

Special Meeting of the Village of Somerset Board of Trustees

Village Hall, 110 Spring Street Somerset, WI 54025 | Wednesday, April 9, 2025

Village President Pro Tem, Ryan Sicard called the Special to order at 7:00 p.m. Present were Chris Dubak, Chris Moreno, Caleb Garn, Donnie Kern and Brandon Krohn at the Village Hall. Mike Kappers was absent.

Motion by Sicard, second by Kern to convene to closed session as per Wis Stat19.85(1)(c) Considering employment of a public employee which the governmental body has jurisdiction or exercises responsibility-Village Clerk. Roll call vote, all members voted yes and motion carried.

Motion by Krohn, second by Kern to reconvene to open session. Roll call vote, all members voted yes and motion carried.

Nothing to report.

Adjourn: Motion by Kern, second by Krohn to adjourn at 7:21 pm and motion carried.

Amy Briggs, Village Deputy Clerk

Regular Meeting of the Village of Somerset Board of Trustees
Village Hall, 110 Spring Street Somerset, WI 54025 | Tuesday, April 15, 2025

Village President Ryan Sicard called the meeting to order at 6:00 p.m. Present were Ryan Sicard, Chris Moreno, Donnie Kern, Brandon Krohn, Chris Dubak and Jessica Plourde. Also present at Village Hall - Village Attorney, Paul Mahler and Director of Public Works, Bob Gunther.

Public Comment

- Marjorie Metzdorff - 798 Plum Tree Lane - Welcomed Jessica to the board and would like to know more about the Resolutions on the agenda.

Motion by Kern, second by Plourde to move up the President Pro-tem appointment. Discussion by Krohn to move up the Village Trustee before the Pro-Tem, but thinks the order is where it should be. Roll call Vote: Kern-aye, Plourde-aye, Dubak-aye, Moreno-nae, Sicard-nae, Krohn-nae - Motion fails

Approval of Agenda

- *Motion by Krohn, second by Moreno to approve the agenda as presented and motion carried unanimously.*

Consent Agenda

- *Motion by Krohn, second by Kern to approve the Consent Agenda including the following:*
 - *Minutes of March 18, 2025 Regular Meeting and Work Session*
 - *Village, Water and Sewer Bills*
 - *TID#5 Lift Station & Utility Extension Task Order #1*
 - *Plow Truck Chassis Quote - 2025 Mack*
 - *Plow Truck Uplifting Quote - Monroe*
 - *Fire/Rescue Report*

Motion to approve the above consent agenda carried unanimously.

New Business

- **Discussion/Possible Approval - Village Trustee Appointment**
 - Sicard stated this is not a Village Board appointment, this is an election by the board itself. Nominations will come from the board. This is to fill Sicard's vacant seat for the remaining 1 year.
 - Kern asked if we could hold an election for the seat. Attorney Mahler said yes, but it's unusual. You can leave it unfilled, but you see what can happen with an even number of members, you have tie votes.
 - *Motion by Moreno, second by Krohn to nominate Caleb Garn to the 1 year vacancy.*
 - Kern is questioning the hasty appointment. Would like to have other individuals express interest in the open seat.
 - Sicard is trying to get the board up and running as efficiently as possible.
 - Krohn stated Garn would be the most fitting. He received the 4th most votes, shown he's willing to serve.
 - Kern talked to other colleagues and feel the need to solicit out.
 - Sicard has put a request out there and only received 1 applicant and it was for a committee, not a trustee.
 - *Motion on the table to appoint Caleb Garn, roll call vote: Kern-nae, Plourde-nae, Moreno - aye, Sicard-aye, Krohn-aye, Dubak-nae and motion failed.*
 - *Motion by Kern, second by Dubak to table to next month's meeting and we solicit for it and take it up at next month's meeting. Discussion, if anyone is interested, they should reach out to the clerk and/or the offices so it can be disclosed to all the board members what their interests and capabilities are. Roll call vote: Kern-aye, Plourde-aye, Moreno-nae, Sicard-nae, Krohn-nae, Dubak-aye and motion failed.*
- **Discussion/Possible Approval - Community Clean Up Day**
 - New twist this year. Two dumpsters on the Village owned lot. One for the Village, one for the Town. Competition between the two municipalities. Winner gets the traveling Oscar the Grouch trophy.

- *Motion by Krohn, second by Dubak to approve the use of the Village Lot for Community Clean Up Day for that weekend for collecting the trash and motion carried unanimously.*
- **Discussion/Possible Approval - Pine Vale Stormwater Management Complaints**
 - Ryan Vanasse - 714 191st Ave - updated the board about his property flooding 12 times from the hill that was created in July 2024. Matt from Capstone said water should go into the stormwater pond. It's not happening. Complained about the construction mess and having to clean up after them.
 - Amanda Mondor - 754 190th Ave - Gave an update to the new board member, Jessica Plourde to get her up to speed. Saying the last minor rain rose the pond 4". Concerned about the long-term effects. Would like something in the developer's agreement that states they need to maintain their stormwater within their areas and not to push it on to the next land. Mondor's did reach out to Capstone about their encroachment on their property. Mondor and Capstone were supposed to have a meeting. Per Amanda, Capstone doesn't want the Village involved, Mondor's do.
 - Kern questioned what we are accepting in the next agenda item. Attorney Mahler said you are accepting the improvements that have been made, anything that's going to be public is what's accepted.
- **Discussion/Possible Approval - Pine Vale Developer's Agreement Amendment**
 - Attorney Mahler updated the board that this is the second amendment. While looking at this one, it was discovered the first one was never signed, although the board approved it. The first one changed the incentive from \$1.3 million to \$1.5 million. He is recommending that this one be executed because it was already approved. The second one arose because this one was never signed and there was miscommunication with Ehlers and the bond council. The loan that was worked on was for \$1.3 million and should be \$1.5 million.
 - Kern questioned if we adopt the resolution as it's written can we still deal with the issues that have been presented today? Attorney Mahler said I think you can if you want. You need to be extra careful. You can add to the resolution, punch list items including any stormwater related issues.
 - *Motion by Kern, second by Moreno to approve the Pine Vale Developer's Agreement Amendment and motion carried unanimously.*
- **Discussion/Possible Approval - Resolution 2025-03 - Acceptance of Improvements-Pine Vale Development-Initial Phase**
 - *Motion by Kern, second by Plourde to approve the Resolution 2025-03 - Acceptance of Improvements-Pine Vale Development-Initial Phase with the modification adding all punch list items in the stormwater run-off issues and motion carried unanimously.*
- **Discussion/Possible Approval - Resolution 2025-04 Authorizing the Engagement of von Briesen & Roper S.C. for Specialized Legal Services**
 - *Motion by Kern, second by Moreno to approve Resolution 2025-04 Authorizing the Engagement of von Briesen & Roper S.C. for Specialized Legal Services and motion carried unanimously.*
- **Discussion/Possible Approval - CivicPlus Proposal**
 - Otto stated the ordinance changes are submitted right away; they are updated twice a year online. The ordinances are in effect and updated right away.
 - Sicard said this would be under "New Ordinances" online right away because you can't tell if an ordinance has been changed or updated.
 - The amount is not in addition to what we currently have. Otto asked about paper copies. It's not addressed in the proposal.
 - *Motion by Kern, second by Krohn to table and forward to finance to next month's meeting for consideration and motion carried unanimously.*
- **Discussion/Possible Approval - Village Clerk Appointment**
 - *Motion by Krohn, second by Moreno to approve the Village Clerk Appointment of Jessica Lehman from the Village President and motion carried unanimously.*

- **Discussion/Possible Approval - Library Board Appointment**
 - *Motion by Kern, second by Dubak to approve the Library Board Appointment of Rita Lawson and motion carried unanimously.*
- **Discussion/Possible Approval - Committee Appointments**
 - President Sicard said at this point due to not having a full board, he is not prepared to make committee appointments.
- **Discussion/Possible Approval - Standing Committee Meeting Schedule**
 - No committee appointments, no meeting schedule.
- **Discussion/Possible Approval - Appointment of President Pro-Tem**
 - *Motion by Dubak, second by Plourde to nominate Kern as the President Pro-Tem. Roll call vote: Kern-aye, Plourde-aye, Moreno-nae, Sicard-abstained, Krohn-nae, Dubak-aye and motion failed. Kern questioned the abstention, Sicard said he has the right to abstain, wants the board to make that decision.*
- **Discussion/Possible Approval - Committee of the Whole June**
 - Sicard is looking at a committee of the whole meeting the second week in June.

Closed Session

- *Motion by Kern, second by Moreno to move into closed session pursuant to Wis Stat 19.85(1)(c) Considering employment of a public employee which the governmental body has jurisdiction or exercises responsibility- Treasurer/Deputy Clerk, Utility Clerk, Public Works/Economic Development Director and Chief of Police. Motion carried unanimously.*
- *Motion by Kern, second by Krohn to move out of closed session and motion carried unanimously.*
 - *Kern suggested a one-time stipend of \$2,500.00.*
 - *Sicard was thinking the same thing but would like to add an additional 1 week of vacation with the ability to carry over that amount to next year.*
- *Motion by Kern, second by Moreno to approve a one-time bonus of \$2,500.00 and one week vacation with roll-over privileges to Andrea Otto, Treasurer/Deputy Clerk and Amy Briggs, Utility Clerk and motion carried unanimously.*

Adjourn

- *Motion by Kern, second by Moreno to adjourn and motion carried unanimously. Meeting adjourned at 7:43 p.m.*

Amy Briggs, Village Deputy Clerk

3-31-2025

Conditional Use-Exception permit

Village of Somerset,

I am requesting a permitted use Exception, to open and operate a homebased service business for permitted use. The line of business planned is related to customizing firearms and engraving to include gunsmithing services and legal firearm transfers. The name of the business will be **2nd Amendment Tactical – Wisconsin LLC**.

This business will not have additional traffic beyond normal conditions, as it will be based on appointments only. There are no plans for a retail area or offerings in this business. Customers will either ship items to 523 Jackson Circle for customization or engraving and I would ship them back to the customer. Another local option would be appointments made for consultation on design services. The traffic uptick would be a minimal @ 1-6 cars per month.

Safety concerns, relating to the General public.

- This business will comply with all BATFE regulations.
- An FFL 07 – SOT licenses will be maintained for operation and proper and ethical record keeping and retention to ensure safe operations.
- ATF will perform unscheduled annual inspections of records and storage onsite of firearms in for service.
- This business is highly regulated by the ATF for the safety of general public. Firearms to law abiding qualifying persons to customize their owned firearms, legally.
- Background checks for any transfers using ATF required systems and records will be strictly adhered to.
- I would welcome, open communication with local Somerset Police department officials and St. Croix Co Sherrif during my operation of this business.
- All Firearms and components not being currently worked on will be secured in a dedicated safe. Only the primary owner (Jason) will have access.
- 523 Jackson circle is equipped with a full security system, Camera surveillance throughout property.

Permit use exception- verification- (Per Sec. 13-1-72 Regulation applicable to home occupations.)

- No sign will be placed outside of the home.
- Only owners of home and family members are the only employees.
- Less than 3 customer vehicles per week. Being by appointment only this will be 1-6 cars per month.

- No commercial vehicles will be used.
- Not engaged in retail sales. This is a service-related business.
- Business will be conducted within the house or garage. Nothing exterior of the house.
- No retail storage of items.
- Business hours 7 days a week 9-5. By appointment only for onsite customer visits

Thank you for the opportunity to apply to start a home service business that is in demand.

With appreciation,

A handwritten signature in black ink that reads "Jason Reed". The signature is written in a cursive style with a large, stylized 'J' and 'R'.

Jason Reed
523 Jackson circle
Somerset, WI. 54025
651-308-5198



**CONDITIONAL USE PERMIT APPLICATION
APPLICATION FEE \$250.00**

Submit completed application, application fee, and two (2) copies of the application and attachments to:

Tasia Berger, Village Clerk
Village of Somerset
PO Box 356
Somerset, WI 54025

The Village Clerk will present them to the *Village Planning Commission* for a public hearing and recommendation to the *Village Board*. The Village Clerk will issue a **CONDITIONAL USE PERMIT** if your application is granted.

APPLICANT NAME JASON REED

LAND OWNERS NAME AND ADDRESS JASON & ANGIE REED 523 JACKSON CIRCLE, SOMERSET

APPLICANT'S ADDRESS 523 JACKSON CIRCLE SOMERSET WI 54025

PHONE 651-308-5198

EMAIL JMREED1673@YAHOO.COM

PARCEL NUMBER AND LEGAL DESCRIPTION OF PROPERTY FOR WHICH CONDITIONAL USE IS SOUGHT

Sec 3 T3ON R19W PT NW SE Somerset Villas 1st ('06) lot 46 (0.330AC)

CURRENT ZONING OF PROPERTY SINGLE FAMILY- RESIDENTIAL

WHAT IS THE EXISTING AND PROPOSED USE OF EACH STRUCTURE AND LOT?

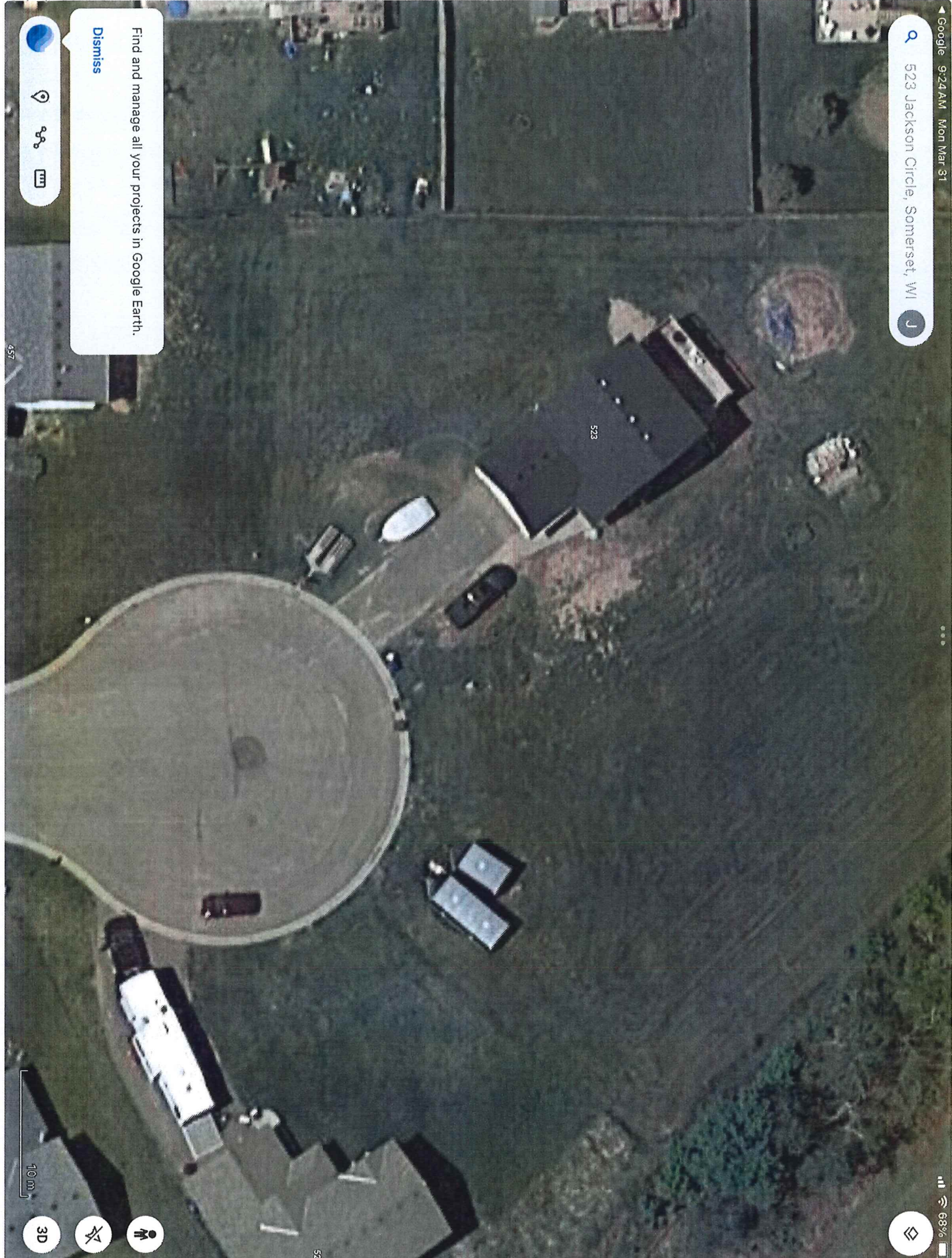
PRIMARY RESIDENTIAL. HOUSE- LOOKING TO OBTAIN BUSINESS PERMIT TO OPERATE A SERVICE BASED
BUSINESS IN FIREARMS CUSTOMIZING, ENGRAVING AND GUNSMITHING SERVICES & TRANSFERS

Attach a sketch showing location, size and shape of lot involved and plans of any proposed structures. Also include driveway exit and entrance locations.

