-2024

Village of Somerset
PO Box 356
110 Spring Street
Somerset WI 54025
715-247-3395 / Fax 715-247-5790

Home of the Apple River

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Somerset, Wisconsin Fee: $7.00

PART "A"

To the governing body of the Village of Somerset, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 2021, inclusive (unless sooner revoked), Fermented Mal Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 66 years of age and **(do)(do not)** have an arrest for a pending charge (NOTE: If there is a pending arrest, the Clerk may determine the details to see if the charge substantially related to the licensed activity).

Details of pending charge: _____

CHECK ONE:

✔ I further certify that I have no conviction record.

_____ I certify that I have a conviction record as set forth in Part B.

This information will be used by the licensing authority to determine if the convictions are for offenses the circumstances of which substantially relate to the circumstances of the licensed activity. Reference Section 111.32, 111.322, and 111.325, Wisconsin State Statues.

Birth Date: 12-14-1957

Scott P. Zietlow
Signature of Applicant

Part "B"

Answer the following questions fully and completely: Telephone #: 507-285-0074

Name of Applicant	Scott	P	Zietlow
	First	Middle Initial	Last

Address of Applicant	1301 7th St. SW	Rochester	MN	55902
	Street	City	State	Zip

Have you been convicted of any felony? No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of any **misdemeanor(s)?** _____ Yes ✔ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating an **Ordinance or other offense (i.e. traffic)?** _____Yes ✔ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating any **license law or ordinance regulating the sale of beverages or intoxicating liquors?** _____ Yes ✔ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Scott P. Fiddler

Signature of Applicant

4-4-2024

Date Sign

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
4-2-2024

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)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

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.
Wagner	David	P

4. Relationship to Business (Title)	5. Email	6. Phone
CFO & Treasurer	LicensingDept@kwiktrip.com	608-780-3484

7. Home Address
W4460 Ober Rd.

8. City	9. State	10. Zip Code	11. Date of Birth
Stoddard	WI	54658	10-5-1965

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
W256-1756-5365-00	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
Entire Life	

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: N/A - At current address since October 2006			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

State	County	State	County	State	County	State	County
~~MN~~	~~Olmsted~~						
WI	La Crosse						

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

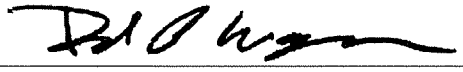
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

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
	4-2-2024

Village of Somerset
PO Box 356
110 Spring Street
Somerset WI 54025
715-247-3395 / Fax 715-247-5790

Home of the Apple River

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Somerset, Wisconsin Fee: $7.00

PART "A"

To the governing body of the Village of Somerset, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 2024 inclusive (unless sooner revoked), Fermented Mal Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 58 years of age and **(do)(do not)** have an arrest for a pending charge (NOTE: If there is a pending arrest, the Clerk may determine the details to see if the charge substantially related to the licensed activity).

Details of pending charge: _____

CHECK ONE:

✔ I further certify that I have no conviction record.

_____ I certify that I have a conviction record as set forth in Part B.

This information will be used by the licensing authority to determine if the convictions are for offenses the circumstances of which substantially relate to the circumstances of the licensed activity. Reference Section 111.32, 111.322, and 111.325, Wisconsin State Statues.

Birth Date: 10-5-1965

Signature of Applicant

Part "B"

Answer the following questions fully and completely: Telephone #: 608-793-6216

Name of Applicant David (First) P. (Middle Initial) Wagner (Last)

Address of Applicant W4460 Ober Rd (Street) Stoddard (City) WI (State) 54658 (Zip)

Have you been convicted of any felony? No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of any **misdemeanor(s)?** _____ Yes ✔ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating an **Ordinance or other offense (i.e. traffic)?** _____Yes ✔ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating any **license law or ordinance regulating the sale of beverages or intoxicating liquors?** _____ Yes ✔ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

4-4-2024

Date Sign

Form **AT-115**

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- ☐ Class "A" Beer ..... $_____
- ☒ Class "B" Beer $100
- ☐ "Class C" Wine ..... $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor ..... $_____
- ☑ "Class B" Liquor $500
- ☐ "Class A" Liquor (Cider Only) $_____
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$ 600
Publication Fee	$
Background Check	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
General Sam's Inc

2. Trade Name or DBA
General Sam's

3. Premises Address
710 Spring Street Somerset WI 54025

4. County
St. Croix

5. Municipality
Village of Somerset

6. Aldermanic District

7. Mailing Address (if different from premises address)
PO Box 449 Somerset, WI 54025

8. FEIN
20-1373365

9. Wisconsin Seller's Permit Number
456-0002839708-03

10. Premises Phone
715-760-0421

11. Premises Email
kmontpetit829@gmail.com

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

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.
See attached maps

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? ..... ☐ Yes ☒ No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information ☐ Yes ☒ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary ☐ Yes ☒ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? ☒ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☒ Yes ☐ No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 ☐ Yes ☒ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature	Date
[signature]	4-15-2024

Name (Last, First, M.I.): Montpetit, John, L

Title	Email	Phone
President	kmontpetit829@gmail.com	715-760-0421

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

VILLAGE OF SOMERSET
Beer Garden Application

Applicant Information:
Name: John Montpetit
Company: General Sams Inc
Company Address: 710 Spring St
Somerset, WI 54025
Phone No.: 715.760.0421

Description of Property to be used:
*Cement patio *blacktop on all 4 sides of building *trading post *30 acres at Floatsite *La Pointe Building *40 acre Field

Date(s): Year round

Estimate of number of users, participant and spectators for the event:
5000

Hours of Operation: 8am - 2am weekdays / 8am - 2:30am weekends

Noise Control: Security

Plan for Maintaining Cleanliness:
Janitors & Staff

The following must be submitted with the application as an attachment:
Site Plan
Permit Fee

Village use only

Date Submitted: _____

Date reviewed by Public Safety: _____

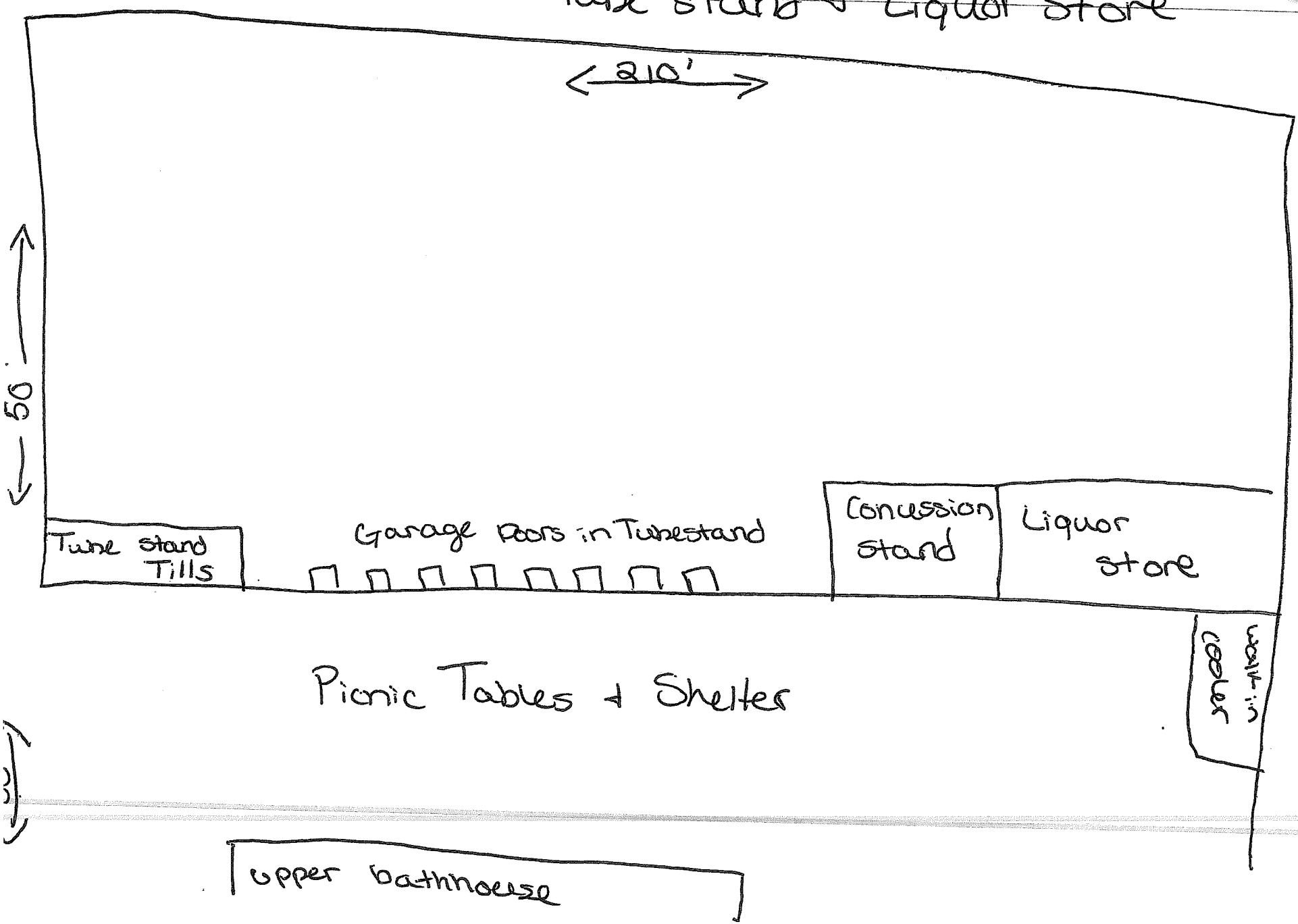
Date reviewed by Village Board: _____

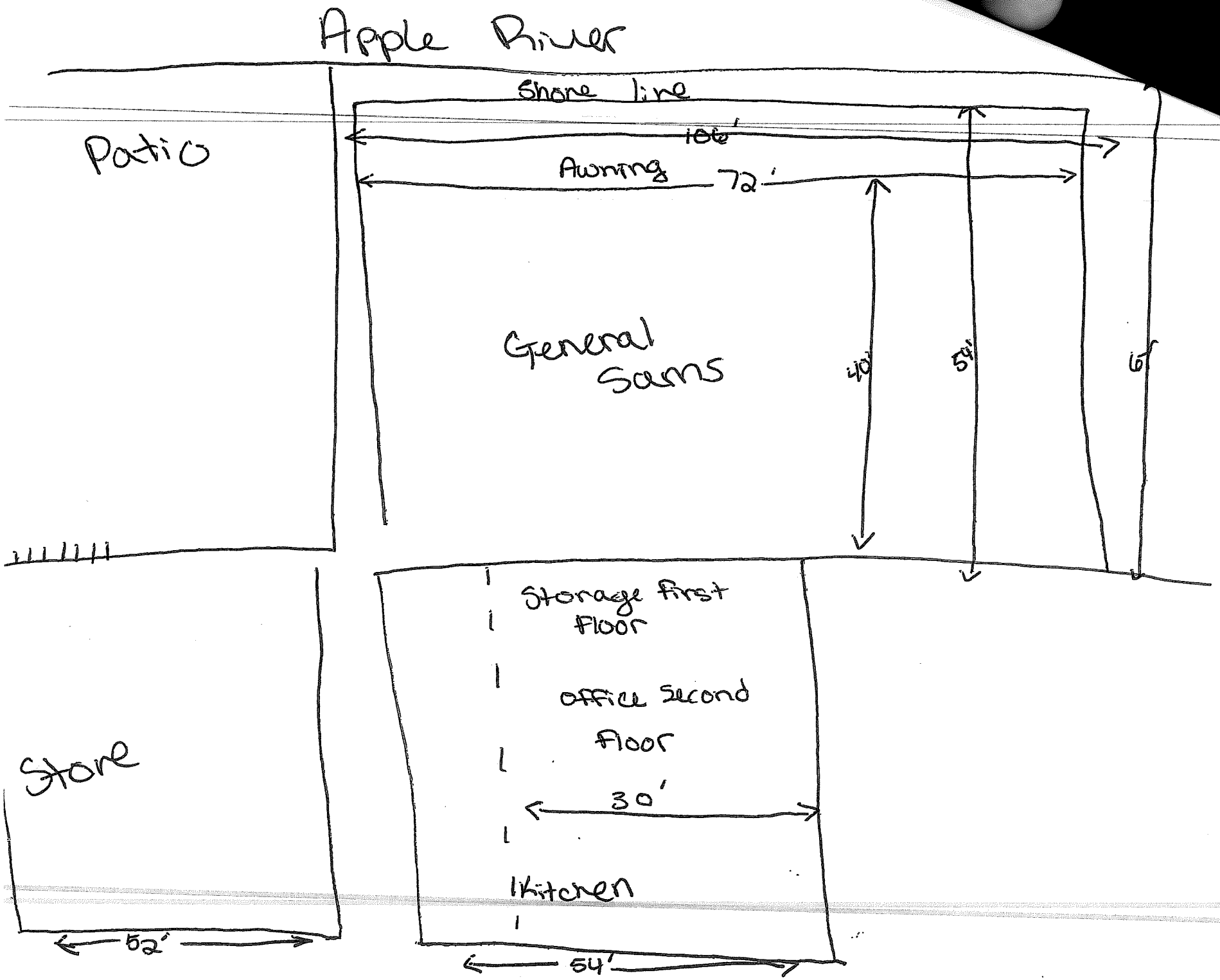
Date Approved: _____ Date Disapproved: _____

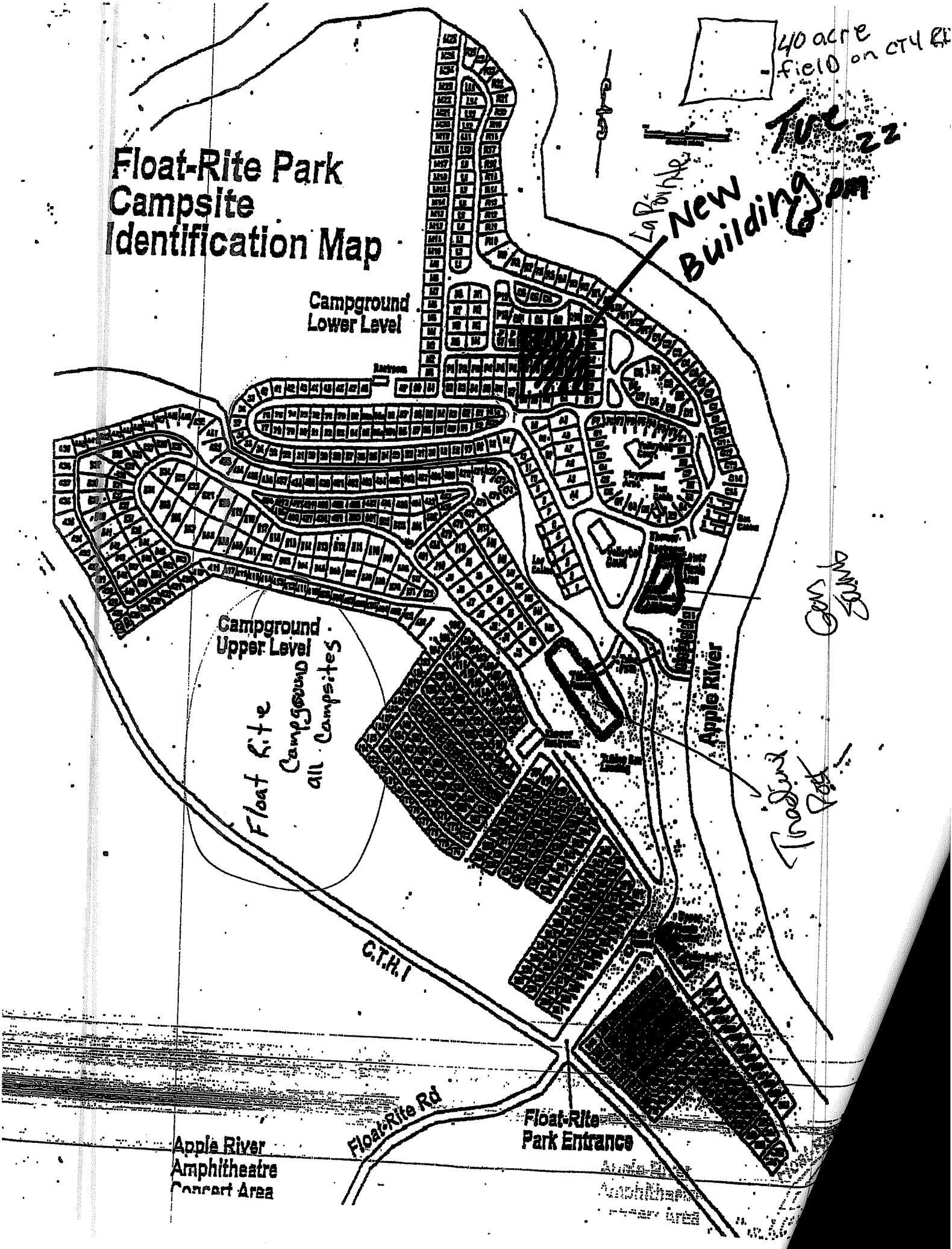
Permit Expiration Date: _____ Date Fee Paid: _____

Permit Fee $20.00

Float Rite Tube stand + Liquor Store




Apple River
Shore line
Patio
Awning
72'
General Sams
40'
54'
65'
Storage first floor
office second floor
30'
Kitchen
Store
52'
54'


Float-Rite Park
Campsite
Identification Map
Campground
Lower Level
Campground
Upper Level
Float Rite
Campground
all Campsites
Apple River
C.T.H. I
Float-Rite Rd
Float-Rite
Park Entrance
Apple River
Amphitheatre
Concert Area
40 acre
field on CTH I
Tue 22
New
Building
6 pm

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- ☐ Class "A" Beer ..... $_____
- ☒ Class "B" Beer $100
- ☐ "Class C" Wine ..... $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor ..... $_____
- ☒ "Class B" Liquor $500
- ☐ "Class A" Liquor (Cider Only) $_____
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$ 600
Publication Fee	$
Background Check	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Apple River Solutions LLC

2. Trade Name or DBA
Apple River Liquor

3. Premises Address
520 main st. Somerset WI 54025

4. County
St. Croix

5. Municipality
Somerset

6. Aldermanic District

7. Mailing Address (if different from premises address)

8. FEIN
45-2414614

9. Wisconsin Seller's Permit Number
456-1027386672-02

10. Premises Phone
715-247-2478

11. Premises Email
appleriverliquor@gmail.com

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

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.
Liquor Store, the whole building is used for sales, ☐

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? ..... ☐ Yes ☒ No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information ☐ Yes ☒ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary ☐ Yes ☒ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? ☒ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☒ Yes ☐ No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 ☐ Yes ☒ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature: Rebecca Lynn Neumann	Date: 4/16/24
Name (Last, First, M.I.): Neumann, Rebecca L	
Title: owner/agent	Email: appleriverliquor@gmail.com
	Phone: 612-669-6461

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Somerset County of St. Croix

The undersigned duly authorized officer/member/manager of Apple River Solutions LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Apple River Liquor
(Trade Name)

located at 570 main St. Somerset WI 54025

appoints Rebecca Neumann
(Name of Appointed Agent)

646 222nd Ave Somerset WI 54025
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 41 years