Applicant statement in writing that proposed **CONDITIONAL USE** shall conform to the standard set forth in Village Ordinances 13-1-66.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Number of cars to be parked per acre: NOT APPLICABLE
2. Number of cars to be parked per lot: 4 PRIMRY OWNER- 1 CUSTOMER
3. Type of screening: NOT APPLICABLE
4. Type of sanitary sewer system: VILLAGE OF SOMERSET
5. Traffic Count: 1-6 PER MONTH
6. Time of Operation
 - a. Month(s) By appointment Days of week 7 Open/Close time 9a-5p



Find and manage all your projects in Google Earth.
Dismiss



10 m

**CONDITIONAL USE PERMIT
VILLAGE OF SOMERSET**

ISSUED TO: Jason Reed

SITE ADDRESS: 523 Jackson Circle
Somerset, WI 54025

Permit No.: 25-01

Parcel Number: 181-4115-00-046

Zoning: Residential-R1

Conditional Use: Service Based Business - Firearm customizing, engraving, and gunsmithing

Approved By
Village Board: May 20, 2025

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. The Village must be notified in writing of any change in ownership or scope of business within 30 days.

- 1) Comply with all Bureau of Alcohol, Tobacco, Firearms, & Explosives regulations.
- 2) Maintain, in good standing, Federal Firearm and Special Occupational Taxpayer Licenses and provide proof of licensing to the Village Clerk each time a license is renewed
- 3) Allow inspections of business by ATF and other regulation authority either scheduled or unscheduled
- 4) All firearms in possession of the business must be legally owned and registered as required by law
- 5) Adhere to AFT regulations on all transfers of firearms
- 6) Abide local regulations and ordinances related to firearm possession and use
- 7) Conduct and maintain any necessary communication/cooperation with local and federal law enforcement
- 8) Storage of firearms must be in a lockable container or safe
- 9) All firearms transported to and from the business must be appropriately cased and unloaded
- 10) No business sign whether free standing or wall mounted is allowed
- 11) No outside employment generation
- 12) Limit of 5 customer vehicles per week, no more than 20 in a month
- 13) No commercial vehicle generation

- 14) No retail sales of firearms or other goods
- 15) Business to be conducted indoors only
- 16) Customer delivery or collection hours shall be between 9am to 5pm, 7 days a week
- 17) Noise shall conform to the R1 zoning regulations at all times

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

Village Clerk

Date

Village President

Date

STREET USE PERMIT

VILLAGE OF SOMERSET

APPLICANT NAME, ADDRESS & PHONE NO.

DAVID BRACHT
648 196TH AVE
SOMERSET, WI 715-497-4806

NAME, ADDRESS & PHONE NO. OF ORGANIZATION REQUESTING PERMIT

Lions club
chamber of commerce
Fire Dept.

NAME, ADDRESS & PHONE NO. OF CONTACT PERSON FOR STREET USE

DAVID BRACHT
648 196TH AVE
SOMERSET, WI 54025 715-497-4806

PROPOSED STREETS: SEE ATTACHED EVENTS/LOCATIONS

DATE OF USE: SEE ATTACHED

TIME OF USE: ATTACHED

PROJECTED ATTENDANCE: PARADE = 300? SOAP BOX 40, SKI = 75, BASKETBALL = 50.

PROPOSED STREET USE (Describe in detail):

ATTACHED

*** PAVEMENT MARKING IS NOT ALLOWED ON ANY STREET ****

- **INSURANCE:** Required to indemnify, defend and hold the Village and its employees and agents harmless against all claims, liability, loss damage or expense incurred by the Village on account of any injury to or death of any person or any damage to property caused by or resulting from the activities for which the permit is granted. As evidence of the applicant's ability to perform the conditions of the permit, the applicant is required to furnish a Certificate of Comprehensive General Liability Insurance with the Village of Somerset. The applicant is required to furnish a performance bond prior to being granted the permit.



Insurance Requirement Waived



Proof of Insurance Provided

For office use:

Date Reviewed by Village Board: _____ Approved _____ Denied _____



PROPERTY EXECUTIVES REALTY

Real Estate & Property Management

pea Soap Days 2025
June 5, 6, 7, 8.

3-14-25

~~TASIA~~; To whom

1. Let me know money owed for their permit.
2. I will meet with Joel to Review prior to Village meeting.
3. I will get you insurance.

THANK



Property Executives Realty
715 Rivard Street, Suite 4
Somerset, Wisconsin 54025

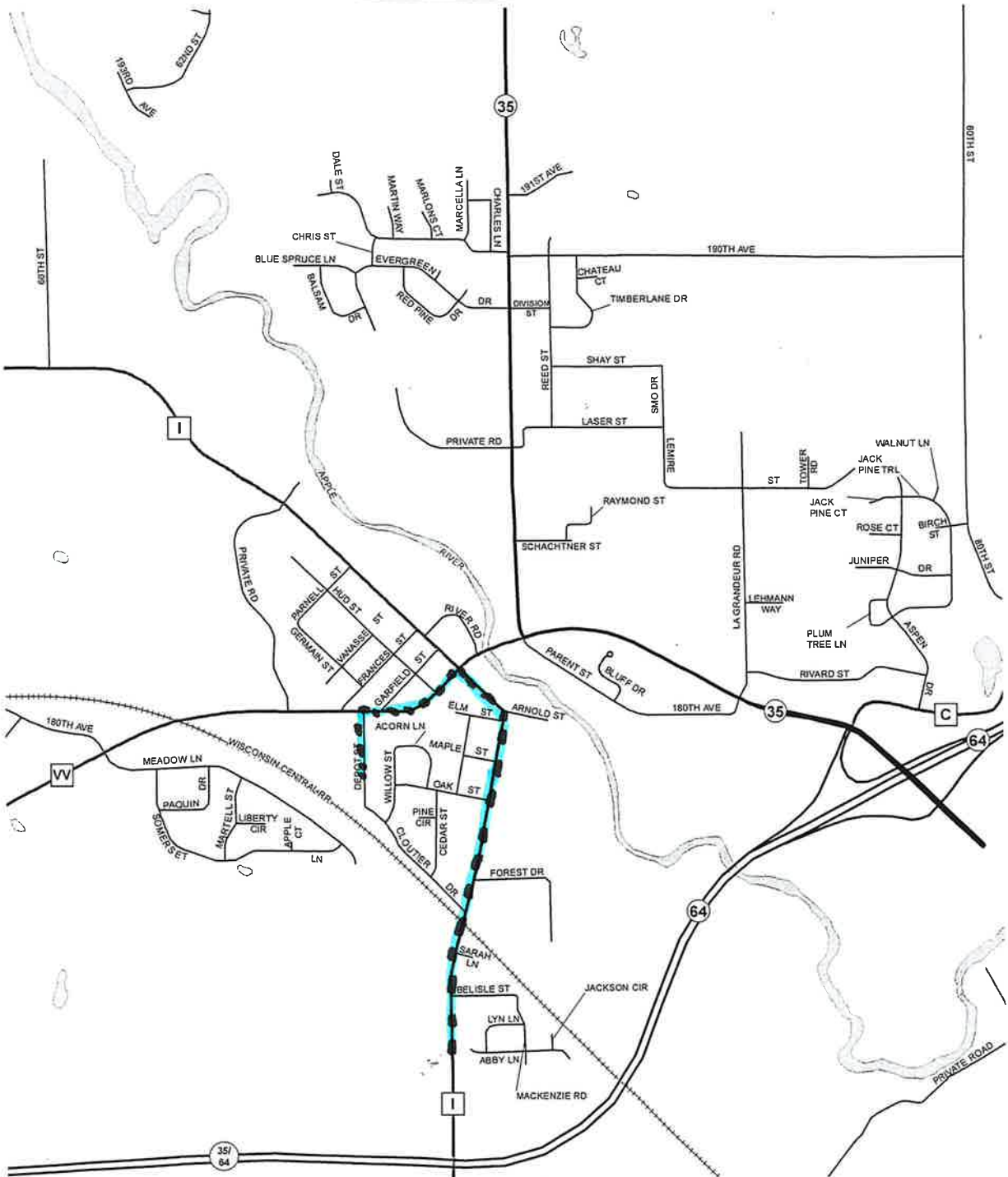
Phone: David Bracht 715-427-4806 Email: dbracht@davidbracht.com