Place of residence last year 646 222nd Ave Somerset WI 54025

For: Apple River Solutions, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Rebecca Neumann
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Rebecca Neumann, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Rebecca Neumann 4-17-24 Agent's age 41
(Signature of Agent) *(Date)*

646 222nd Ave Somerset WI 54025 Date of birth 1-11-83
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Date

Form **AT-103**

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor): Apple River Liquor Solutions LLC
2. Trade Name or DBA: Apple River Liquor
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.): Neumann, Rebecca L
2. Relationship to Registered Entity (Title): owner, manager
3. Email: appleriverliquor@gmail.com
4. Phone: 612-669-6461
5. Home Address: 646 222nd Ave
6. City: Somerset
7. State: WI
8. Zip Code: 54025
9. Date of Birth: 1-11-83
10. Drivers License/State ID Number: WI N550-7328-3511-09
11. Drivers License/State ID State of Issuance:

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1: 236 Balsam Drive
Previous City, State, Zip: Somerset WI 54025
Dates (MM/YYYY - MM/YYYY): 10/15 - 11/19
Previous Address 2:
Previous City, State, Zip:
Dates (MM/YYYY - MM/YYYY):

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name: Apple River Liquor / Becky Neumann, self-employed
Employer's Address: 520 main St.
Dates Employed (MM/YYYY - MM/YYYY): 2009 - present
Employer's Name:
Employer's Address:
Dates Employed (MM/YYYY - MM/YYYY):

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☒ No

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 41	Months 4

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 Rebecca Neumann	Date 4/17/24

VILLAGE OF SOMERSET

Beer Garden Application

Applicant Information:

Name: Rebecca Neumann

Company: Apple River Liquor

Company Address: 520 main St.
Somerset WI 54025

Phone No.: (715) 247-2478

Description of Property to be used: West side of building on blacktop area

Date(s): July 1st 2024 – June 30, 2025

Estimate of number of users, participant and spectators for the event: 100

Hours of Operation: 10am - 9pm

Noise Control: small radio, security

Plan for Maintaining Cleanliness: plenty of garbage cans, clean every night plenty of staff

The following must be submitted with the application as an attachment:

Site Plan

Permit Fee

Village use only

Date Submitted: _____

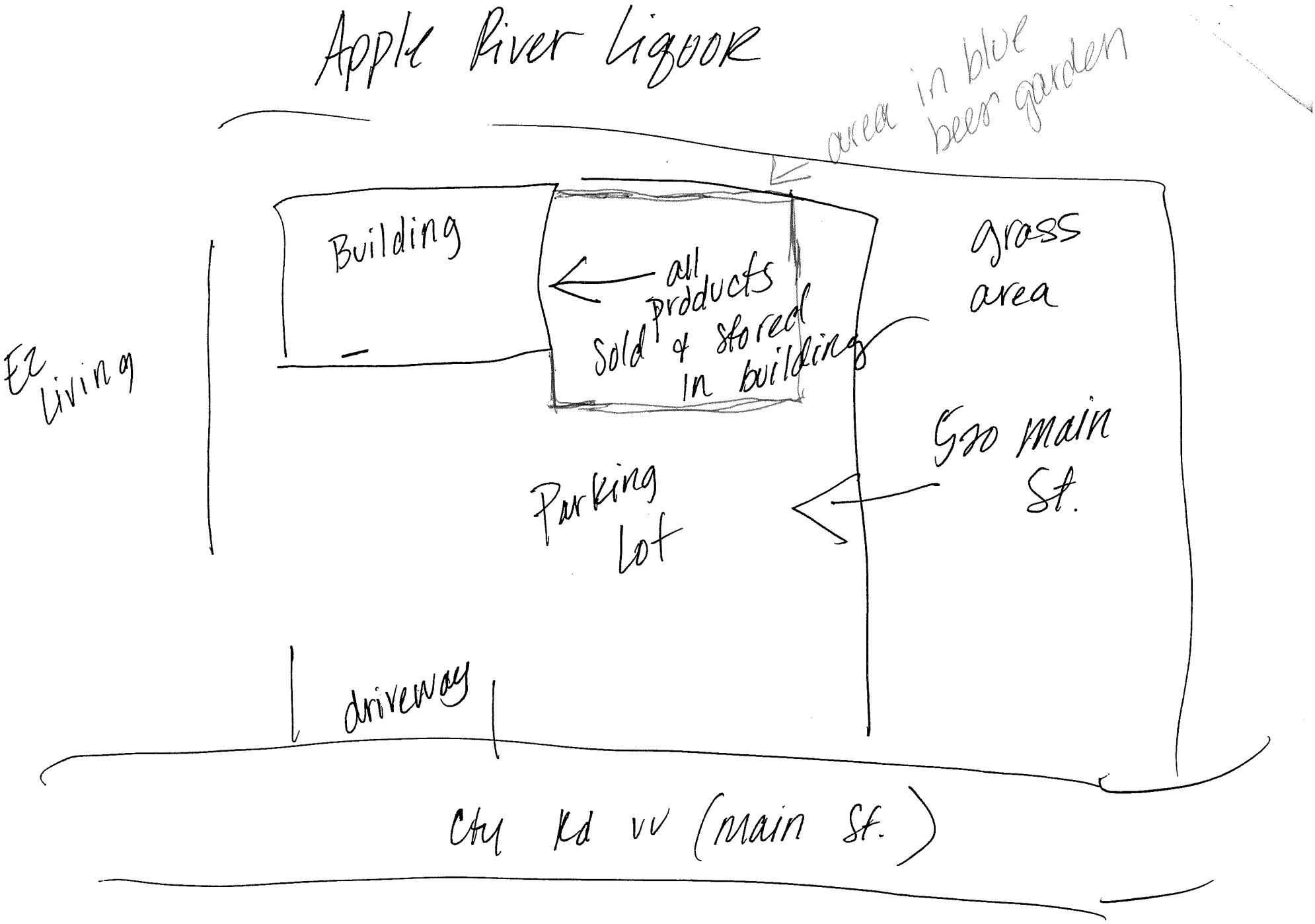
Date reviewed by Public Safety: _____

Date reviewed by Village Board: _____

Date Approved: _____ Date Disapproved: _____

Permit Expiration Date: _____ Date Fee Paid: _____

Permit Fee $20.00


Apple River Liquor
area in blue
beer garden
Building
all products sold & stored in building
grass area
Ez Living
Parking Lot
Gso main St.
driveway
Cty Rd VV (main St.)

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- ☐ Class "A" Beer ..... $_____
- ☒ Class "B" Beer ..... $ 100.00
- ☐ "Class C" Wine ..... $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor ..... $_____
- ☒ "Class B" Liquor ..... $ 500.00
- ☐ "Class A" Liquor (Cider Only) $_____
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$
Publication Fee	$
Background Check	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
MAJ Inc
2. Trade Name or DBA
Sportsman's Bar + Grill
3. Premises Address
217 Main Street Somerset WI 54025

4. County	5. Municipality	6. Aldermanic District
St. Croix Co		

7. Mailing Address (if different from premises address)
PO Box 238 Somerset WI 54025

8. FEIN	9. Wisconsin Seller's Permit Number
39-1817387	456-0000509015-03
10. Premises Phone	**11. Premises Email**
247-5174	edandmissi@somtel.net

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

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.
1 story wood-framed Building - full basement
Kitchen + dining room - corner of Spring + Main Street

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? ..... ☐ Yes ☒ No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information ☐ Yes ☒ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary ☐ Yes ☒ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? ☒ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☒ Yes ☐ No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 ☐ Yes ☒ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature	Date
X Melissa A. Fazekas	4/17/2024

Name (Last, First, M.I.)
Fazekas Melissa Ann

Title	Email	Phone
Owner	edandmissi@somtel.net	715-760-1097

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	**License number**	**Date license issued**
Signature of Clerk/Deputy Clerk		

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Somerset County of St. Croix Co

The undersigned duly authorized officer/member/manager of MAS Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Sportsman's Bar + Grill
(Trade Name)

located at 217 Main Street Somerset WI 54025

appoints Edward Lloyd Fazekas
(Name of Appointed Agent)

1958 Riverview Lane Somerset WI 54025
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 28 years

Place of residence last year 1958 Riverview Lane Somerset WI 54025

For: MAS Inc
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Edward Fazekas, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

X _____ 4/17/2024 Agent's age 60
(Signature of Agent) *(Date)*

1958 Riverview Lane Somerset WI 54025 Date of birth 10/18/63
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
MAJ Inc

2. Trade Name or DBA
Sportsman's Bar + Grill

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

Part B: Individual Information

1. Name (Last, First, M.I.)
Fazekas Melissa Ann

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
President	edandmissi@samtel.net	715-760-1097

5. Home Address
1958 Riverview Lane

6. City	7. State	8. Zip Code	9. Date of Birth
Somerset	WI	54025	4/17/66

10. Drivers License/State ID Number	11. Drivers License/State ID State of Issuance
F222-5446-6637-04	

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
1958 Riverview Lane

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Somerset WI 54025	1995 to present

Previous Address 2

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
Sportsmans

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
217 Main St. Somerset WI 54025	1995 to present

Employer's Name

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	58years	

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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
X Melissa A. Lazekas	4/17/2024

VILLAGE OF SOMERSET

Beer Garden Application

Applicant Information:

Name: Melissa Fazekas

Company: Sportsmans

Company Address: 217 Main St
Somerset WI 54025

Phone No.: 715-247-5174

Description of Property to be used:

See attached papers

Date(s): Year round

Estimate of number of users, participant and spectators for the event:

50 or less

Hours of Operation: Monday-Thursday 11:30AM to 2:00AM Friday 11:30AM to 2:30AM
Sat-Sun 8AM to 2:30 AM

Noise Control: _____

Plan for Maintaining Cleanliness:

Sportsman's Staff

The following must be submitted with the application as an attachment:

Site Plan
Permit Fee

Village use only

Date Submitted: _____

Date reviewed by Public Safety: _____

Date reviewed by Village Board: _____

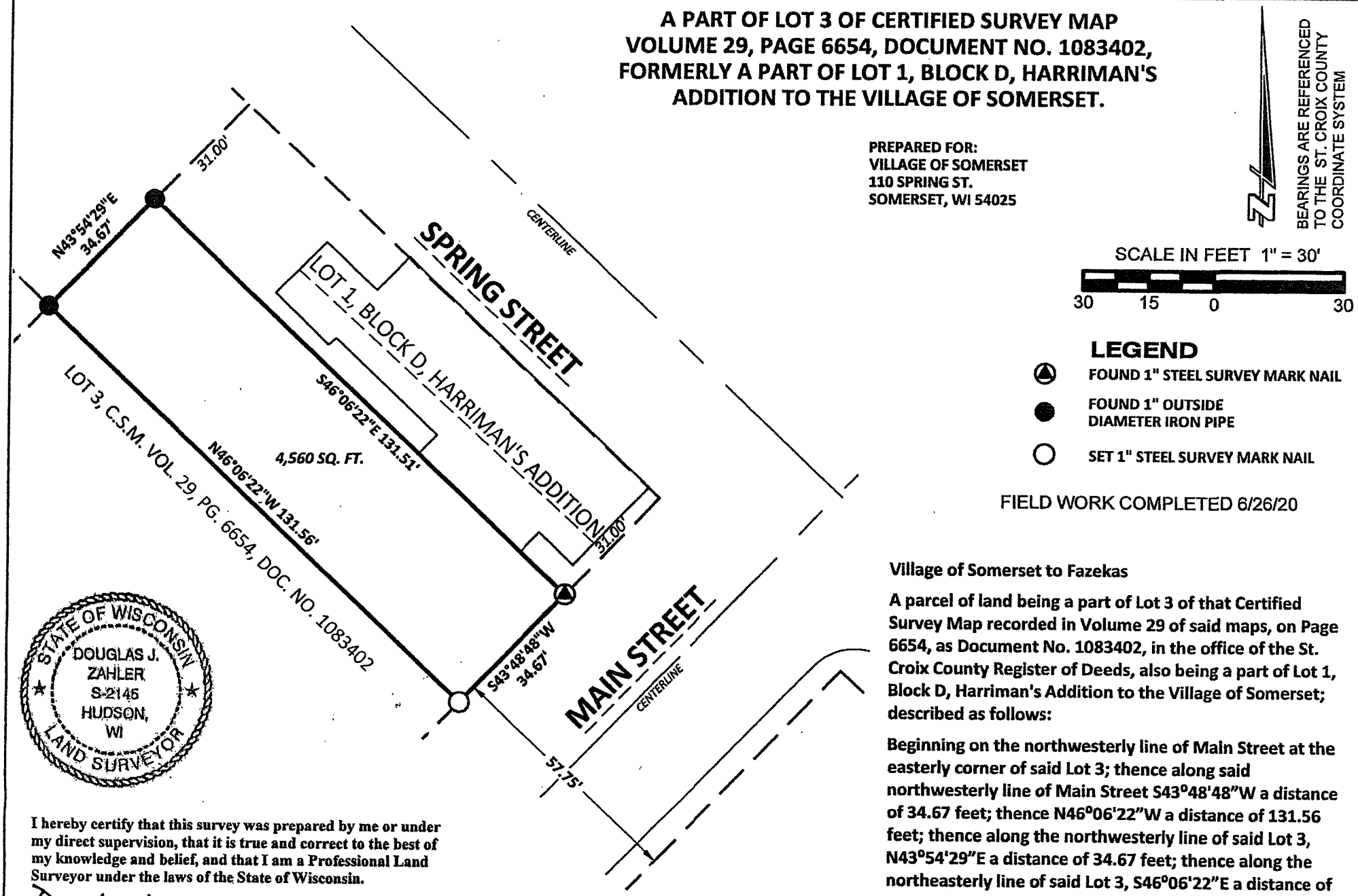
Date Approved: _____ Date Disapproved: _____

Permit Expiration Date: _____ Date Fee Paid: _____

Permit Fee $20.00

A PART OF LOT 3 OF CERTIFIED SURVEY MAP VOLUME 29, PAGE 6654, DOCUMENT NO. 1083402, FORMERLY A PART OF LOT 1, BLOCK D, HARRIMAN'S ADDITION TO THE VILLAGE OF SOMERSET.

PREPARED FOR:
VILLAGE OF SOMERSET
110 SPRING ST.
SOMERSET, WI 54025



FIELD WORK COMPLETED 6/26/20

Village of Somerset to Fazekas

A parcel of land being a part of Lot 3 of that Certified Survey Map recorded in Volume 29 of said maps, on Page 6654, as Document No. 1083402, in the office of the St. Croix County Register of Deeds, also being a part of Lot 1, Block D, Harriman's Addition to the Village of Somerset; described as follows:

Beginning on the northwesterly line of Main Street at the easterly corner of said Lot 3; thence along said northwesterly line of Main Street S43°48'48"W a distance of 34.67 feet; thence N46°06'22"W a distance of 131.56 feet; thence along the northwesterly line of said Lot 3, N43°54'29"E a distance of 34.67 feet; thence along the northeasterly line of said Lot 3, S46°06'22"E a distance of 131.51 feet to the point of beginning. Containing 4,560 square feet of land.

STATE OF WISCONSIN
DOUGLAS J. ZAHLER
S-2145
HUDSON, WI
LAND SURVEYOR

I hereby certify that this survey was prepared by me or under my direct supervision, that it is true and correct to the best of my knowledge and belief, and that I am a Professional Land Surveyor under the laws of the State of Wisconsin.

Douglas J. Zahler

Douglas J. Zahler, PLS No. 2145
Auth Consulting & Associates
2920 Enloe St. Suite 101
Hudson, WI 54016
(715) 386-2007

01/23/20
Date

Village of Somerset to Fazekas

A parcel of land being a part of Lot 3 of that Certified Survey Map recorded in Volume 29 of said maps, on Page 6654, as Document No. 1083402, in the office of the St. Croix County Register of Deeds, also being a part of Lot 1, Block D, Harriman's Addition to the Village of Somerset; described as follows:

Beginning on the northwesterly line of Main Street at the easterly corner of said Lot 3; thence along said northwesterly line of Main Street S43°48'48"W a distance of 34.67 feet; thence N46°06'22"W a distance of 131.56 feet; thence along the northwesterly line of said Lot 3, N43°54'29"E a distance of 34.67 feet; thence along the northeasterly line of said Lot 3, S46°06'22"E a distance of 131.51 feet to the point of beginning. Containing 4,560 square feet of land.

Form **AT-115**

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested BEER GARDEN -$20.00

- ☐ Class "A" Beer ..... $_____
- ☐ Class "B" Beer $100.00
- ☐ "Class C" Wine ..... $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor ..... $_____
- ☐ "Class B" Liquor $500.00
- ☐ "Class A" Liquor (Cider Only) $_____
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$
Publication Fee	$ 13.00
Background Check	$ 7.00
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
PATRICK and SUSAN Ring LLC / PSR Properties

2. Trade Name or DBA
Rendezvous

3. Premises Address
220 Main Street

4. County
St. Croix

5. Municipality
Village of Somerset

6. Aldermanic District

7. Mailing Address (if different from premises address)
PO Box 310 Somerset WI 54025

8. FEIN
82-2008903

9. Wisconsin Seller's Permit Number
456-1029475534-02

10. Premises Phone
715.247.5371

11. Premises Email
rendezvous@somtel.net

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

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.
Concrete structure including patio, not including garage or apartments - See attached diagram.

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? ☐ Yes ☒ No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information ☐ Yes ☒ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary ☐ Yes ☒ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? ☒ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☒ Yes ☐ No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 ☐ Yes ☒ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature	Date
Patrick T. Ring	4.8.2024

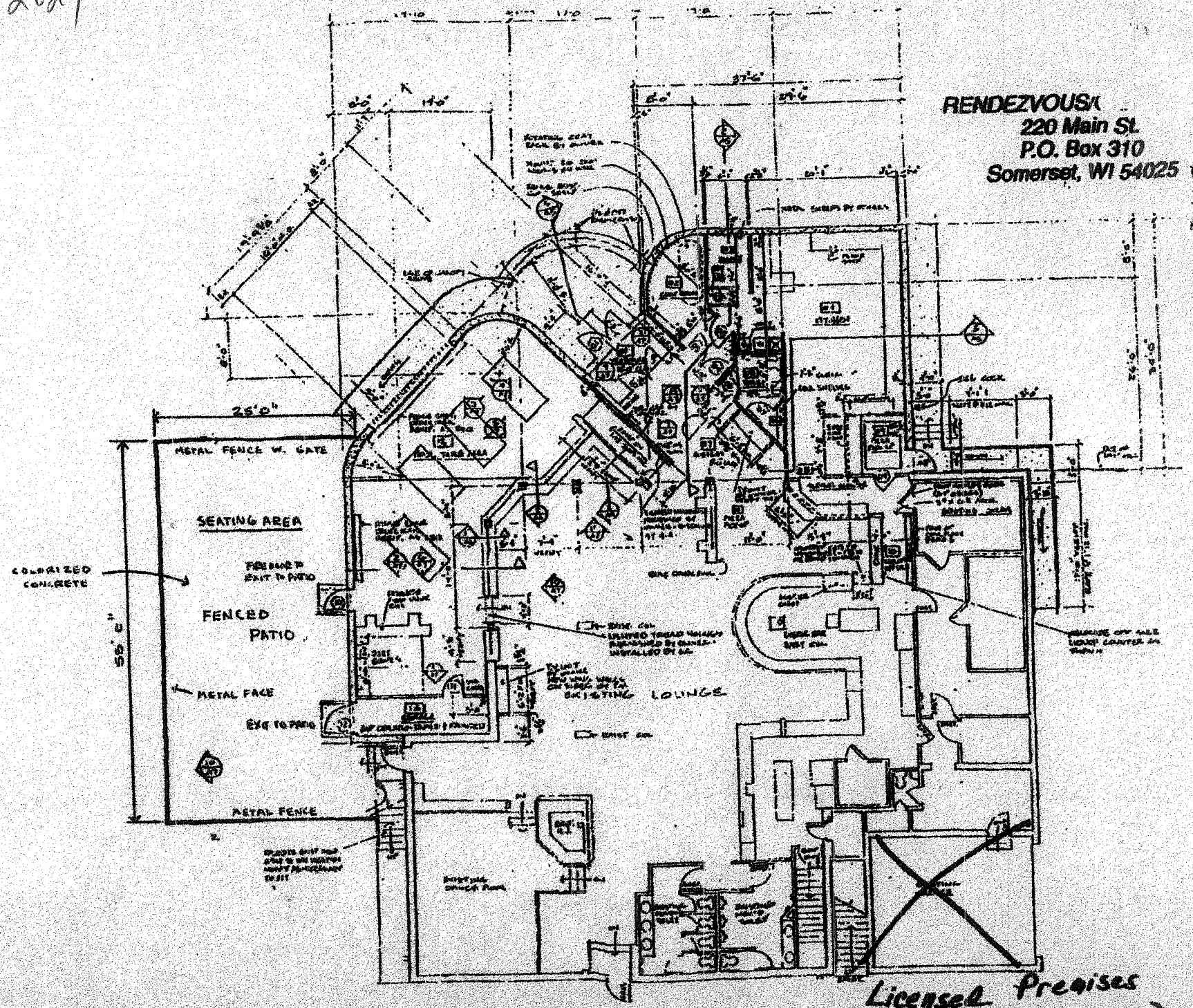
Name (Last, First, M.I.): Ring Patrick T.

Title	Email	Phone
President	rendezvous@somtel.net	715.241.5371

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

2024


RENDEZVOUS
220 Main St.
P.O. Box 310
Somerset, WI 54025
25'0"
METAL FENCE W. GATE
SEATING AREA
COLORIZED CONCRETE
FENCED PATIO
55'0"
METAL FACE
EXIT TO PATIO
METAL FENCE
EXISTING LOUNGE
Licensed Premises
(Excluding Garage)
FLOOR PLAN

VILLAGE OF SOMERSET
Beer Garden Application

Applicant Information:
Name: Patrick T. Ring
Company: Rendezvous
Company Address: 110 Main St.
Phone No.: 715-247-5311

Description of Property to be used:
Attached - Patio on South Side - Blueprint attached

Date(s): 7-1-2024 to 6-30-2025

Estimate of number of users, participant and spectators for the event:
Annual Permit

Hours of Operation: weekday 10AM-2AM weekends 10AM-230AM

Noise Control: Staff to Monitor

Plan for Maintaining Cleanliness:
Pressure Wash

The following must be submitted with the application as an attachment:
Site Plan
Permit Fee

Village use only

Date Submitted: _____

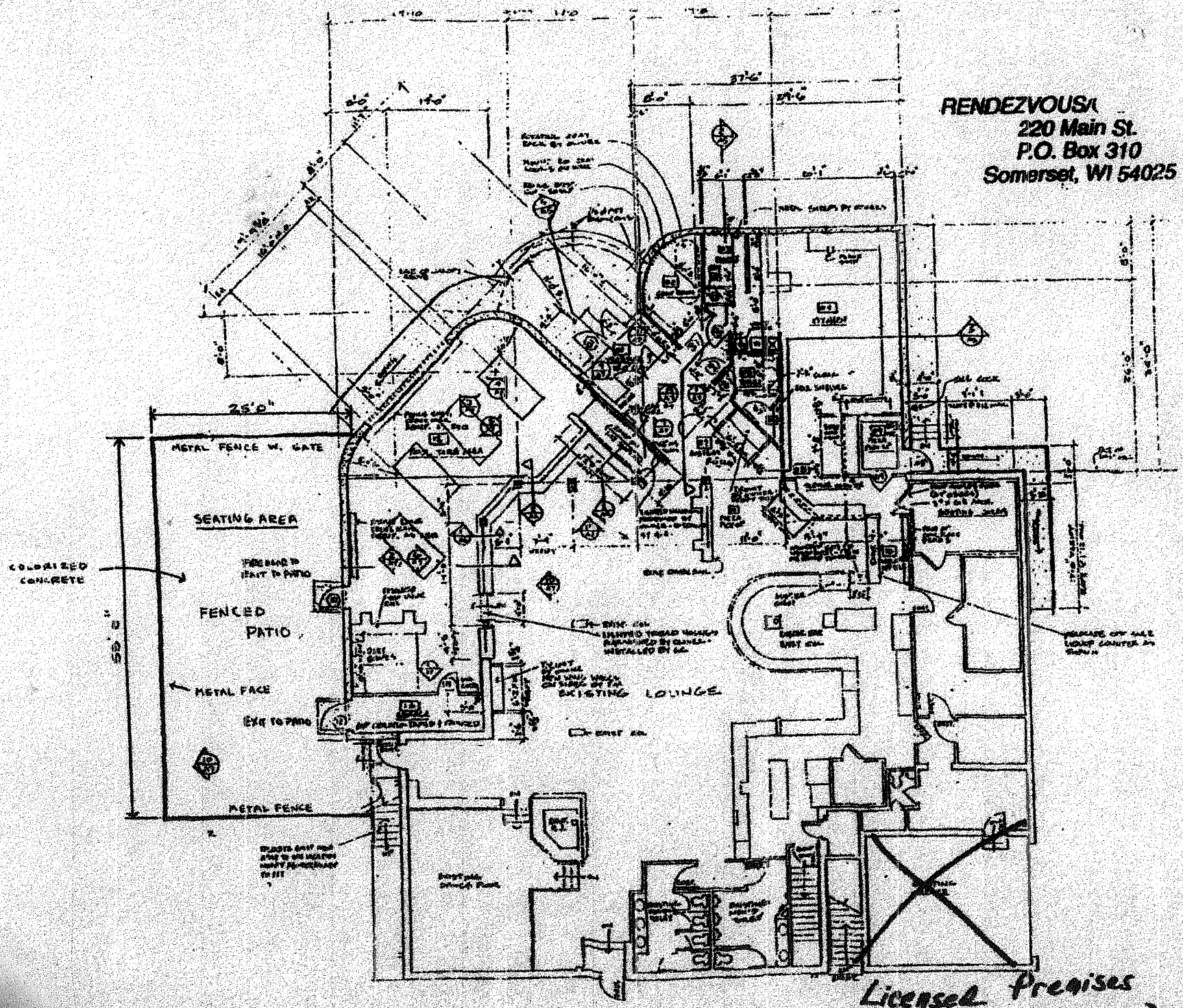
Date reviewed by Public Safety: _____

Date reviewed by Village Board: _____

Date Approved: _____ Date Disapproved: _____

Permit Expiration Date: _____ Date Fee Paid: _____

Permit Fee $20.00


RENDEZVOUS
220 Main St.
P.O. Box 310
Somerset, WI 54025
25'-0"
METAL FENCE W. GATE
SEATING AREA
COLORIZED CONCRETE
FENCED PATIO
50'-0"
METAL FACE
EXIT TO PATIO
METAL FENCE
EXISTING LOUNGE
KITCHEN
Licensed Premises
(Excluding Garage)

FLOOR PLAN

2024 - 2025

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Somerset County of St. Croix

The undersigned duly authorized officer/member/manager of Patrick and Susan Ring LLC / PSR Properties
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Rendezvous
(Trade Name)

located at 220 Main Street Somerset WI 54025

appoints Patrick T. Ring
(Name of Appointed Agent)

1785 Hillcrest Drive PO Box 310 Somerset WI 54025
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 50+ years

Place of residence last year Same as above

For: Patrick and Susan Ring LLC / PSR Properties LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Patrick T. Ring
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Patrick T. Ring, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Patrick T Ring 4-8-2024 Agent's age 57
(Signature of Agent) (Date)

1785 Hillcrest Drive Po Box 310 Somerset WI 54025 Date of birth 03-09-1967
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Somerset, Wisconsin Fee: $7.00

PART "A"

To the governing body of the Village of Somerset, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20__, inclusive (unless sooner revoked), Fermented Mal Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 57 years of age and **(do)(do not)** have an arrest for a pending charge (NOTE: If there is a pending arrest, the Clerk may determine the details to see if the charge substantially related to the licensed activity).

Details of pending charge: _____

CHECK ONE:

X I further certify that I have no conviction record.

_____ I certify that I have a conviction record as set forth in Part B.

This information will be used by the licensing authority to determine if the conviction are for offenses the circumstances of which substantially relate to the circumstances of the licensed activity. Reference Section 111.32, 111.322, and 111.325, Wisconsin State Statues.

Birth Date: 03-09-1967

Patrick T. Ring
Signature of Applicant

Part "B"

Answer the following questions fully and completely: Telephone #: 715-247-5844 - H.

Name of Applicant Patrick (First) T. (Middle Initial) Ring (Last)

Address of Applicant 1785 Hillcrest Drive (Street) Po Box 310 Somerset (City) WI (State) 54025 (Zip)

Have you been convicted of any felony? No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of any **misdemeanor(s)?** _____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating an **Ordinance or other offense (i.e. traffic)?** X Yes _____ No

Date(s) of such conviction(s) Speeding - 2019 yr.