Somerset

Located on Pages 48 - 49, 58 - 59



PARADE ROUTE
11:00 - 1:30 June 7, 2025

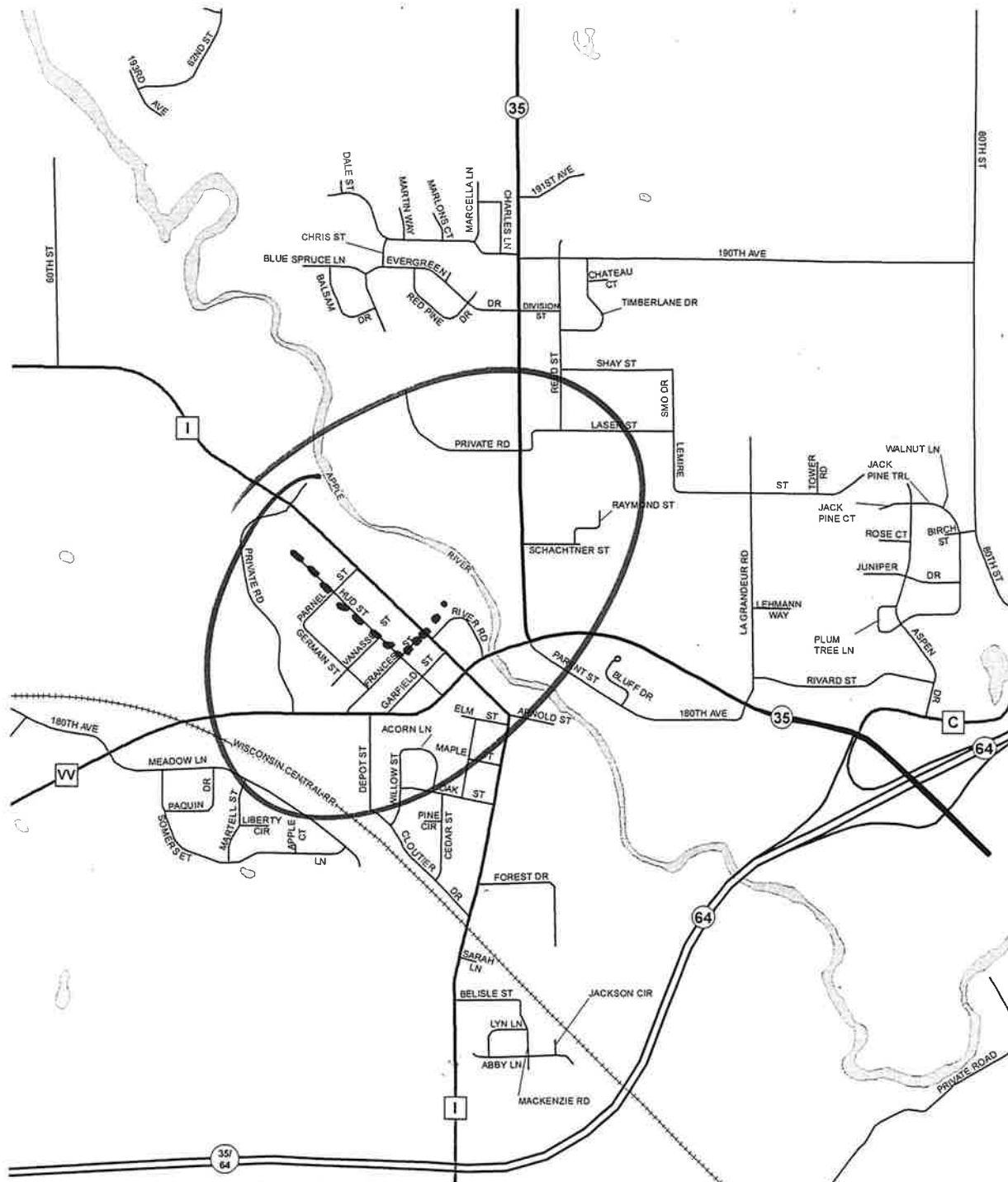


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Somerset

Located on Pages 48 - 49, 58 - 59

Kiddie PARADISE

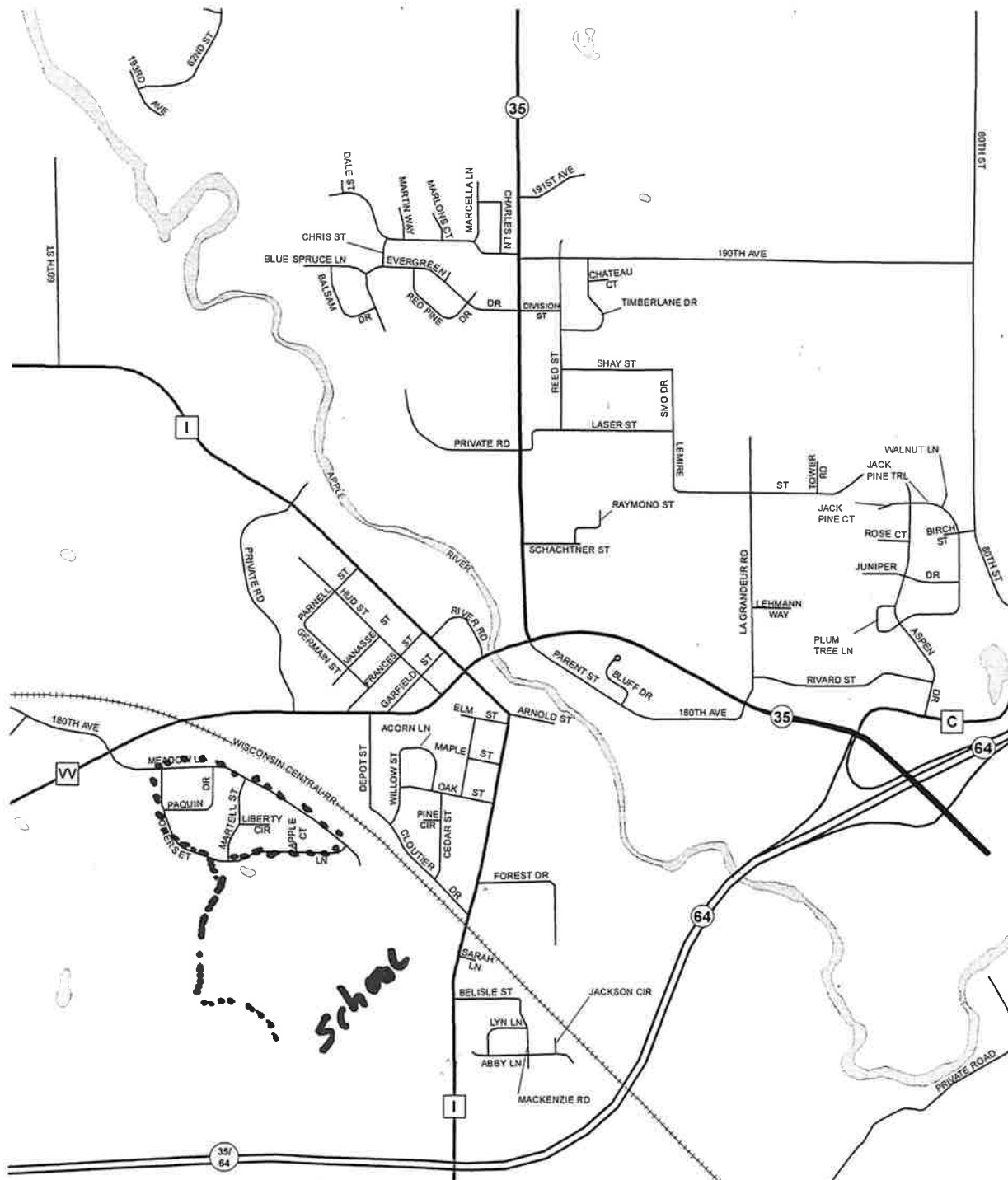


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Somerset

Located on Pages 48 - 49, 58 - 59

SK Run Route



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Somerset

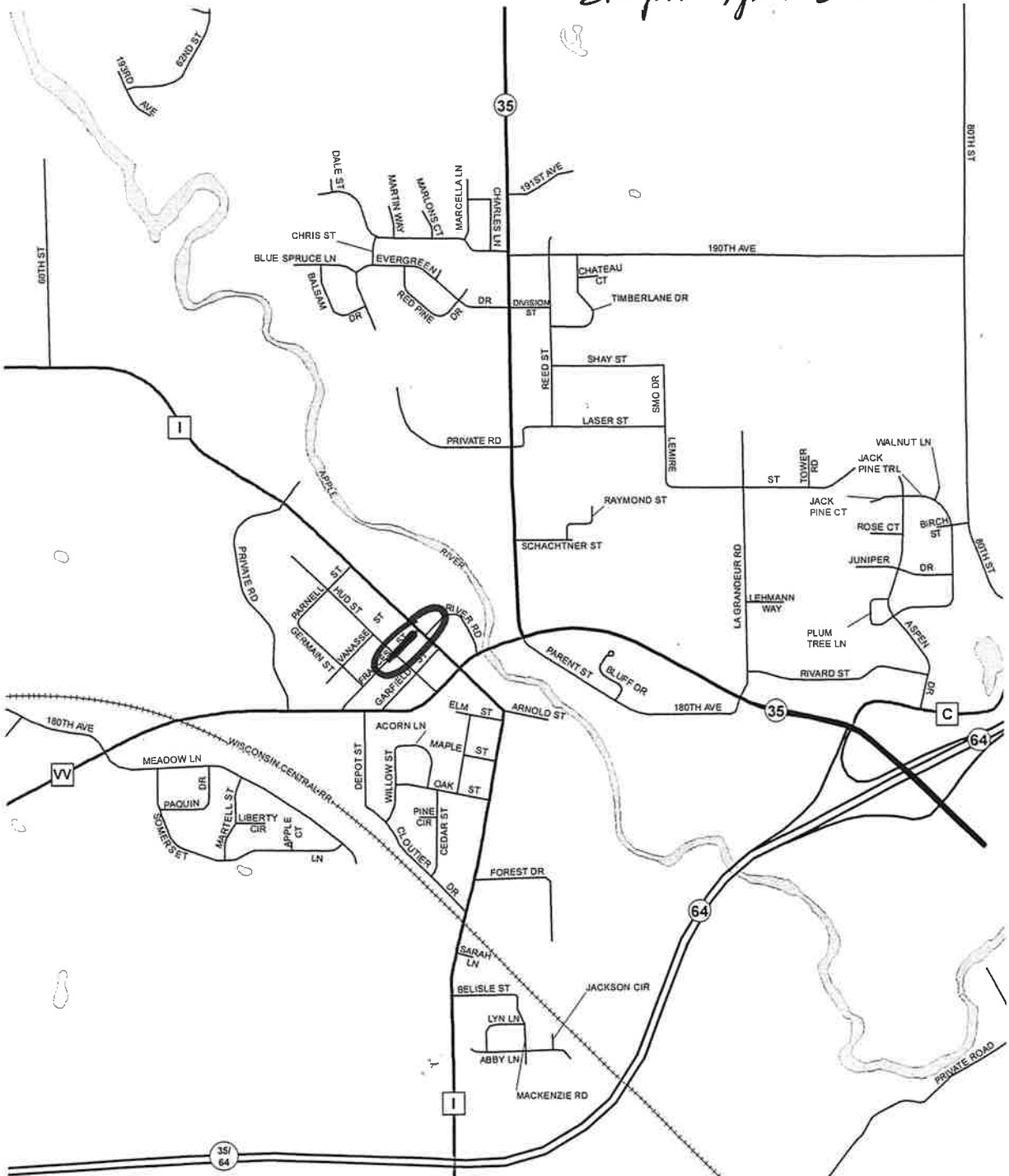
Located on Pages 48 - 49, 58 - 59



Soap Box Derby

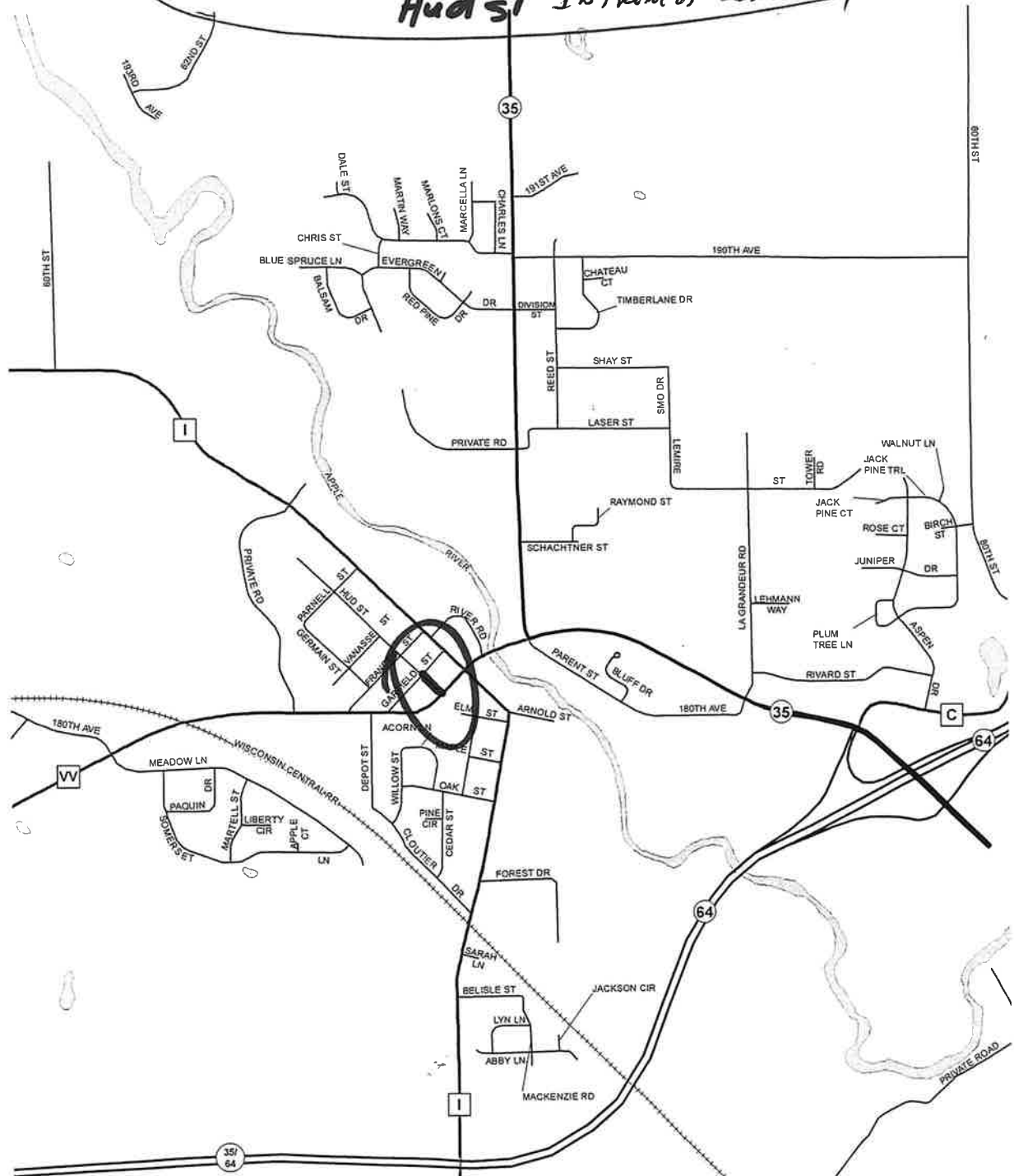
FRANCIS ST

2:00pm - 4pm June 7TH



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3 on 3 BASKETBALL TALKING
June 7TH 2025 NOON-5pm
Hud ST In front of LIBRARY



79

Somerset Fire/Rescue

from the office of Chief Belisle

May 1st, 2025

Dear Board Members –

This is the update for April 2025. This month we responded to 33 calls for service. The breakdown is as follows: 18 calls in the Village consisting of 11 medicals and 7 fire/rescue calls; 11 in the Township consisting of 5 medicals and 6 fire/rescue calls; and 4 auto aid calls, 3 in St. Joe and 1 in Star Prairie. This brings us to a total of 153 runs for the year compared to 167 for the same time in 2024.

The month of April was steady with runs slowly catching back up to 2024. As like last month we are still working with our new hires and have got them all started in Entry Level Firefighting which we are hosting here in Somerset as well as a couple of them are working on their medical training. Preliminary planning is still on going for Pea Soup Days 2025 along with our annual breakfast. The dates are June 5th thru the 8th with our breakfast the mornings of the 7th and 8th.

Our request for proposal was sent out on April 28th with a request that it be returned no later than 4:30 PM on June 6th, 2025. I am optimistic that we will get between 3 and 4 proposals in hopes that at least one will be fiscally possible to work with. More to come in the upcoming months.

We are currently operating with 33 personnel, 20 full members and 9 probationary members, 1 honorary member, 1 part-time member as well as 1 High School Cadet and another possible cadet that just applied as well as our secretary. Staffing is looking good at this time. 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



LIBRARY UPDATE FOR MAY 2025

208 Hud Street

(715) 247-5228

somersestlibrary.org

NO SCHOOL DAY FUN @ THE LIBRARY



May 12: Build Bristle Bots with 4H, play bingo, enjoy a snack, and meet live insects with Bruce the Bug Guy.

Learn more about the library's offerings by subscribing to the newsletter



Garden Trivia

May 1-15

Stop in and test your gardening knowledge! You can win a prize basket that will help you grow awesome buds and blooms this year!



Books on Tap

Tues. May 20, 6:00 PM

Join in a lively book discussion while enjoying a cold one! We will be reading *Kitchens of the Great Midwest* by J. Ryan Stradal. Read the book and come to Oliphant Brewing ready to discuss.



Books & Bites

Wed. May 21, 1:00 PM

Spice up your day with our globally inspired cooking demo and book discussion—where HeartCorps brings the flavor and we bring the stories!