Name of Court(s) _____

Nature of Offense(s) Speeding

Have you been convicted of violating any **license law or ordinance regulating the sale of beverages or intoxicating liquors?** _____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Patrick T. Reily
Signature of Applicant

04-8-2024
Date Signed

Form
AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

☐ Class "A" Beer	$	☐ "Class A" Liquor	$
☑ Class "B" Beer	$ 100.00	☑ "Class B" Liquor	$ 500.00
☐ "Class C" Wine	$	☐ "Class A" Liquor (Cider Only)	$ 0
☐ Reserve "Class B" Liquor	$	☐ "Class B" (Wine Only) Winery	$

License Fees	$600.00
Publication Fee	$13.00
Background Check	$
Total Fees	$613.00

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Somerstar Entertainment, LLC

2. Trade Name or DBA
Somerset Amphitheater

3. Premises Address
715 Spring Street

4. County	5. Municipality	6. Aldermanic District
St. Croix	Somerset	

7. Mailing Address (if different from premises address)
900 Wayzata Blvd E, Suite 130

8. FEIN	9. Wisconsin Seller's Permit Number
38-3839572	456-1027503270-02
10. Premises Phone	**11. Premises Email**
(715) 334-9080	lynne@somersetamp.com

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

13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? ☐ Yes ☑ No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove
First Name	Last Name	
Phone	Title	☐ Add ☐ Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information ☐ Yes ☑ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary ☐ Yes ☑ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? ☑ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☑ Yes ☐ No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 ☐ Yes ☑ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature	Date
R Matt Mithun	04/09/24

Name (Last, First, M.I.)
Mithun, Raymond M.

Title	Email	Phone
Owner	matt@somersetamp.com	(952) 473-6422

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	**License number**	**Date license issued**
Signature of Clerk/Deputy Clerk		

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)
Somerstar Entertainment, LLC

2. Business Trade Name or DBA
Somerset Amphitheater

3. FEIN	4. Wisconsin Seller's Permit Number
38-3839572	456-1027503270-02

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

6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
DE	03/28/2011	

9. Premises Address (do not use PO Box)
715 Spring Street

10. City	11. State	12. Zip Code
Somerset	MN	54025

13. County	14. Governing Municipality: ☐ City ☐ Town ☑ Village	15. Aldermanic District
St. Croix	of: Somerset	

16. Mailing Address (if different from premises address)
900 Wayzata Blvd E, Suite 130

17. City	18. State	19. Zip Code
Wayzata	MN	55391

20. Premises Phone	21. Premises Email	22. Website
(715) 334-9080	lynne@somersetamp.com	www.somersetamphitheater.com

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.

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
Mithun	Raymond	Owner	(952) 473-6422

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
R. Matt Mithun	04/09/2024

Name (Last, First, M.I.)
Mithun, Raymond M.

Title	Email	Phone
Owner	matt@somersetamp.com	(952) 473-6422

Part E: For Clerk Use Only

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

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Somerset County of St. Croix

The undersigned duly authorized officer/member/manager of Somerstar Entertainment, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Somerset Amphitheater
(Trade Name)

located at 715 Spring Street

appoints EJ Lallier
(Name of Appointed Agent)

1330 157th Ave, New Richmond, WI 54017
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? since 1985

Place of residence last year 1330 157th Ave, New Richmond, WI 54017

For: Somerstar Entertainment, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, EJ Lallier, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 5-13-24 Agent's age 61
(Signature of Agent) *(Date)*

1330 157th Ave New Richmond WI 54017 Date of birth 01/16/1963
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☐ City of Somerset County of St Croix

The undersigned duly authorized officer/member/manager of _____
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

_____
(Trade Name)

located at _____

appoints _____
(Name of Appointed Agent)

_____
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

_____

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year _____

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, EJ Lallier, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

_____ 5-13-24 Agent's age 61
(Signature of Agent) *(Date)*

1330 157th Ave New Richmond WI 54017 Date of birth 01/16/1963
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
Somerstar Entertainment LLC

2. Trade Name or DBA

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

Part B: Individual Information

1. Name (Last, First, M.I.)
Lallier Eugene J.

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
	ejlallier@livenation.com	612-889-5831

5. Home Address
1330 157th Ave

6. City	7. State	8. Zip Code	9. Date of Birth
New Richmond	WI	54017	01/16/1963

10. Drivers License/State ID Number	11. Drivers License/State ID State of Issuance
LA60-2106-3016-02	WI

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
Brown Plumbing

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
	2007-2010

Employer's Name
Liberty Plumbing

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
	1997-2007

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 39	Months

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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
[signature]	5-13-24

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Somerset, Wisconsin Fee: $7.00

PART "A"

To the governing body of the Village of Somerset, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 2022, inclusive (unless sooner revoked), Fermented Mal Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 61 years of age and **(do)** (**do not**) have an arrest for a pending charge (NOTE: If there is a pending arrest, the Clerk may determine the details to see if the charge substantially related to the licensed activity).

Details of pending charge: _____

CHECK ONE:

X I further certify that I have no conviction record.

_____ I certify that I have a conviction record as set forth in Part B.

This information will be used by the licensing authority to determine if the convictions are for offenses the circumstances of which substantially relate to the circumstances of the licensed activity. Reference Section 111.32, 111.322, and 111.325, Wisconsin State Statues.

Birth Date: 01/16/1963

Signature of Applicant

Part "B"

Answer the following questions fully and completely: Telephone #: 612-889-5831

Name of Applicant Eugene (First) J. (Middle Initial) Lallier (Last)

Address of Applicant 1330 157th Ave (Street) New Richmond (City) WI (State) 54017 (Zip)

Have you been convicted of any felony? No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of any **misdemeanor(s)?** _____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating an **Ordinance or other offense (i.e. traffic)?** _____Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Have you been convicted of violating any **license law or ordinance regulating the sale of beverages or intoxicating liquors?** _____ Yes X No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

5-13-24

Date Signed

Form AT-103 Instructions

Alcohol Beverage License Application/Supplemental Questionnaire

Who must complete Form AT-103?

All persons involved in the applicant business who are partners of a partnership, officers, directors, managing members, sole proprietors, or agents. These persons must be identified in the schedule for appointment of agent (Form AT-104), original license application (Form AT-106), retail license transfer (Form AT-108) the renewal license application (Form AT-115), or the appointment of successor agent (Form AT-200).

Where do I submit Form AT-103?

Submit this form with Form AT-104, AT-106, AT-108, AT-115, or AT-200 to the clerk of the municipality in which the applicant business is located.

Specific Instructions

Date

- Date the form in the top left corner.

Part A: Premises/Business Information

- Enter the legal business name in box 1. If sole proprietor, enter the individual's first and last name.
- Enter the trade name or "doing business as" name in box 2, if different than the name in box 1.
- Check one entity type in box 3 to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form AT-106 or AT-115).

Part B: Individual Information

- Provide all requested personal information.
- For box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- List your two most recent addresses within the past five years.

Part D: Employment History

- List your two most recent employers/business ventures within the past five years.

Part E: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding a retail alcohol beverage license under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part F: Questions

- Question 4: Wisconsin law generally prohibits businesses and individuals from having an interest in more than one tier of the alcohol beverage industry (production, wholesale, and retail). Disclose whether you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery).
- Examples of prohibited interest restrictions are described in Administrative Code (Tax 8.87, Wis. Adm. Code).

Note: If you hold a direct or indirect interest in an alcohol beverage wholesaler or producer, you may not be eligible to hold an alcohol beverage license. Before submitting this form, reach out to your municipal clerk or the Department of Revenue.

Part G: Attestation

- Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcoholTobaccoEnforcement@wisconsin.gov
Call: (608) 264-4573

Resources Provided by the Department of Revenue

License frequently asked questions
Publication 302 *DOR Alcohol Beverage Laws for Retailers Licenses*
Publication 309 *Retail Alcohol Beverage Licensing Guide for Municipalities*
Fact Sheet 3101 *Licenses for Retail Sale of Alcohol Beverages*
Fact Sheet 3103 *Licensed or Permitted Premises Description*
Fact Sheet 3116 *Reserve "Class B" Liquor Licenses*
Fact Sheet 3118 *"Class B" Liquor License Quotas*

Form AT-115

Renewal Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- [X] Class "A" Beer . . . . . $ 75.00
- [ ] Class "B" Beer . . . . . $
- [ ] "Class C" Wine . . . . . $
- [ ] Reserve "Class B" Liquor $
- [X] "Class A" Liquor . . . . . $ 400.00
- [ ] "Class B" Liquor . . . . . $
- [ ] "Class A" Liquor (Cider Only) $
- [ ] "Class B" (Wine Only) Winery $

License Fees	$ 475.00
Publication Fee	$ 13.00
Background Check	$ 7.00
Total Fees	$ 495.00

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship): Somerset Foods Inc
2. Trade Name or DBA: Dick's Fresh Market
3. Premises Address: 107 Parent st
4. County: St. Croix
5. Municipality: Somerset
6. Aldermanic District:
7. Mailing Address (if different from premises address): 1080 Cornwall Ave. Amery WI 54001
8. FEIN: 87-2204254
9. Wisconsin Seller's Permit Number: 456-1030794953-04
10. Premises Phone: 715-247-5015
11. Premises Email:
12. Entity Type (check one): [ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [X] Corporation [ ] Nonprofit Organization
13. Describe your premises in detail. Attach a floor plan if possible. If you do not want to change your premises description, use the same language previously approved by your municipality, which may be found on your most recent license certificate. Requested changes to the premises description must be approved by the municipal governing body.

Part B: Questions

1. Have you added or removed any partners, officers, directors, or managing members since your most recent application was submitted? . . . . . [ ] Yes [X] No

If yes to question 1, please list the names, titles, and phone numbers of any changed persons, and attach Form AT-103 for all NEW members.

First Name	Last Name	
Phone	Title	[ ] Add [ ] Remove
First Name	Last Name	
Phone	Title	[ ] Add [ ] Remove
First Name	Last Name	
Phone	Title	[ ] Add [ ] Remove

Part B: Questions Cont.

2. Has any partner, officer, director, managing member, or agent had any changes to their most recently filed Form AT-103 including updated contact information, changes in address, criminal history, interest restrictions, etc? If yes, attach a new Form AT-103 reflecting the updated information ☐ Yes ☒ No

3. Does the licensee or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary ☐ Yes ☒ No

4. Have the partners, agent, or sole proprietor, satisfied the responsible beverage server training requirement for this license period? ☒ Yes ☐ No

5. Is the person or business identified in Part A, the genuine seller of alcohol beverages and operator of the business (e.g., reporter of profit/loss from the sale of alcohol beverages on their income tax return, holder of the seller's permit for the business location, payer of employees, taxes, utilities, and other expenses for the business, etc.)? ☒ Yes ☐ No

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

7. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: For Corporate/LLC Applicants Only:

1. Has your designated agent changed since your most recent application? If yes, list the new agent name below and attach Form AT-103 for that person and a Form AT-104 ☐ Yes ☒ No

2. Agent Last Name	Agent First Name	Agent Phone Number

Part D: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.

Signature	Date
Douglas M Rinehart	4-16-24

Name (Last, First, M.I.)

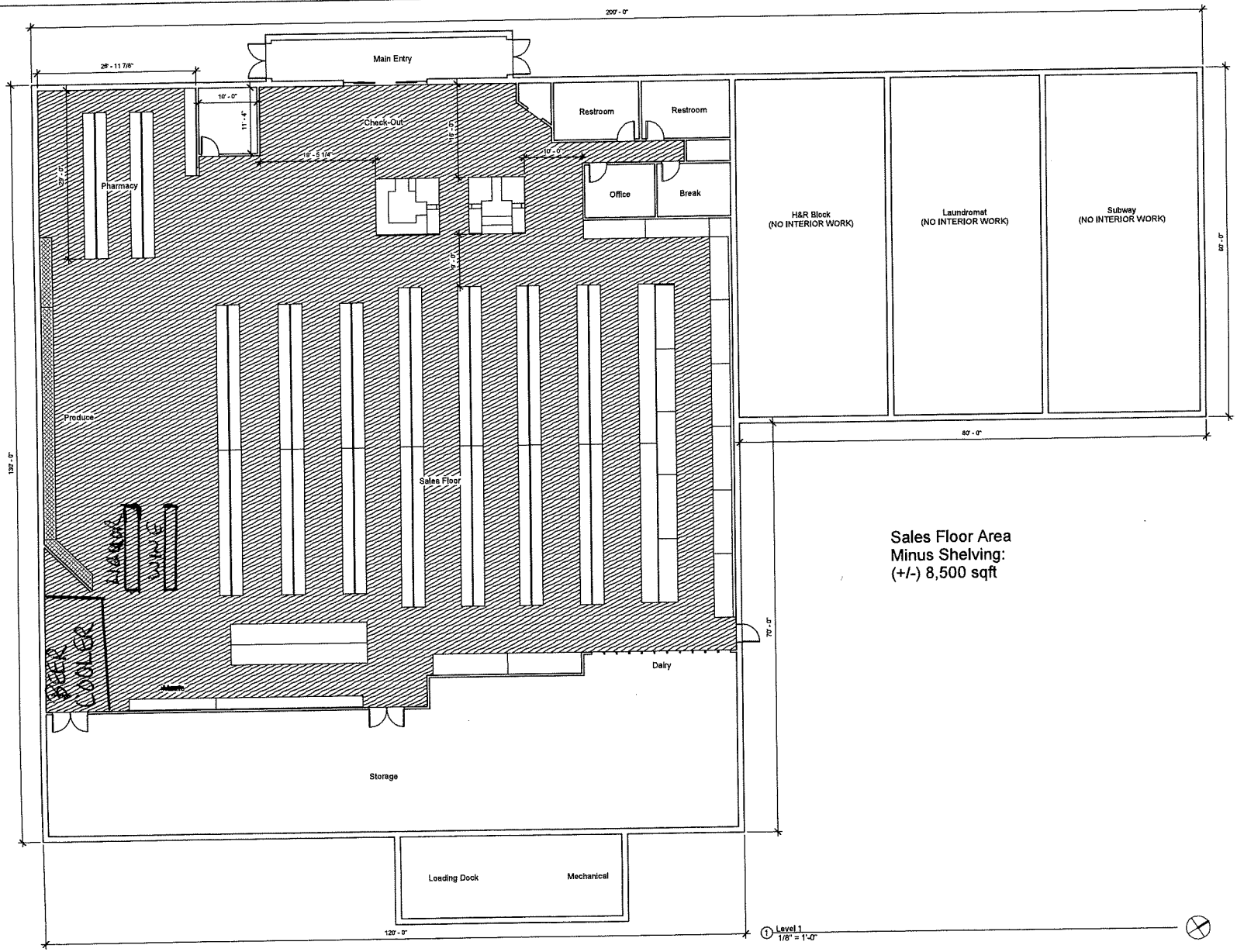
Rinehart Douglas M

Title	Email	Phone
owner	Corporate@dicksfrishmarket.com	715-268-9513

Witness Nancee A Rinehart

Part E: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	**License number**	**Date license issued**
Signature of Clerk/Deputy Clerk		



ROSS & ASSOCIATES LTD.

Construction Management / Design Build / General Construction

246 Summit St
River Falls, WI
715-425-9011

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No.	Revision	Date
01	Revised	10-29-2021

DFM

Somerset

Over-All Floor Plan

Project number	2021-132
Date	10-29-21
Drawn by	DCS
Checked by	DFM

A101

Scale 1/8" = 1'-0"

12/1/2021 9:05:45 AM

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date 4-23-24

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
Somerset Foods Inc

2. Trade Name or DBA
Dick's Fresh Market

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

Part B: Individual Information

1. Name (Last, First, M.I.)
Rinehart Douglas m

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
President		715 268-9513

5. Home Address
668 130th St

6. City	7. State	8. Zip Code	9. Date of Birth
Amery	WI	54001	11-6-62

10. Drivers License/State ID Number	11. Drivers License/State ID State of Issuance
R563-1736-2406-05	WI.

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name: Self employeed.	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date

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

Law/Ordinance Violated	Trial Date

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

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2..... ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	61	5

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Somerset County of St Croix

The undersigned duly authorized officer/member/manager of Somerset Foods.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Dick's Fresh market
(Trade Name)

located at 107 Parent St.

appoints Douglas m Rinehart
(Name of Appointed Agent)

Lot 8 130th St Amery WI 54001
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 61 yrs

Place of residence last year Lot 8 130th Amery WI 54001

For: Somerset foods. Inc
(Name of Corporation / Organization / Limited Liability Company)

By: Douglas M Rinehart
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Douglas m Rinehart, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Douglas M Rinehart 4/23/24 Agent's age 61
(Signature of Agent) *(Date)*

Lot 8 130th Amery WI 54001 Date of birth 11/6/62
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Ordinance A-657

BUILDING PERMIT FEES IN THE VILLAGE OF SOMERSET

The Village Board of the Village of Somerset, Wisconsin, do ordain as follows:

Section 15-1-19 Building Permits and Inspections

Fees

The schedule of fees for various permits as required by the Village of Somerset shall be as follows:

1. **Fees for one (1) and two (2) family dwellings** shall be based on valuation from the Uniform Building Code 1985 Chapter 3A as determined by square footage at the following rate or contractor's estimate, whichever is greater:

a. Unfinished Basement	$25.00 per square foot
b. Finished Basement	$30.00 per square foot
c. First Floor Dwelling	$175.00 per square foot
d. Second Floor Dwelling	$100.00 per square foot
e. Garage (attached)	$40.00 per square foot
f. Porch	$40.00 per square foot
g. Deck	$30.00 per square foot

2. **Valuation**
   Fees shall be determined as follows:
   a. $400.00 for the first $2,000.00 of value on new home construction.
   b. $4.00 per each additional $1,000.00 or fraction thereof
   b. $40.00 for UDC seal or current fee

3. **Additions and alterations:**
   a. $250.00 for the first $2,0000.00 in value
   b. $4.00 per each additional $1,000.00 or fraction thereof

4. **In-ground Pool** $200.00

5. **Above Ground Pool (over 5,000 gallons)** $125.00

6. **Storage Buildings and Unattached Garages (larger than 144 square feet without electricity, plumbing, or heating):**
   a. VALUATION shall be calculated at the rate of $30.00 times the total square feet of the structure
   b. MINIMUM FEE shall be $150.00 for the first $2,000.00 of value as calculated above
   c. ADDITIONAL FEE shall be calculated at $4.00 for each additional $1,000.00 of value or fraction thereof as exceeds minimum value of $2,000.00.

7. **Storage Buildings and Unattached Garages (with electricity, plumbing or heating)**
   a. VALUATION shall be calculated at the rate of $40.00 times the total square feet of the structure
   b. MINIMUM FEE shall be $200.00 for the first $2,000.00 of value as calculated above
   c. ADDITIONAL FEE shall be calculated at $4.00 for each additional $1,000.00 of value or fraction thereof as exceeds minimum value of $2,000.00.

8. **Decks (uncovered, attached or unattached)** $200.00

9. **Decks (covered, attached or unattached)**
   a. VALUATION shall be calculated at the rate of $40.00 times the total square feet of the structure
   b. MINIMUM FEE shall be $180.00 for the first $2,000.00 of value as calculated above
   c. ADDITIONAL FEE shall be calculated at $4.00 for each additional $1,000.00 of value or fraction thereof as exceeds minimum value of $2,000.00.