Questions? Contact: Kristina Kelley-Johnson, Library Director
(715) 247-5228 • kristina@somersestlibrary.org

Total Bills \$ 420,279.64

5/16/2025 11:17 AM

In Progress Checks - Quick Report - ALL

Page: 1

ALL Checks by Payee

ACCT

GENERAL CHECKING - FIRST NATL

Dated From: 1/01/2025

From Account:

Thru: 5/21/2025

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	5/21/2025	AMERICAN FIRE & SAFETY FIRE EXTINGUISHER SERVICE	335.90
	5/21/2025	BAKKE NORMAN SC ATTORNEY SERVICES	834.75
	5/21/2025	C & A LAWN CARE LLC VP/LFMP BALLFIELD MAINTENANCE	1,480.00
	5/21/2025	CHOSEN VALLEY TESTING INC TID 5 SOIL BORINGS	10,610.00
	5/21/2025	CHRISMAN, CAROLYN APRIL MARKETING	1,000.00
	5/21/2025	COMPUTER INTEGRATION TECHNOLOGIES INC IT SERVICES	906.30
	5/21/2025	CROSBY, SARAH REFUND UTILITY OVERPAYMENT	29.57
	5/21/2025	DIGGER'S HOTLINE WU/SU/LOCATES	81.00
	5/21/2025	DIGITAL THREAD INC ECON DEV/WEBSITE MAINTENANCE	3,800.00
	5/21/2025	EMERGENCY COMMUNICATION SYSTEMS ANNUAL SIREN MAINTENANCE	966.00
	5/21/2025	EO JOHNSON COMPANY COPIER MAINTENANCE AGREEMENT	91.00
	5/21/2025	ESTATE OF LUELLA SMITH REFUND UTILITY OVERPAYMENT	74.83
	5/21/2025	FERGUSON WATERWORKS #2516 METER READING EQUIPMENT/SOFTWARE	6,012.32
	5/21/2025	FINCH, JENNA & ZACH REFUND UTILITY OVERPAYMENT	161.63
	5/21/2025	HAKES WELLNESS SOLUTIONS LLC POL/WELLNESS VISIT	120.00
	5/21/2025	HAWKINS INC. WU/CHEMICALS	20.00
	5/21/2025	HELDT, ANDREW REFUND UTILITY OVERPAYMENT	41.81
	5/21/2025	HYDROCORP CROSS CONNECTION CONTROL PROGRAM-APRIL	1,974.00
	5/21/2025	JANSEN, KIMBERLY REFUND UTILITY OVERPAYMENT	13.97

5/16/2025 11:17 AM

In Progress Checks - Quick Report - ALL

Page: 2

ALL Checks by Payee

ACCT

GENERAL CHECKING - FIRST NATL

Dated From: 1/01/2025

From Account:

Thru: 5/21/2025

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	5/21/2025	KL MN 1 LLC REFUND UTILITY OVERPAYMENT	22.36
	5/21/2025	MARTIN-McALLISTER CONSULTING POL/ASSESSMENTS	3,000.00
	5/21/2025	McCUNE, AMY REFUND UTILITY OVERPAYMENT	39.10
	5/21/2025	MEYER TREE SERVICE LLC VILLAGE PARK BRUSH CLEANUP	1,700.00
	5/21/2025	MEYER, ALEX REFUND UTILITY OVERPAYMENT	102.96
	5/21/2025	MIDWEST NATURAL GAS INC. APRIL NATURAL GAS SERVICES	1,389.59
	5/21/2025	NANCE, HANNAH REFUND UTILITY OVERPAYMENT	187.90
	5/21/2025	OLSON SANITATION LLC MARCH & APRIL SERVICES	43,586.00
	5/21/2025	OPG-3 INC GEN/LASERFISCHE SOFTWARE	600.00
	5/21/2025	PARKER, ASHLEY REFUND UTILITY OVERPAYMENT	86.48
	5/21/2025	RASKA SEWER SERVICE PKS/PORTABLES AT DISC GOLF	157.50
	5/21/2025	SHAFFER, TERRA REFUND UTILITY OVERPAYMENT	128.47
	5/21/2025	SMITH, STEVE & JENNIFER REFUND UTILITY OVERPAYMENT	7.72
	5/21/2025	ST CROIX COUNTY HIGHWAY DEPT PW/SPRAY PATCH	2,076.65
	5/21/2025	ST CROIX COUNTY TREASURER APRIL COURT	120.00
	5/21/2025	ST. CROIX MACHINE-P. WENZEL REFUND UTILITY OVERPAYMENT	93.15
	5/21/2025	STATE OF WISCONSIN COURT FINES & SURCHARGES APRIL COURT	473.46
	5/21/2025	TRANSUNION RISK AND ALTERNATIVE CT/APRIL SERVICES	75.00
	5/21/2025	WISCONSIN RURAL WATER ASSOCIATION MEMBERSHIP RENEWAL-A BRIGGS	50.00

5/16/2025 11:18 AM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

GENERAL CHECKING - FIRST NATL

Accounting Checks

Posted From: 4/18/2025 From Account:
Thru: 5/16/2025 Thru Account:

Check Nbr	Check Date	Payee	Amount
63238	5/15/2025	ABT MAILCOM UTILITY BILLING-APRIL	1,264.02
63239	5/15/2025	AG SOURCE COOP SERVICES WU/SU/LAB TESTING	956.50
63240	5/15/2025	AMERICAN PEST SOLUTIONS QUARTERLY SERVICES	120.53
63241	5/15/2025	BOND TRUST SERVICES CORPORATION BOND AGENT FEE-2016A GO BOND	400.00
63242	5/15/2025	CINTAS FLOOR MATS/SANITIZER	123.95
63243	5/15/2025	EO JOHNSON COMPANY COPIER LEASE	107.10
63244	5/15/2025	GEMPLER'S SHOP SUPPLIES	119.99
63245	5/15/2025	HEINTZ, COLLEEN CT/MILEAGE TO MEETING IN HUDSON 5/7/25	18.20
63246	5/15/2025	HUDSON HOSPITAL POL/TESTING	55.00
63247	5/15/2025	JOHN DEERE FINANCIAL PW/EQUIPMENT MAINTENANCE	147.22
63248	5/15/2025	JOHNSON MOTOR SALES INC. POL/2020 SQUAD MAINTENANCE	268.00
63249	5/15/2025	MENARDS-STILLWATER LIB/PW/SUPPLIES	195.82
63250	5/15/2025	MIDWEST NATURAL GAS INC. MARCH SERVICES	1,942.78
63251	5/15/2025	NORTHWEST COMMUNICATIONS TELEPHONE EXPENSE	1,442.67
63252	5/15/2025	O'ROURKE MEDIA GROUP LICENSE RENEWAL NOTICE	61.40
63253	5/15/2025	OLSON SANITATION LLC MARCH SERVICES	451.00
63254	5/15/2025	SOMERSET UTILITIES WATER/SEWER SERVICES	8,455.58
63255	5/15/2025	ST CROIX COUNTY TREASURER PARCEL 181-4147-32-000	9.54
63256	5/15/2025	T-MOBILE POL/CELL PHONES	380.45

5/16/2025 11:18 AM

Reprint Check Register - Quick Report - ALL

Page: 2
ACCT

GENERAL CHECKING - FIRST NATL

Accounting Checks

Posted From: 4/18/2025 From Account:
Thru: 5/16/2025 Thru Account:

Check Nbr	Check Date	Payee	Amount
63257	5/15/2025	TF INSPECTION AGENCY LLC APRIL BUILDING PERMITS	14,687.00
63258	5/15/2025	TROJAN TECHNOLOGIES WWTP/UV BULBS	4,350.70
63259	5/15/2025	VERIZON WIRELESS PW/PKS/WU/SU/WIRELESS	498.73
63260	5/15/2025	WEST CENTRAL WISCONSIN BIOSOLIDS FACILITY APRIL SERVICES	16,066.37
63261	5/15/2025	WI DEPT OF JUSTICE - TIME POL/QUARTERLY TIME SYSTEM ACCESS	269.25
63262	5/15/2025	WILLOW RIVER ROD & GUN CLUB POLICE DEPARTMENT MEMBERSHIP	300.00
63263	5/15/2025	WISCONSIN DNR-ENVIRONMENTAL FEES SU/2025 ENVIRONMENTAL FEE	530.51
63264	5/15/2025	WISCONSIN PROFESSIONAL POLICE ASSOC APRIL & MAY UNION DUES	457.00
WIRE 042825	4/28/2025	BOND TRUST SERVICES CORPORATION 2016A GO BOND INTEREST PAYMENT	7,875.00
	Manual Check		
WIRE 042825	4/28/2025	WI ENVIRONMENTAL IMPROVEMENT FUND CWF & SDW DEBT PAYMENTS	224,940.78
	Manual Check		
EFT 041625-2	4/16/2025	PITNEY BOWES POSTAGE MACHINE LEASE	142.53
	Manual Check		
EFT 041825-1	4/18/2025	FEDERAL TAX PYMT FEDERAL TAX DEPOSIT	13,145.26
	Manual Check		
EFT 041825-2	4/18/2025	HSA BANK EMPLOYEE CONTRIBUTIONS	1,558.37
	Manual Check		
EFT 041825-3	4/18/2025	WISCONSIN DEFERRED COMP PROGRAM EMPLOYEE CONTRIBUTIONS	1,388.85
	Manual Check		
EFT 041825-4	4/18/2025	WISCONSIN DEPT OF REVENUE STATE TAX DEPOSIT 4/1/25-4/15/25	2,233.20
	Manual Check		
EFT 042025-1	4/20/2025	KWIK TRIP INC GASOLINE CHARGES	638.85
	Manual Check		
EFT 042425-1	4/24/2025	XCEL ENERGY ELECTRIC EXPENSE	11,468.89
	Manual Check		
EFT 043025-1	4/30/2025	AFLAC EMPLOYEE PREMIUMS	397.42
	Manual Check		
EFT 043025-2	4/30/2025	BP BUSINESS SOLUTIONS GASOLINE CHARGES	75.90
	Manual Check		

Form
AB-200

Alcohol Beverage License Application

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

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

- ☒ Class "A" Beer \$ 75.00 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 100.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>475.00</u>
Background Check Fee	\$ <u>7.00</u>
Publication Fee	\$ <u>13.00</u>
Total Fees	\$ <u>495.00</u>

Part A: Premises/Business Information

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

MLVansasse Inc.

2. Business Trade Name or DBA

Liquor Depot

3. FEIN

39-1840466

4. Wisconsin Seller's Permit Number

456-0000146436-03

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

10/19/1995

8. Wisconsin DFI Registration Number

M045576

9. Premises Address

350 Main Street

10. City

Somerset

11. State

WI

12. Zip Code

54085

13. County

St. Croix

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

15. Aldermanic District

16. Premises Phone

(715) 247-5336

17. Premises Email

maryjulliac@comcast.net

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.

The premises is located at 350 Main Street and includes the west half of the building.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ 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 or 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
Wallace	Mary	President

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Wallace	Mary	
Title	Email	
President	MaryWallace@lmo	
Signature	Date	
Mary Wallace	4/15/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
04/16/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual Questionnaire

Date 04/16/2025

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) MLVandoss & Inc.	
2. Business 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. Last Name Wallace		2. First Name Mary		3. M.I. L	
4. Relationship to Business (Title) President		5. Email marywallace@comcast.net		6. Business Phone (608) 785-1234	
7. Home Address 1020 Clipper Way					
8. City Woodbury		9. State MN		10. Zip Code 55125	
13. Drivers License/State ID State MN					

Part C: Address History							
1. Do you currently live in Wisconsin? ☐ Yes ☒ No							
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		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	Washington						
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

Mary Wallace

Date

4/13/25

Alcohol Beverage
Individual Questionnaire

Date 7/14/25

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) MLVanss Inc.	
2. Business 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. Last Name Miller		2. First Name Joshua	
4. Relationship to Business (Title)		3. M.I. A	
5. Email Lokie please@gmail.com			
7. Home Address 110 Depot Street			
8. City Somerset		9. State WI	10. Zip Code 54025
12. D		13. Drivers License/State ID WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			☒ Yes ☐ No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 09/2021
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
1863 Swenson St	Stillwater	MN	55082
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
MN	Washington	WI	St. Croix
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

4/4/25

Form
AB-200

Alcohol Beverage License Application

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

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

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

Fees	
License Fees	\$ <u>600⁰⁰</u>
Background Check Fee	\$ <u>21⁰⁰</u>
Publication Fee	\$ <u>13⁰⁰</u>
Total Fees	\$ <u>634⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 1074		
3. FEIN 39-1036365	4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization October 7, 1964	8. Wisconsin DFI Registration Number 1K04801
9. Premises Address 726 Hwy 35		
10. City Somerset	11. State WI	12. Zip Code 54025
13. County Saint Croix	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <u>Somerset Village of</u>	15. Aldermanic District -----
16. Premises Phone 715-247-2134	17. Premises Email LicensingDept@kwiktrip.com	18. Website www.KwikTrip.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with storage in lockable walk-in cooler, on sales floor, behind sales counter.		
20. Mailing Address (if different from premises address) Kwik Trip – Legal Dept., P.O. Box 2107		
21. City La Crosse	22. State WI	23. Zip Code 54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated **Please see enclosed list of retail store violations.	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ 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 or 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	
Wagner	David	CFO & Treasurer	
Howard	Allison	Agent	

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	
Signature <i>Scott P. Zietlow</i>		Date March 1, 2025

Part E: For Clerk Use Only

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

Alcohol Beverage
Individual QuestionnaireDate
03/01/2025

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

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

Wagner

2. First Name

David

3. M.I.

P

4. Relationship to Business (Title)

CFO & Treasurer

5. Email

LicensingDept@kwiktrip.com

6. Phone - Legal Dept.

(608) 791-7385

7. Home Address

W4460 Ober Rd.

8. City

Stoddard

9. State

WI

10. Zip Code

54658

13. Drivers License/State ID State

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

10/1965

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

Previous Address 1

City

State

Zip Code

N/A - At current address since October 2006

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
-------	--------	-------	--------	-------	--------	-------	--------

WI	La Crosse						
----	-----------	--	--	--	--	--	--

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
03/01/2025

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date: 3/31/25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) 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 Howard		2. First Name Allison		3. M.I. Jean
4. Relationship to Business (Title) Agent		5. Email LicensingDept@kwiktrip.com		
7. Home Address 800 Raymond St				
8. City Somerset		9. State WI	10. Zip Code 54025	
		13. Drivers License/State ID State WI		

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin: (MM/YYYY)
01/1994

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

Previous Address	City	State	Zip Code
800 Raymond St.	Somerset	WI	54025
754 E. 11 th St.	New Richmond	WI	54017
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
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 *Ali H. H.*

Date 3-31-25

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

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

Zietlow

2. First Name

Scott

3. M.I.

P

4. Relationship to Business (Title)

CEO & President

5. Email

LicensingDept@kwiktrip.com

6. Phone - Legal Dept.

(608) 791-7385

7. Home Address

1301 7th St. SW

8. City

Rochester

9. State

MN

10. Zip Code

55902

13. Drivers License/State ID State

MN

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address	City	State	Zip Code
Previous Address 1			
N/A - At current address since 1991			
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				
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

Scott P. Filtlow

Date

03/01/2025

Form
AB-200

Alcohol Beverage License Application

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

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

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

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>General Sam's Inc.</u>			
2. Business Trade Name or DBA <u>General Sam's</u>			
3. FEIN <u>20-1373365</u>		4. Wisconsin Seller's Permit Number <u>456-0000283978-03</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>710 Spring Street</u>			
10. City <u>Somerset</u>		11. State <u>WI</u>	12. Zip Code <u>54025</u>
13. County <u>St. Croix</u>		14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <u>Somerset</u>	
15. Aldermanic District		16. Premises Phone <u>715-760-0421</u>	
17. Premises Email <u>Kmontpetit829@gmail</u>		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>See attached maps</u>			
20. Mailing Address (if different from premises address) <u>PO Box 449</u>			
21. City <u>Somerset</u>		22. State <u>WI</u>	23. Zip Code <u>54025</u>
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or 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
montpetit	John	owner

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.
montpetit	John	L
Title	Email	
owner		
Signature	Date	
	4-16-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
04/16/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
04/16/2025

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)

General Sam's Inc

2. Business Trade Name or DBA

General Sam's

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Montpetit

2. First Name

John

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

7. Home Address

1968 County Rd I

8. City

Somerset

9. State

WI

10. Zip Code

54025

13. Drivers License/State ID State of

WI

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)
1965

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

Previous Address 1

1968 County Rd I

City

Somerset

State

WI

Zip Code

54025

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

WI St. Croix

State

County

State

County

State

County

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

4-16-25

**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 * trading post * La Pointe Building
* 40 acre field * 38 acres at Float Rite * Black Top on all 4 sides
Date(s): year round of building

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

5000

Hours of Operation: Weekdays: 8am-2am Weekends: 8am-2:30am

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: 4/16/25

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

← 210' →

50'

Tube stand
Tills

Garage doors in Tube stand



Concession
stand

Liquor
store

water in
cooler

Picnic Tables + Shelter

Upper bathhouse

Apple River

Patio

Shore line

106'

Awning 72'

General
Sams

40'

54'

6'

Storage first
Floor

Office second
Floor

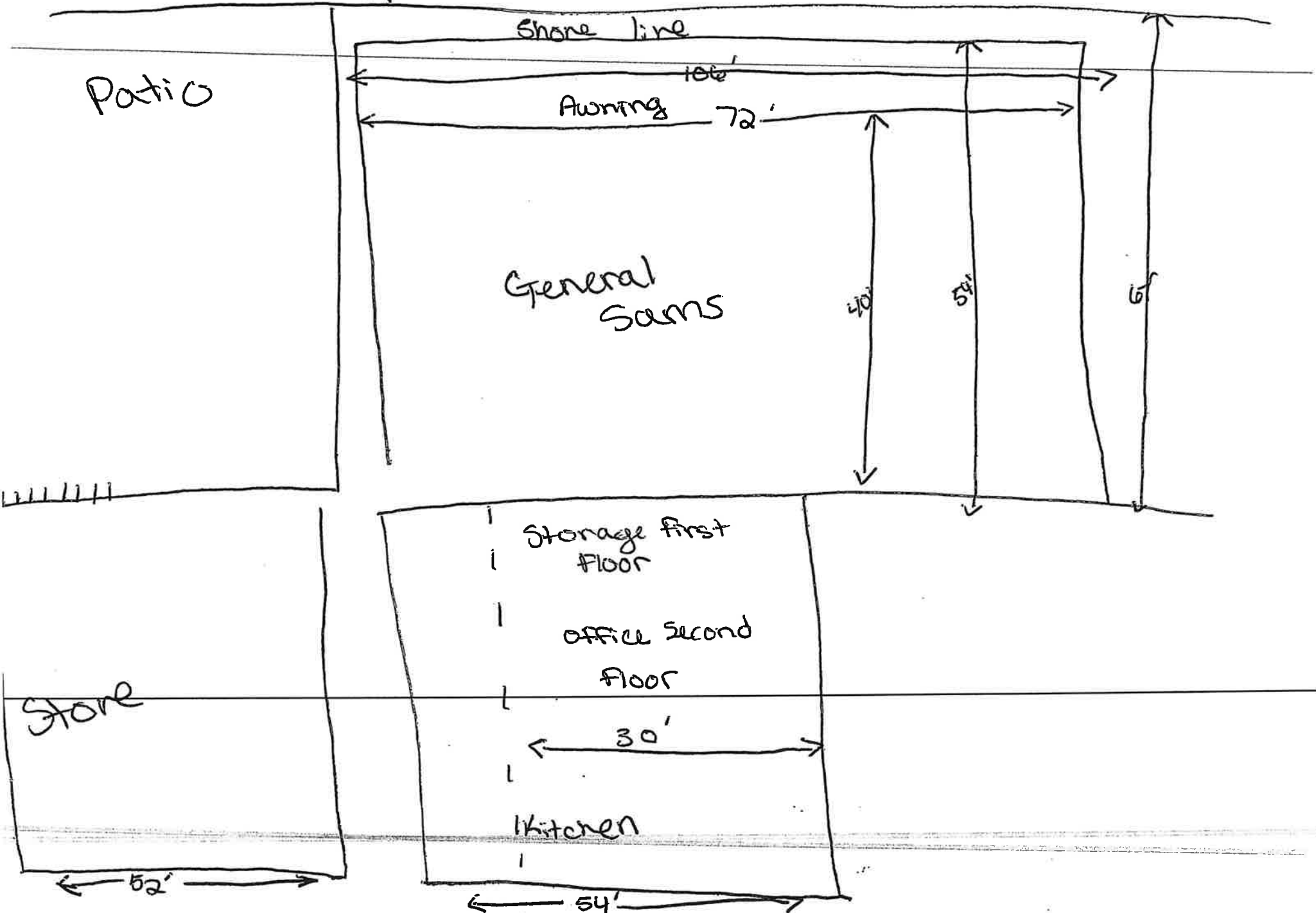
30'

Kitchen

Store

52'

54'



Float-Rite Park Campsite Identification Map

Campground
Lower Level

Campground
Upper Level

Float Rite
Campground
all Campsites

New Building

40 acre
field on CT4 RD.

Tue 22
6 PM

Gas
Sands

Trading
Post

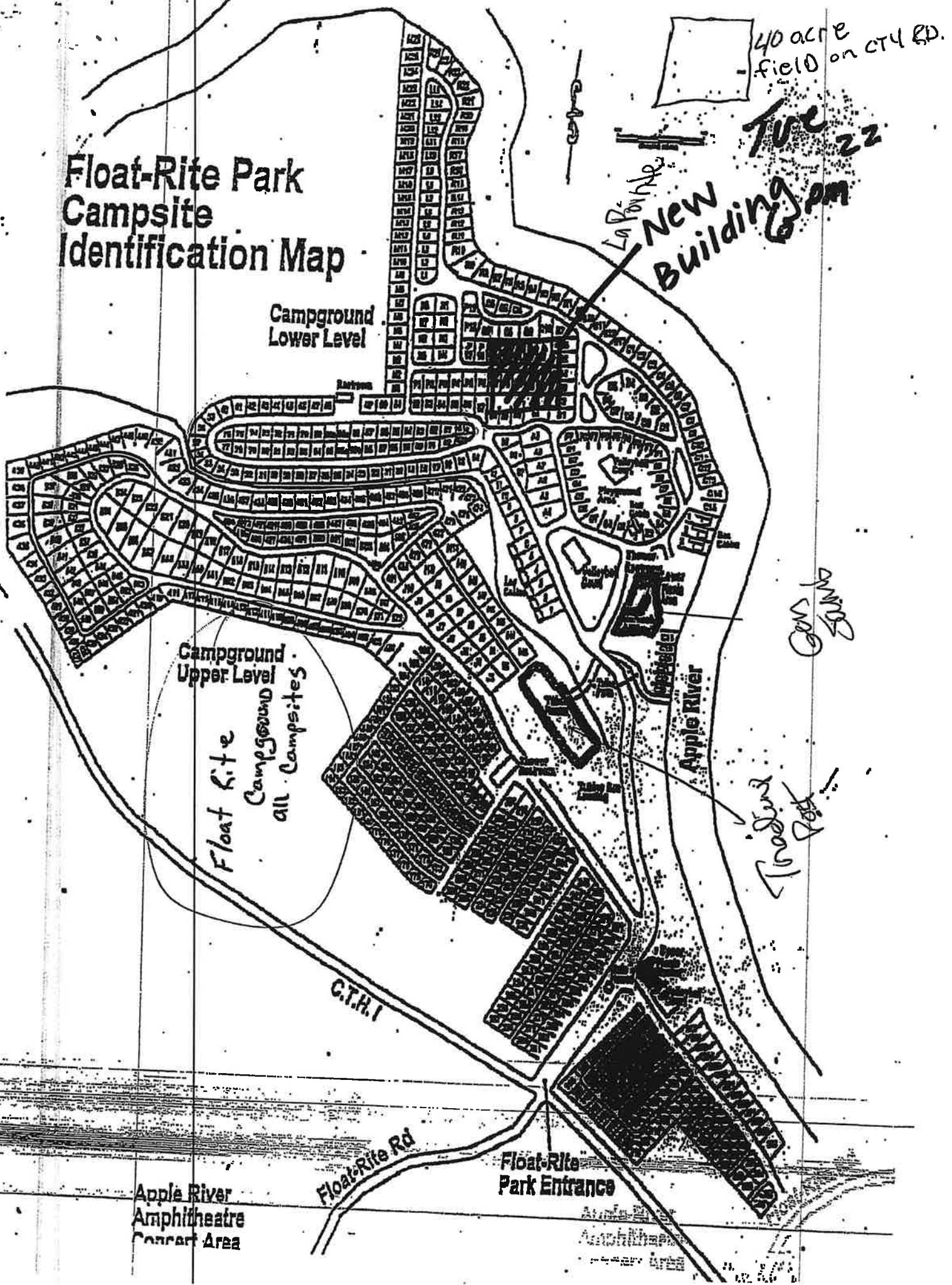
C.T.H. 1

Float-Rite Rd

Float-Rite
Park Entrance

Apple River
Amphitheatre
Concert Area

Amphitheatre
Concert Area



Form
AB-200

Alcohol Beverage License Application

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

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	\$ 600.00
Background Check Fee	\$ 7.00
Publication Fee	\$ 13.00
Total Fees	\$ 620.00

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Apple River Solutions LLC			
2. Business Trade Name or DBA Apple River Liquor			
3. FEIN 15-2414614		4. Wisconsin Seller's Permit Number 456-1027386672-02	
5. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 520 Main St.			
10. City Somerset		11. State	12. Zip Code
13. County St. Croix		14. Governing Municipality: ☐ City ☐ Town ☒ Village of: Somerset	
15. Aldermanic District		16. Premises Phone 715-247-2470	
17. Premises Email apple river liquor@gmail.com		18. Website N/A	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. all of only building on property			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Neumann	Rebecca	Owner	

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.
Neumann	Rebecca	
Title	Email	Phone
Owner	applepiezliquor@gmail.com	
Signature	Date	
Rebecca Neumann	4.16.25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/17/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual Questionnaire

Date 4/17/2025

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) Apple River Solutions LLC	
2. Business 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. Last Name Neumann		2. First Name Rebecca	
4. Relationship to Business (Title) owner		5. Email appleriverliquor@gmail.com	
7. Home Address 1010 22nd Ave		6. Phone	
8. City Somerset		9. State WI	
10. Zip Code 54035		13. Drivers License/State ID State WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			☒ Yes ☐ No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 1-11-83
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
336 Balsam Dr	Somerset	WI	54035
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

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

Rebecca Newman

Date

4.16.25

**VILLAGE OF SOMERSET
Beer Garden Application**

Applicant Information:

Name: Rebecca Neumann
Company: Apple River Solutions
Company Address: 520 MAIN ST.
SOMERSET WI 54085
Phone No.: 715-247-2478

Description of Property to be used:

West side of building, blacktop area

Date(s): July 1 25 - June 30 26

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

100

Hours of Operation: 11 am - 10 pm

Noise Control: _____

Plan for Maintaining Cleanliness:

garbage cans, maintenance, daily clean up

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

Site Plan
Permit Fee

Village use only

Date Submitted: 4/17/25

Date reviewed by Public Safety: _____

Date reviewed by Village Board: _____

Date Approved: _____

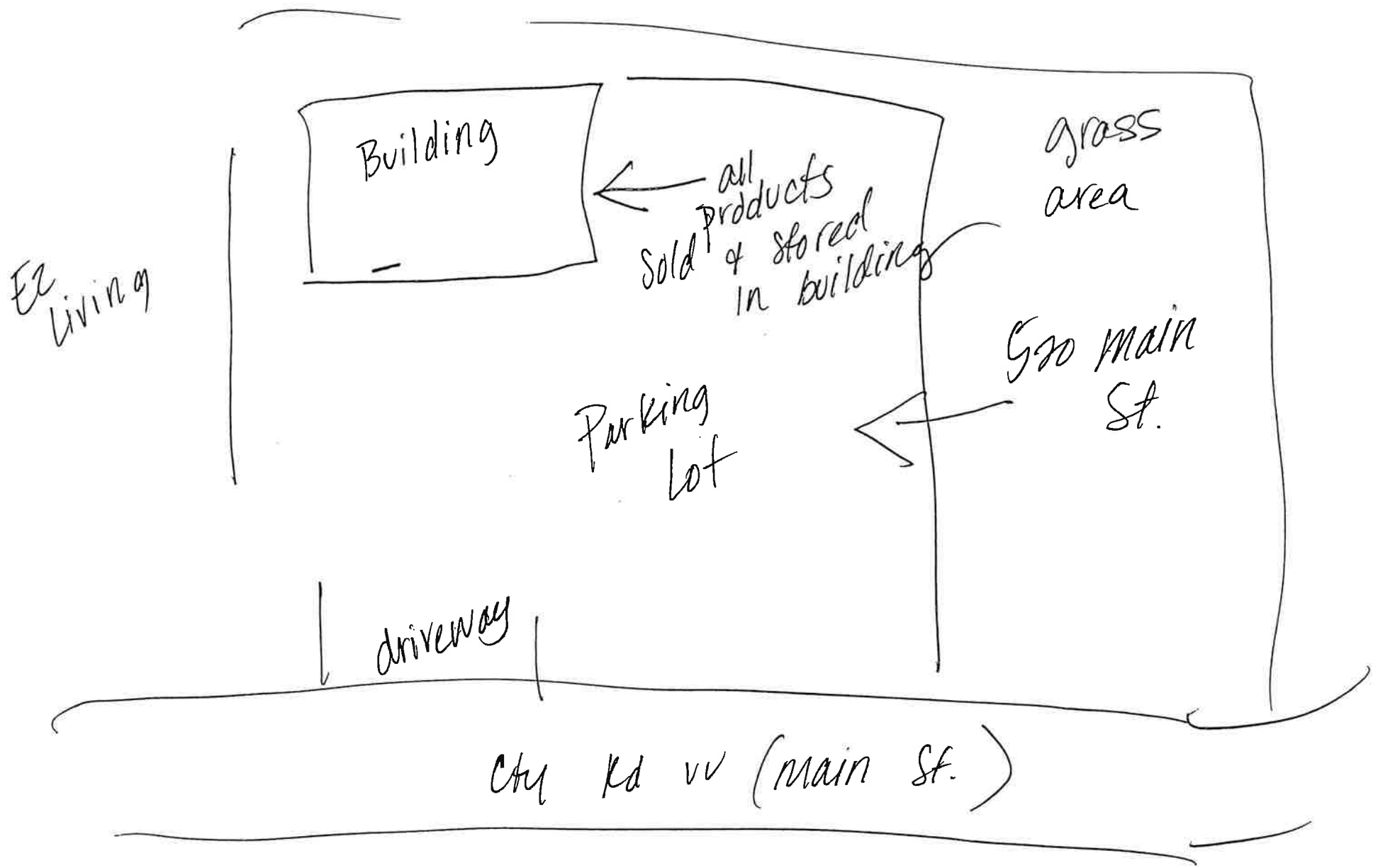
Date Disapproved: _____

Permit Expiration Date: _____

Date Fee Paid: _____

Permit Fee \$20.00

Apple River Liqueur



Form
AB-200

Alcohol Beverage License Application

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

License(s) Requested: (up to two boxes may be checked) Beer Garden \$20.00

- ☐ 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	\$ <u>620.00</u>
Background Check Fee	\$ <u>7.00</u>
Publication Fee	\$ <u>13.00</u>
Total Fees	\$ <u>640.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Patrick and Susan Ring LLC / PSR Properties</u>			
2. Business Trade Name or DBA <u>Rendezvous</u>			
3. FEIN <u>82-2008903</u>		4. Wisconsin Seller's Permit Number <u>456-1029475534-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>2017</u>	
8. Wisconsin DFI Registration Number <u>P070629 / P070332</u>			
9. Premises Address <u>220 Main Street</u>			
10. City <u>Somerset</u>		11. State <u>WI</u>	12. Zip Code <u>54025</u>
13. County <u>St. Croix</u>		14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <u>Somerset</u>	
15. Aldermanic District			
16. Premises Phone <u>715-241-5371</u>		17. Premises Email <u>Rendezvous@somtel.net</u>	
18. Website <u>rendezvous.somerset.com</u>			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>concrete structure including patio, not including garage or apartments.</u> <u>- see attached diagram.</u>			
20. Mailing Address (if different from premises address) <u>PO Box 310</u>			
21. City <u>Somerset</u>		22. State <u>WI</u>	23. Zip Code <u>54025</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ 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 . . ☐ 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
Ring	Patrick	President	