10. **Residential Electrical Work (including but not limited to pools under 5,000 gallons volume with pump, receptacles, lights, circuits, new service, central air conditioning, hot tubs, spas, etc.)** $125.00
    (includes permit and 1st inspection, $75.00 for each additional inspection)

11. **Commercial Electrical Work** $150.00
    (includes permits an 1st inspection, $100.00 for each additional inspection

12. **Plumbing Valve for Irrigation System** $90.00

13. **Gas furnaces (furnaces may be included with other permits at no additional fee, i.e. new homes, additions, alterations, etc.)** $125.00

14. **Outdoor Gas, Wood, Corn, etc. Fireplaces** $125.00

15. **Permit to Start** $100.00

16. **Re-Inspections** $75.00

17. **Driveway Permit** $90.00
    All permits for new construction of a residential dwelling unit includes driveway inspection fee.

18. **Industrial Permits**
    a. MINIMUM FEE shall be $400.00 for the first $2,000.00 of value

b. ADDITIONAL FEE shall be calculated at $4.00 for each additional $1,000.00 of value or fraction thereof as exceeds minimum value of $2,000.00 and up to $1,000,000.00. Over $2,000,000.00 at the rate of $3.00 for each additional $1,000.00 of value.

19. Commercial Permits

a. MINIMUM FEE shall be $400.00 for the first $2,000.00 of value

c. ADDITIONAL FEE shall be calculated at $4.00 for each additional $1,000.00 of value or fraction thereof as exceeds minimum value of $2,000.00 up to $2,000,000.00. Over $2,000,000.00 at the rate of $3.00 for each additional $1,000.00.

20. Non-Building Structures (towers, etc.)

a. MIMINUM FEE shall be $150.00 for the first $2,000.00 of value

b. ADDITIONAL FEE shall be calculated at the rate of $4.00 for each additional $1,000.00 of value or fraction thereof as exceeds minimum value of $2,000.00

21. Signs

a. New	$90.00
b. Repair or replace existing	$40.00

22. Fences $90.00

23. Raze $100.00

MINOR REPAIRS

24. Minor repairs and alterations costing less than $1,000.00 in value which do not change occupancy area, structural strength, fire protection, exits, natural light or ventilation: **NO CHARGE**

25. Minor repairs over $1,000.00 will be charged $150.00 for the first $1,000.00 of value and $4.00 per $1,000.00 thereafter.

26. Replacement or repair of roofing may be done without a permit.

27. Meetings

a. In person	$250.00
b. Zoom	$150.00

ASSESSMENT FEE

All permits for new construction of a residential dwelling unit shall pay a $30.00 assessment fee.

ADMINISTRATIVE FEE

New homes to pay a $75.00 administrative fee; all other permits to pay $25.00 administrative fee no matter the cost of the permit.

Adopted: 16th day of January 2024

By: _____
Mike Kappers, Village President

Attest: _____
Tasia Berger, Village Clerk

Adopted: 01/16/2024
Published: 01/24/2024
Effective: 01/24/2024

Cost Comparisons		
NSF = New Single Family Dwelling		
All valuations are calculated from valuation calculator stated on Somerset fee schedule		
All Croix Comparisons for alterations are based on calculated number of inspections and cannot be guaranteed to be accurate		
All Croix fees taken from cost comparison provided		
NSF Slab on Grade 1105 finished sq ft (193,375), 552 garage (22,080), 50 deck (1,500) 1,700 sq ft Total Valuation $216,955		
WWIA	1700x.2+600 = 940 + 94 + 35	$1,069
TF	215x4+400+40	$1,300
All Croix	1700x.12+850+75+35	$1,164
NSF 1305 basement (32,625), 1313 Finished (229,775), 794 Garage (31,760), 40 porch (1,600) Totals: 3452 sq ft,Valuation $292,760		
WWIA	3452x.2+600 = 1,290.4 +129.04 + 35	$1,454.44
TF	291x4+400+40	$1,604
All Croix	3452x.12+850+75+35	$1,374.24
NSF 2108 Basement (52,700), 2108 Finished (368,900), 570 Second (57,000), 1335 Garage (53,400, 688 Deck/porch (25,160)		
6809 Square Feet, Valuation $556,160		
WWIA	6809x.2+600 = 1961.8 +196.18+35	$2,192.98
TF	555x4+400+40	$2,660
All Croix	6809x.12+850+75+35	$1,777.08
$25,000 Basement Finsh, no bathroom		
WWIA	25x6+150	$300
TF	23x4+250	$342
All Croix	65x4+75	$335
$50,000 alteration with bathroom		
WWIA	50x6+150	$450
TF	108x4+250	$442
All Croix	65x5+75	$400
$110,000 Alteration		
WWIA	110x6+150	$810
TF	108x4+250	$682
All Croix	$850 + $.12/sq ft	$850 + $.12/sqft
16x16 (256 square feet) first floor addition, Valuation $44,800		
WWIA	256x.2+250 =301.20 + 30.12	$331.32
TF	43x4+250	$422
All Croix	65x7+75	$530
Addition of 882 sq ft first floor, 882 sq ft Garage, 60 sq ft Deck 1824 Total Sq Ft,Valuation $192,000		
WWIA	1824x.20+250 = 614.8 + 61.48	$676.28
TF	190x4+250	$1,010
All Croix	1824x.12+850	$1,068.88
Addition of 1047 sq ft 1st floor, 564 Finished Basement, 483 Unfinished Basement, 754 Garage, 112 Porch, Total 2,960, Valuation $246,860		
WWIA	2,960x.2+250 = 842 + 84.2	$926.20
TF	245x4+250	$1,230
All Croix	2960x.2+850+75	$1,517
300 Sq ft shed Valuation $9,000		
WWIA	300x.1+125 = 155 + 15.5	$170.50
TF	7x4+150	$178
All Croix	205	$205

900 sq ft accessory garage, no power Valuation $27,000		
WMIA	900x.1+125 = 215 + 21.5	$236.50
TF	25x4+150	$250
All Croix	65x3+75	$270
1,200 sq ft detached garage with electricity, Valuation $48,000		
WMIA	1200x.1+125 = 245 + 24.5 + 50	$319.50
TF	46x4+200	$384.00
All Croix	65x4+75	$335.00
In-Ground Pool		
WMIA		$180
TF		$200
All Croix		$400
Uncovered Deck		
WMIA		$160
TF		$200
All Croix	65x3+75	$270
384 sq ft Porch/Covered Deck Valuation $15,360		
WMIA		$300
TF	14x4+180	$236
All Croix	65x3+75 (additional $65 if electrical added)	$270
Driveway		
WMIA		$75
TF		$90
All Croix		$85
Permit To Start (Footing & Foundation)		
WMIA		$125
TF		$100
All Croix		$200
Signs		
WMIA		$75
TF		$90
All Croix		$140
Fence		
WMIA		$75
TF		$90
All Croix		$140
Raze		
WMIA		$125
TF		$100
All Croix		?

One and Two Family Dwellings	**New**: $600 + $.20 per square foot of all finished space, unfinished space, attached garages, decks, porches, crawl spaces. **Addition**: $250 + $.20 per square foot for all areas listed above. **Alterations/Repairs***: $150 + $6.00 per $1,000.00, or fraction thereof, of cost (Building cost per RS Means). **Manufactured/Modular Homes:** $500 + $.10 per square foot for all areas listed above. HUD - $300 if no new slab, $400 if new slab. **Plan review:** 10% added to above fees. **State Seal:** $35 or current cost
Commercial Buildings	**New:** $600 + $.25 per square foot of project area **Addition:** $400 + $.25 per square foot of project area **Apartments, Hospitals, Schools:** Add $200 for each room/unit. **Warehouses and Storage Buildings:** Subtract 20% **Alteration:** $250 + $6.00 per $1,000.00, or fraction thereof, of cost (Building cost per RS Means) for first $500,000 and $3 per $1,000 over $500,000. **Plan Review:** Fees listed on State of WI form SBD-118 **Electrical:** 45% added to above fees
Accessory Buildings/ Detached Garages	**Over 144 Square Feet:** $125 + $.10 per square foot. Add $50 if the building will have electrical, plumbing, or heating. **Plan review:** 10% added to above fees.
Decks & Porch Additions	**Decks:** $160 **Porches/Covered Decks:** $300
Signs, Driveway, Siding, & Fences	$75 (Replace or Repair Sign: $40)
Services (not part of another permit)	**Residential Electrical Service or Gas Meter:** $150 **Commercial Service:** Up to 200 Amp Service $150.00, $35 per 100 amps over 200 amps (Minimum $175)
Individual Commercial Electrical	**Commercial Electrical:** $175 + 1%, or fraction thereof, of cost (Electrical cost per RS Means) for first $500,000 and .5% over $500,000
Solar	$30 per KW Min Fee of $200 and a Max Fee of $600 **Plan Review**: $50
Outdoor Heating Appliance/Fireplace	$125

Pools	**In-Ground:** $180 **Above Ground Over 5,000 Gallons:** $100
Miscellaneous	**Move or Raze/Footing & Foundation:** $125
Non-Building Structures (Towers, etc)	$150 + $6.00 per $1,000.00, or fraction thereof, of cost
Starting Project Without Permit	Permit fee is doubled
Renewal Fee	Half the original permit fee, maximum $350.00
Other Inspections Not Listed	$75 per Inspection
Meetings	3 free meetings per year when requested and $100 for additional above 3

* Minor repairs and alterations costing less than $1,000 in value which do not change occupancy area, structural strength, fire protection, exits, natural light or ventilation do not require a permit.

Exempted from permits are re-roofing and finishing of interior surfaces, installation of cabinetry, and minor repair as deemed by the Building Inspector. No more than two (2) layers of roofing shall be installed on a roof.

An administrative fee of $75 shall be added to all new homes and commercial buildings and $25 for all other permits.

Fees do not include zoning