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Ring	First Name Patrick	M.I. T.
Title President	Email rendezvous@comtel.net	
Signature Patrick T. Ring	Date 4.4.25	

Part E: For Clerk Use Only

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

Alcohol Beverage
Individual Questionnaire

Date 4/4/2015

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) Patrick and Susan Ring LLC / PSR Properties	
2. Business Trade Name or DBA Rendezvous	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information			
1. Last Name Ring		2. First Name Patrick	
4. Relationship to Business (Title) President		5. Email rendezvous@somtel.net	
7. Home Address 1785 Hillcrest Drive / P.O. Box 310 (mail address)			
8. City Somerset		9. State WI	10. Zip Code 54025
12. Drivers License/State ID Number RS206786708908		13. Drivers License/State ID State WI	

Part C: Address History			
1. Do you currently live in Wisconsin? ☒ Yes ☐ No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 03/1967			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 1785 Hillcrest Drive		City Somerset	State WI
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County St Croix	State WI	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

4.9.25

VILLAGE OF SOMERSET
Beer Garden Application

Applicant Information:

Name: Patrick J. Ring
Company: Rendezvous
Company Address: 220 Main Street
Phone No.: 715-241-5311

Description of Property to be used:

Attached - Patio on South Side - Blueprint attached.

Date(s): 7-1-2025 to 6-30-2026

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

Annual Permit

Hours of Operation: Weekday 10AM - 2AM Weekends 10AM - 2:30AM

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: 4/4/25

Date reviewed by Public Safety: _____

Date reviewed by Village Board: _____

Date Approved: _____

Date Disapproved: _____

Permit Expiration Date: _____

Date Fee Paid: _____

Permit Fee \$20.00

[illegible]

Licensed Prequises
(Evolution Garage)

Form
AB-200

Alcohol Beverage License Application

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

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

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

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 13
Total Fees	\$ 613

Part A: Premises/Business Information

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

Somerstar Entertainment, LLC

2. Business Trade Name or DBA

Somerset Amphitheater

3. FEIN

38-3839572

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

DE

7. Date of Organization

03/28/2011

8. Wisconsin DFI Registration Number

9. Premises Address

715 Spring Street

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) 334-9080

17. Premises Email

18. Website

www.somersetamphitheater

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.

20. Mailing Address (if different from premises address)

950 Wayzata Blvd, Suite 104

21. City

Wayzata

22. State

MN

23. Zip Code

55391

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 . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Mithun	Raymond	Owner	

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 Mithun	First Name Raymond	M.I. M
Title Owner	Email matt@mithunent.com	
Signature 		Date 04/03/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 04/09/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
04/03/2025

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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) Somerstar Entertainment, LLC							
2. Business Trade Name or DBA Somerset Amphitheater							
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization							

Part B: Individual Information							
1. Last Name Mithun				2. First Name Raymond		3. M.I. M	
4. Relationship to Business (Title) Owner			5. Email matt@mithunent.com			6. Social Security Number [REDACTED]	
7. Home Address 465 Bovey Road							
8. City Wayzata			9. State MN		10. Zip Code 55391		
12. Drivers License/State ID Number [REDACTED]					13. Drivers License/State ID State MN		

Part C: Address History							
1. Do you currently live in Wisconsin?							☐ Yes ☒ No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				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	Hennepin	CA	San Fransico	NY			
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 04/03/2025
--	--------------------

Form
AB-200

Alcohol Beverage License Application

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

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

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

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ <u>7.00</u>
Publication Fee	\$ <u>13.00</u>
Total Fees	\$ <u>640.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>MAJ Inc</u>		
2. Business Trade Name or DBA <u>Sportsman's Bar + Grill</u>		
3. FEIN <u>39-1817387</u>	4. Wisconsin Seller's Permit Number <u>456-0000509015-03</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>WI</u>	7. Date of Organization <u>May 1995</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>217 Main St.</u>		
10. City <u>Somerset</u>	11. State <u>WI</u>	12. Zip Code <u>54025</u>
13. County <u>St. Croix Co</u>	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <u>Somerset</u>	15. Aldermanic District
16. Premises Phone <u>247-5174</u>	17. Premises Email <u>edandmissi@somtel.net</u>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>1 story wood-framed Building - full basement</u> <u>Kitchen + dining room - corner of Spring + Main Street</u>		
20. Mailing Address (if different from premises address) <u>P.O. Box 238</u>		
21. City <u>Somerset</u>	22. State <u>WI</u>	23. Zip Code <u>54025</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ 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 . . . ☐ 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
Fazekas	Melissa	President

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Fazekas		First Name Melissa		M.I. A
Title OWNER		Email edandmissi@samtel.net		
Signature Melissa Fazekas			Date 4/16/2025	

Part E: For Clerk Use Only

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

Alcohol Beverage
Individual QuestionnaireDate
4/16/2025

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) MAJ Inc	
2. Business 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. Last Name Fazekas		2. First Name Melissa	
3. M.I. A		4. Relationship to Business (Title) President	
5. Email edandmissi@comtel.net		6. Home Address 1958 Riverview Lane	
7. City Somerset		8. State WI	9. Zip Code 54025
10. Drivers License/State ID State			

Part C: Address History			
1. Do you currently live in Wisconsin? ☒ Yes ☐ No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 04/1966			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
1958 Riverview Lane	Somerset	WI	54025
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
WI	St. Croix		
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

Melissa Sazakas

Date

4-16-2025

**VILLAGE OF SOMERSET
Beer Garden Application**

Applicant Information:

Name: Melissa Fazekas
Company: Sportsman's
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. Fri 11:30am. to 2:30am.

Noise Control: _____

Sat 8AM. to 2:30am.
Sun 8AM to 2:00am.

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: 4/16/25

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

BEARINGS ARE REFERENCED
TO THE ST. CROIX COUNTY
COORDINATE SYSTEM

SCALE IN FEET 1" = 30'

LEGEND

-  FOUND 1" STEEL SURVEY MARK NAIL
-  FOUND 1" OUTSIDE DIAMETER IRON PIPE
-  SET 1" STEEL SURVEY MARK NAIL

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:

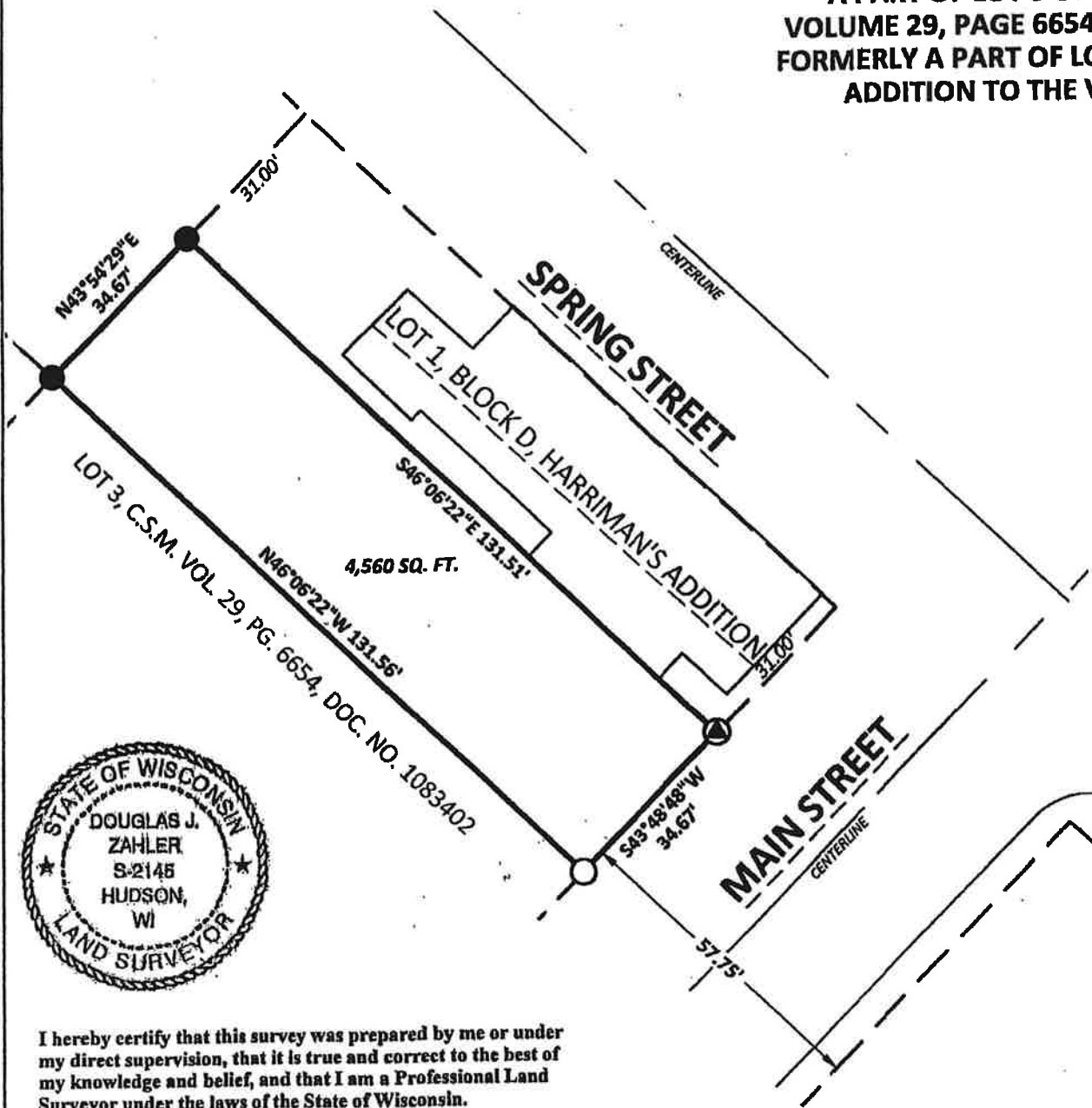
Beginning on the northwesterly line of Main Street at the easterly corner of said Lot 3; thence along said northwesterly line of Main Street S43°48'48"W a distance of 34.67 feet; thence N46°06'22"W a distance of 131.56 feet; thence along the northwesterly line of said Lot 3, N43°54'29"E a distance of 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.



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

07/23/20
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 $S43^{\circ}48'48''W$ a distance of 34.67 feet; thence $N46^{\circ}06'22''W$ a distance of 131.56 feet; thence along the northwesterly line of said Lot 3, $N43^{\circ}54'29''E$ a distance of 34.67 feet; thence along the northeasterly line of said Lot 3, $S46^{\circ}06'22''E$ a distance of 131.51 feet to the point of beginning. Containing 4,560 square feet of land.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality <u>V. Somerset</u>
License Period <u>7/1/25 - 6/30/26</u>

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

- ☒ Class "A" Beer \$ 75.00 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 40.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>475.00</u>
Background Check Fee	\$ <u>7.00</u>
Publication Fee	\$ <u>13.00</u>
Total Fees	\$ <u>495.00</u>

Part A: Premises/Business Information

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

APR WI LLC

2. Business Trade Name or DBA

BP-TO GO 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

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: 54025

15. Aldermanic District

16. Premises Phone

715-247-3764

17. Premises Email

dinoshop78431@gmail.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.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ 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 or 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
Adhikari	Samiksha	Manager
Pandey	Rad	Owner

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.
Adhikari	Samiksha	
Title	Email	
Manager	Samikshaadhikariaggwi@gmail.com	
Signature	Date	
Samiksha	4-28-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/28/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual Questionnaire

Date

4/28/25

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

ABG WI LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

ADHIKARI

2. First Name

SAMIKSHA

3. M.I.

4. Relationship to Business (Title)

Manager

5. Email

samiksha.adhikari@agwi@gmail.com

7. Home Address

360 N Knowles Ave, #C

8. City

New Richmond

9. State

WI

10. Zip Code

54017

12. [REDACTED]

13. Drivers License/State ID State

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)
10/2024

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

Previous Address 1

3505 Midora Dr

City

Denton

State

TX

Zip Code

76207

Previous Address 2

3700 S Canaway Rd, D11

City

Jonesboro

State

AL

Zip Code

37407

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

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.

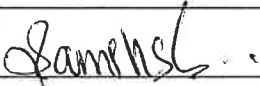
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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

04/28/2025

Form
AB-200

Alcohol Beverage License Application

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

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

- ☒ Class "A" Beer \$ 75 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ _____
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>13</u>
Total Fees	\$ <u>495.00</u>

Part A: Premises/Business Information

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

NIL9 Somerset Enterprises LLC

2. Business Trade Name or DBA

Dick's Fresh Market

3. FEIN

99-3818275

4. Wisconsin Seller's Permit Number

456-1031786777-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

06/24/2024

8. Wisconsin DFI Registration Number

9. Premises Address

107 Parent 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) 247-5015

17. Premises Email

n.lacek@dicksfreshmarket.

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.

Attached

20. Mailing Address (if different from premises address)

PO Box 55

21. City

Baldwin

22. State

WI

23. Zip Code

54002

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 .. ☐ 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.

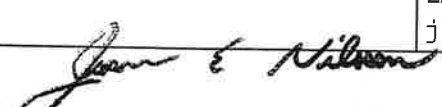
Last Name	First Name	Title
Nilssen	Jason	Owner

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.
Nilssen	Jason	
Title	Email	
Owner	jason@nilssensfoods.com	
Signature	Date	
	4-16-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/17/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
04/17/25

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NIL9 Somerset Enterprises LLC			
2. Business 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. Last Name Nilssen		2. First Name Jason		3. M.I. E	
4. Relationship to Business (Title) Owner		5. Email jason@nilssensfoods.com			
7. Home Address 2961 County Rd N					
8. City Wilson		9. State Wi		10. Zip Code 54027	
13. Drivers License/State ID State of Issuance 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
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				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
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

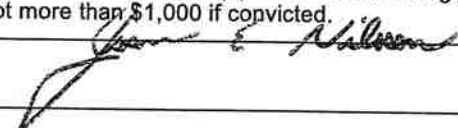
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

4-16-25

Form
AB-200

Alcohol Beverage License Application

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

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	\$ 100.00
Background Check Fee	\$ 7.00
Publication Fee	\$ 13.00
Total Fees	\$ 620.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Edgy Eats LLC			
2. Business Trade Name or DBA Edgy Eats			
3. FEIN 99-2992820		4. Wisconsin Seller's Permit Number 456-1031754069-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 5-5-24	
8. Wisconsin DFI Registration Number E066112			
9. Premises Address 120 Parent 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 612.910.1221	
17. Premises Email ali@appleriver.com		18. Website www.edgy-eats.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. see map			
20. Mailing Address (if different from premises address) PO BOX 67			
21. City Somerset		22. State WI	23. Zip Code 54025

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 or 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
Kaufman	Alisa	Owner

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 Kaufman	First Name Alisa	M.I. M
Title owner	Email ali@appleriver.com	
Signature Alisa M Kaufman	Date 4-14-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 04/15/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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)

Edgy Eats LLC

2. Business Trade Name or DBA

Edgy Eats

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Kaufman

2. First Name

Alisa

3. M.I.

M

4. Relationship to Business (Title)

Owner / President

5. Email

ali@appleriver.com

7. Home Address

1107 Circle Pine Dr

8. City

New Richmond

9. State

WI

10. Zip Code

54017

12. Drivers License/State ID Number

K155-0138-1668-05

13. Drivers License/State ID State of

Wisconsin

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

09/2018

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

Previous Address	City	State	Zip Code
2195 Station Village Way	San Diego	CA	92108
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
WI	St Croix Cnty	MN	Hennipen	ND	Grand forks		
CA	San Diego	MN	Anoka				

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.

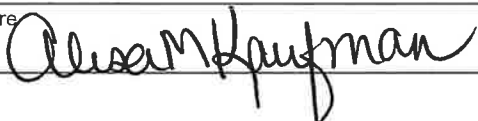
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

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 4.14.25
---	--------------

VILLAGE OF SOMERSET
Beer Garden Application

Applicant Information:

Name: Alisa Kaufman
Company: Edgy Eats
Company Address: 120 Parent St
Somerset, WI
Phone No.: 612.910.1221

Description of Property to be used:

see map - green highlighted area

Date(s): year round

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

Hours of Operation: sunday - saturday 10am - 2am

Noise Control: N/A

Plan for Maintaining Cleanliness:

daily cleaning

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

Site Plan
Permit Fee

Village use only

Date Submitted: 4/15/15

Date reviewed by Public Safety: _____

Date reviewed by Village Board: _____

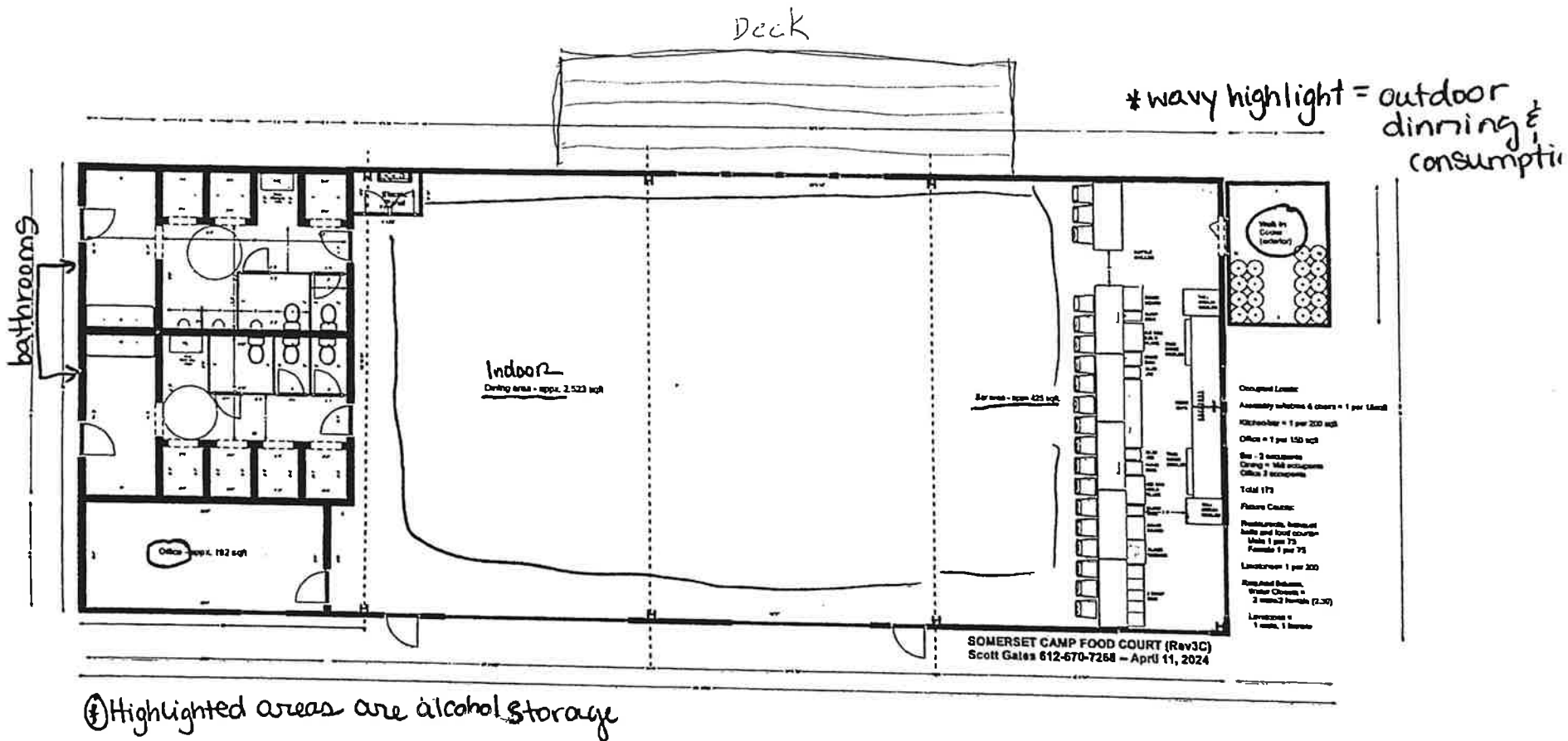
Date Approved: _____

Date Disapproved: _____

Permit Expiration Date: _____

Date Fee Paid: _____

Permit Fee \$20.00



Alcohol Beverage Appointment of Agent

Date 04/14/2025

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)

MV Vantage Inc.

2. Business Trade Name or DBA

Liquor Depot

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

Miller

2. First Name

Isabella

3. M.I.

A

4. Email

lorie.please@gmail.com

6. Home Address

110 Depot Street

7. City

Somer Set

8. State

WI

9. Zip Code

54025

12. Drivers License/State ID State

WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

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

Continued →

Form

AB-101

Alcohol Beverage
Appointment of Agent

Date: 3/31/25

Agent Type (check one)

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

Part A: Business Information

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

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

Howard

2. First Name

Allison

3. M.I.

Jean

4. Email

LicensingDept@kwiktrip.com

6. Home Address

800 Raymond St

7. City

Somerset

8. State

WI

9. Zip Code

54025

11. Drivers License/State ID Number

12. Drivers License/State ID State

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes ☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes ☐ No

Continued →

Alcohol Beverage Appointment of Agent

Date 4/16/2025

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) <u>General Sam's Inc</u>	
2. Business Trade Name or DBA <u>General Sam's</u>	
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 <u>Montpetit</u>	2. First Name <u>John</u>	3. M.I. <u>L</u>
4. Email		
6. Home Address <u>1968 County Rd I</u>		
7. City <u>Somerset</u>	8. State <u>WI</u>	9. Zip Code <u>54025</u>
12. Drivers License/State ID <u>WI</u>		

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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	☒ Yes ☐ No

Continued →

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date 4.16.25

Agent Type (check one)

☒ Original (no fee)

☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Apple River Solutions LLC

2. Business Trade Name or DBA

Apple River Liquor

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

Neumann

2. First Name

Rebecca

3. M.I.

L

4. Email

apple.river.liquor@gmail.com

5. Phone

6. Home Address

646 22nd Ave

7. City

Somerset

8. State

WI

9. Zip Code

54025

10

11. Drivers License/State ID

12. Drivers License/State ID State

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 (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?

☒ Yes

☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes

☐ No

Continued →

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
4/4/2025

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) Patrick and Susan Ring LLC / PSR Properties	
2. Business Trade Name or DBA Rendezvous	
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 Ring	2. First Name Patrick	3. M.I. T.
4. Email rendezvous@somtel.net		5. [Stamp]
6. Home Address 1785 Hillcrest Drive PO Box 310		
7. City Somerset	8. State WI	9. Zip Code 54025
11. Drivers License/State ID Number R5206786703908		12. Drivers License/State ID State WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. See — part C / b.	☐ Yes ☒ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	☒ Yes ☐ No

Continued →

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)

Somerstar Entertainment, LLC

2. Business Trade Name or DBA

Somerset Amphitheater

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

Lallier

2. First Name

Eugene

3. M.I.

4. Email

EJLallier@LiveNation.com

6. Home Address

1330 157th Ave

7. City

New Richmond

8. State

WI

9. Zip Code

54017

5.

10.

12. Drivers License/State ID State

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Alcohol Beverage Appointment of Agent

Date
4/16/2025

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) MAJ Inc	
2. Business Trade Name or DBA Sportsman's Bar & Grill	
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 Fazekas	2. First Name Edward	3. M.I. L		
4. Email edandmissi@somtel.net				
6. Home Address 1958 Riverview Lane				
7. City Somerset	8. State WI	9. Zip Code 54025	10. Drivers License/State ID State 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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	☒ Yes ☐ No

Continued →

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
4/28/2015

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

BP TO 40 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

ADHIKARI

2. First Name

SAMIKSHA

3. M.I.

4. Email

samikshaadhihariapgwi@gmail.com

6. Home Address

360 N Knowles Ave, HC

7. City

New Richmond

8. State

WI

9. Zip Code

54017

11. Drivers License/State ID Number

A326-7809-5839-09

12. Drivers License/State ID State

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 (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

Continued →

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
04/17/2025

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)

NIL9 Somerset Enterprises, LLC

2. Business Trade Name or DBA

Dick's Fresh Market

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

Nilssen

2. First Name

Jason

3. M.I.

E

4. Email

Jason@nilssensfoods.com

6. Home Address

2961 County Rd W

7. City

Wilson

8. State

WI

9. Zip Code

54027

11. Drivers License/State ID State

WI

12. Drivers License/State ID State

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

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

Part A: Business Information

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

Edgy Eats LLC

2. Business Trade Name or DBA

Edgy Eats

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

Kaufman

2. First Name

Alisa

3. M.I.

M

4. Email

ali@appleriver.com

5. Phone

6. Home Address

1107 Circle Pine Dr

7. City

New Richmond

8. State

WI

9. Zip Code

54017

10. Drivers License/State ID State

11. Drivers License/State ID Number

12. Drivers License/State ID State

Wisconsin

Part C: Agent Questions

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

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ☒ Yes ☐ No

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

Continued →

License(s) Requested	Fees	
☒ Temporary "Class B" Wine	License Fees	\$
☒ Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$

Part A: Organization Information

1. Organization Name SOMERSET LIONS CLUB		
2. Organization Permanent Address None		
3. City SOMERSET	4. State WI	5. Zip Code 54025
6. Mailing Address (if different from permanent address) P.O. Box 246		
7. FEIN	8. Date of Organization/Incorporation 2010 I	9. State of Organization/Incorporation WI
10. Phone 715-497-4806	11. Email DBRACHTEDAVIDBRACHT.COM	
12. Organization type (check one) ☒ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ☐ Yes ☒ No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
BRACHT	DAVID	president	715-497-4806
DUGGAN	BRIAN	VP	715-781-9614
VANASSE	Jeanne	Treas.	715-222-9216
Rutscher	ART	secretary	651-253-0047

Continued →

Alcohol Beverage
Individual QuestionnaireDate
04/14/2025

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

Somerset Lions Club

2. Business Trade Name or DBA

Same

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☐ Corporation☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Bracht

2. First Name

David

3. M.I.

R

4. Relationship to Business (Title)

president

5. Email

dbracht@davidbracht.com

6. Phone

(715) 497-4806

7. Home Address

648 196th Ave

8. City

Somerset

9. State

WI

10. Zip Code

54025

13. Drivers License/State ID State

WI

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

5-17-1957

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

Previous Address	City	State	Zip Code
1 438 Reed St	Somerset	WI	54025
2	City	State	Zip Code
3	City	State	Zip Code
4	City	State	Zip Code
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
WI	ST Croix						
State	County	State	County	State	County	State	County

Continued →

BRIAN

Form
AB-100

Alcohol Beverage
Individual Questionnaire

Date
4/15/25

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

Somerset Lions Club

2. Business Trade Name or DBA

same

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Duggan

2. First Name

Brian

3. M.I.

F

4. Relationship to Business (Title)

5. Email

Brian.duggan@somersetlionsclub.com

6. Phone

715-781-9614

7. Home Address

854 210th Ave

8. City

Somerset

9. State

WI

10. Zip Code

54025

13. Drivers License/State ID State

10-03-2018

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

12/1994

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

Previous Address	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	Ramsey						
State	County	State	County	State	County	State	County

Continued →

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

Somerset Lions

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Vanasse

2. First Name

Jeanne

3. M.I.

4. Relationship to Business (Title)

Treasurer

5. Email

Jmvanasse57@gmail.com

6. Phone

715-247-3377

7. Home Address

411 Raymond St

8. City

Somerset

9. State

WI

10. Zip Code

54025

11. Drivers License/State ID State of

WI

12. Drivers License/State ID State of

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

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

Previous Address 1	City	State	Zip Code
105 Depot St	Somerset	WI	54025
Previous Address 2	City	State	Zip Code
1621 50th St	Somerset	WI	54025
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
WI	St. Croix						
WI	Polk						

Continued →

PLAN COMMISSION APPLICATION



Home of the Apple River

APPLICANT'S NAME: St. Croix AR - Al Wittstock

APPLICANT'S ADDRESS: PO Box 395

PHONE: (715) 760-0223 EMAIL: al@wittstockbuilders.com

Parcel number and legal description of property: 032-2042-20-002, 032-2042-40-000, 032-2042-70-100
Part of the SE1/4 of the NW1/4, the NE1/4 of the SW1/4 and part of the SE1/4 of the SW1/4, Section 11, T30N, R19W;

- ☐ 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

4-3-25
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

Village of Somerset, WI**CLIENT LIAISON:**

Charles D. Schwartz, P.E.

Phone: (612) 548-3141

Cell: (651) 272-0041

cschwartz@msa-ps.com



DATE: MAY 1, 2025

TID #5 LIFT STATION & UTILITY EXTENSION

Haas Sons, Inc. installed the lift station structures and some of the structure interior piping. WisDOT located the casing pipes and Haas Sons, Inc. verified the locations. The found location was approx. 150 feet west of what's shown on the record drawings. MSA field personnel shot the new location and recorded the new elevations. A plan of the sanitary sewer and watermain new alignment will be provided to the Village for approval.

REQUESTED ACTION:

Public Works to consider recommending approval of Pay Application #1 for \$330,335.95. The Board to consider approval at their May 20th meeting.

TID #5 – LATITUDE 45 DEVELOPMENT

Dan's Excavating has installed the water main, sanitary sewer and storm sewer in the development. The crew plans to work on the utility connections and roadway realignment at Parent Street/180th Ave in mid-May.

REQUESTED ACTION:

Update only, no action needed.

PINE VALE FIRST ADDITION

Pine Vale is located on Village-owned property east of STH 35 at the intersection of 190th Avenue and La Grandeur Road. The First Addition is located at the north end of the property. North Pine Aggregate is currently working on the utilities.

REQUESTED ACTION:

Update only, no action needed.

PROJECT UPDATE

PINE VALE SUBDIVISION

MSA personnel has provided the developer items to be completed or corrected (substantial completion punch list). The developer is aware of the additional roadway pavement/subgrade failures over the winter that will be repaired at the same time as the punch list items.

REQUESTED ACTION:

Update only, no action needed.

WINESAP PRAIRIE SUBDIVISION AND FIRST ADDITION

The contractor is working items shown on the updated punch list dated March 31, 2025 and additional comments from the DNR on site meeting April 4, 2025.

REQUESTED ACTION:

Update only, no action needed.

RIVER HILLS NORTH

The Aspen Drive residents are concerned about the project restoration late last fall. The contractor is scheduling the drainage improvement work for this spring/summer.

REQUESTED ACTION:

Update only, no action needed.



LETTER OF TRANSMITTAL

TO: Village of Somerset
110 Spring Street
Somerset, WI 54025

DATE:	April 25, 2025	JOB NO.	#08783111
ATTENTION: Robert Gunther, DPW			
RE: TID #5 Lift Station Pay Application #1			

WE ARE SENDING YOU:

☒ Attached	☐ Copy	☐ Change Order	☐ Contract	☐ Pay Application
☐ Shop Drawings	☐ Prints/Plans	☐ Specifications	☐ Estimates	☐ Other (See Below)

COPIES	DATE	DESCRIPTION
• 1		Contractor's Application for Payment #1
•		
•		

THESE ARE TRANSMITTED AS CHECKED BELOW:

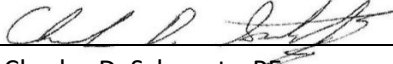
☒ For Approval	☐ Approved as Submitted
☒ For Your Use	☐ Approved as Noted
☐ As Requested	☐ Returned for Corrections
☐ For Review and Comment	☐ For Review and Signature
☐ For Bids Due	☐

SHOP DRAWINGS	
☐	Reviewed with No Comments
☐	Reviewed with Comments as Noted
☐	Amend And Resubmit
☐	Rejected (See Attached Comments)

REMARKS:

Attached is the Contractor's Pay Application #1 for \$330,335.95 for the TID #5 Lift Station project. This is for work completed from March 1, 2025 through April 24, 2025. During this period, the Contractor installed silt fence, graded the site, and installed lift station structures and piping. MSA has reviewed the Pay Application and recommend payment to the contractor.

Upon approval, please email an executed copy to us and a copy to Haas Sons, Inc. with payment. If you have any questions, please feel free to call us at 612-548-3141. Thank you.


Charles D. Schwartz, PE

COPY TO:

60 PLATO BLVD. EAST, SUITE 420, ST. PAUL, MN 55107-1835
P (612) 548-3231 • TF (866) 452-9454
WWW.MSA-PS.COM

Contractor's Application For Payment No. 1

To (Owner): Village of Somerset	Application Period: 3/1/25 4/24/25	Application Date: 4/24/25
Project: Somerset TID #5 Lift Station	From (Contractor): Haas Sons, Inc.	Notice to Proceed Date:
	Contract:	Via (Engineer): MSA Professional Services, Inc.
Owner's Contract No.:	Contractor's Project No.:	Engineer's Project No.: 08783111

Application for Payment

Change Order Summary

Approved Change Orders		
Number	Additions	Deductions
1	\$17,772.00	
2		
3		
TOTALS	\$17,772.00	\$0.00
NET CHANGE BY CHANGE ORDERS	\$17,772.00	

1. ORIGINAL CONTRACT PRICE	\$ 869,605.50
2. Net change by Change Orders	\$ 17,772.00
3. CURRENT CONTRACT PRICE (Line 1 ± 2)	\$ 887,377.50
4. TOTAL COMPLETED AND STORED TO DATE (Column G on Progress Estimate)	\$ 347,722.05
5. RETAINAGE:	
a. <u>5</u> % x \$ _____ Work Completed	\$ 17,386.10
b. <u>0</u> % x \$ _____ Stored Material	\$ 0.00
c. Total Retainage (Line 5a + Line 5b)	\$ 17,386.10
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c)	\$ 330,335.95
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)	\$ _____
8. AMOUNT DUE THIS APPLICATION	\$ 330,335.95

Contractor's Certification

The undersigned Contractor certifies that: (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 Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By: Brandon Haas Date: 4/25/2025

Payment of: \$330,335.95
(Line 8 or other - attach explanation of other amount)

is recommended by: _____ (Engineer) _____ (Date)

Payment of: \$330,335.95
(Line 8 or other - attach explanation of other amount)

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

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

Progress Estimate

Contractor's Application

Project: Somerset TID #5 lift Station						Application Number: 1						
						Application Date: 4/25/2025						
A			B1		B2	C	D	E	F	G	H	I
Item		Bid	Unit	Unit	Bid	Work Completed			Materials Pres.	Tot. Completed & Stored to Date		Balance to Finish
Bid Item #	Description	Qty		Price	Value	From Prev. Application	Qty this Period	Value this Application	Stored not in C or I	\$ (C*B1 + E + F)	% (G / B)	(B - G)
	SITE											
1	Mobilization	1.00	LS	\$20,760.00	\$20,760.00		0.25	\$5,190.00		\$5,190.00	25%	\$15,570.00
2	Clearing & Grubbing	0.30	AC	\$9,000.00	\$2,700.00		0.3	\$2,700.00		\$2,700.00	100%	\$0.00
3	Salvage & Reinstall Rip-Rap	100.00	SY	\$34.00	\$3,400.00			\$0.00		\$0.00	0%	\$3,400.00
4	Unclassified Excavation	7,000.00	CY	\$2.25	\$15,750.00		6000	\$13,500.00		\$13,500.00	86%	\$2,250.00
5	Base Aggregate Dense 1 1/4-Inch	300.00	TON	\$18.50	\$5,550.00			\$0.00		\$0.00	0%	\$5,550.00
6	Erosion and Sediment Control	1.00	LS	\$1.00	\$1.00			\$0.00		\$0.00	0%	\$1.00
7	Silt Fence	1,800.00	LF	\$2.20	\$3,960.00		1800	\$3,960.00		\$3,960.00	100%	\$0.00
8	Sediment Bale Barrier	200.00	LF	\$12.00	\$2,400.00			\$0.00		\$0.00	0%	\$2,400.00
9	Topsoil Placement & Grading	15,000.00	SY	\$1.00	\$15,000.00			\$0.00		\$0.00	0%	\$15,000.00
10	Erosion Mat, Class I, Type B, Urban	5,000.00	SY	\$1.95	\$9,750.00			\$0.00		\$0.00	0%	\$9,750.00
11	Seed & Fertilizer (WisDOT Mix 20)	15,000.00	SY	\$0.85	\$12,750.00			\$0.00		\$0.00	0%	\$12,750.00
12	Seed, Fertilize & Mulch (WisDOT Seed Mix 40)	550.00	SY	\$3.95	\$2,172.50			\$0.00		\$0.00	0%	\$2,172.50
13	Dewatering	1.00	LS	\$1.00	\$1.00		1	\$1.00		\$1.00	100%	\$0.00
14	Utility Line Opening (ULO)	4.00	EA	\$500.00	\$2,000.00		2	\$1,000.00		\$1,000.00	50%	\$1,000.00
	SITE TOTAL				\$96,194.50			\$26,351.00		\$26,351.00	27%	
	SANITARY SEWER											
15	Forcemain, DIP CL52, 8-Inch	100.00	LF	\$155.00	\$15,500.00			\$0.00		\$0.00	0%	\$15,500.00
16	Sanitary Sewer, PVC SDR-26, 10-Inch	90.00	LF	\$77.00	\$6,930.00			\$0.00		\$0.00	0%	\$6,930.00
17	Sanitary Sewer, HDPE DR17, 10-Inch	320.00	LF	\$90.00	\$28,800.00			\$0.00		\$0.00	0%	\$28,800.00
18	Sanitary Sewer, PVC C900, 12-Inch	25.00	LF	\$102.00	\$2,550.00			\$0.00		\$0.00	0%	\$2,550.00
19	Sanitary Sewer Manhole, 48-Inch, Complete	3.00	EA	\$7,100.00	\$21,300.00			\$0.00		\$0.00	0%	\$21,300.00
20	Structure Marker	6.00	EA	\$200.00	\$1,200.00			\$0.00		\$0.00	0%	\$1,200.00
21	Lift Station	1.00	LS	\$584,311.00	\$584,311.00		0.55	\$321,371.05		\$321,371.05	55%	\$262,939.95
	SANITARY SEWER TOTAL				\$660,591.00			\$321,371.05		\$321,371.05	49%	
22	Utility Allowance	1.00	LS	\$20,000.00	\$20,000.00			\$0.00		\$0.00	0%	\$20,000.00
	WATERMAIN	0.00										
22	Hydrant	2.00	EA	\$5,750.00	\$11,500.00			\$0.00		\$0.00	0%	\$11,500.00
23	Gate Valve & Box, 6-Inch	2.00	EA	\$2,500.00	\$5,000.00			\$0.00		\$0.00	0%	\$5,000.00
24	Gate Valve & Box, 12-Inch	2.00	EA	\$5,300.00	\$10,600.00			\$0.00		\$0.00	0%	\$10,600.00
25	Watermain, PVC C900, 6-Inch	20.00	LF	\$67.00	\$1,340.00			\$0.00		\$0.00	0%	\$1,340.00
26	Watermain, PVC C900, 12-Inch	140.00	LF	\$117.00	\$16,380.00			\$0.00		\$0.00	0%	\$16,380.00
27	Watermain, HDPE DR11, 12-Inch	300.00	LF	\$100.00	\$30,000.00			\$0.00		\$0.00	0%	\$30,000.00
28	Watermain Fittings	1,125.00	LBS	\$16.00	\$18,000.00			\$0.00		\$0.00	0%	\$18,000.00
	WATERMAIN TOTAL				\$112,820.00			\$0.00		\$0.00	0%	

Item		Bid	Unit	Unit	Bid	Work Completed			Materials Pres. Stored	Tot. Completed & Stored to Date		Balance to Finish
Bid Item #	Description	Qty		Price	Value	From Prev. Application	Qty this Period	Value this Application	not in C or I	\$ (C*B1 + E + F)	% (G / B)	(B - G)
CO#1	CHANGE ORDERS/ EXTRAS	1	LS	\$17,772.00	\$17,772.00			\$0.00		\$0.00	0%	\$17,772.00
	Change Order TOTAL											
	<u>TOTAL</u>				\$907,377.50			\$347,722.05		\$347,722.05		\$539,655.45

CHANGE ORDER NO.: 002

Owner: Village of Somerset
Engineer: MSA Professional Services, Inc.
Contractor: Haas Sons, Inc.
Project: TID 5 Lift Station & Utility Extension
Contract Name: Village of Somerset – TID 5 Lift Station & Utility Extension
Date Issued: April 22, 2025
Owner's Project No.:
Engineer's Project No.: 08783111
Contractor's Project No.:
Effective Date of Change Order: 4/30/2025

The Contract is modified as follows upon execution of this Change Order:

Description:

Section 26 36 00 – Transfer Switches

Page 26 36 00-2 – Part 1 General, Paragraph 1.03 – Description of Work,

REPLACE Paragraph G. to read:

G. Transfer Switch shall be furnished and installed in a factory **NEMA 3R painted steel enclosure suitable for exterior mounting**. Enclosure shall be lockable and completely secure all control operators.

Page 26 36 00-6 – Part 2 Products, Paragraph 2.04 – Enclosure,

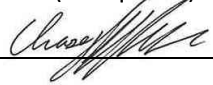
REPLACE Paragraph G. to read:

G. Transfer Switch shall be furnished and installed in a factory **NEMA 3R painted steel enclosure suitable for exterior mounting**. Enclosure shall be lockable and completely secure all control operators.

Attachments:

Change Order Quotation RE: NEMA 3R Transfer Switch (12-14 Week Lead time after approval)
[B&B Electric, dated 4/07/2025]

Change in Contract Price		Change in Contract Times [State Contract Times as either a specific date or a number of days]	
Original Contract Price:		Original Contract Times:	
\$ 869,605.50		Substantial Completion:	August 29, 2025
		Ready for final payment:	October 1, 2025
[Increase] from previously approved Change Orders No. 00 to No. 01		[Increase] [Decrease] from previously approved Change Orders No.00 to No. 01	
\$ 17,772.00		Substantial Completion:	0
		Ready for final payment:	0
Contract Price prior to this Change Order:		Contract Times prior to this Change Order:	
\$ 887,377.50		Substantial Completion:	August 29, 2025
		Ready for final payment:	October 1, 2025
[Increase] this Change Order:		[Increase] [Decrease] this Change Order:	
\$ \$1,979.25		Substantial Completion:	0
		Ready for final payment:	0
Contract Price incorporating this Change Order:		Contract Times with all approved Change Orders:	
\$ 889,356.75		Substantial Completion:	August 29, 2025
		Ready for final payment:	October 1, 2025

Recommended by Engineer (if required)		Authorized by Owner
By:	CHASE PRZYBYLSKI, PE 	_____
Title:	PROJECT ENGINEER	_____
Date:	4/22/2025	_____
	Authorized by Owner	Approved by Funding Agency (if applicable)
By:	_____	_____
Title:	_____	_____
Date:	_____	_____



1303 Western Ave.
Eau Claire WI. 54703
(715) 832-1676 Fax (715) 832-1677
ev@b-belectricinc.com
www.bandbelectric.com
Equal opportunity employer

4/7/2025

Somerset TID #5 Lift Station

ATTN: Chad Burish
Haas Inc.

RE: Nema 3R Transfer Switch (12-14 Week Lead time after approval)

B&B Material	\$1,639.00
B&B 15% Markup.....	\$246.00
Total.....	\$1,885.00

Any questions please call or E-mail.

Eric VanCalcar

Eric VanCalcar

Haas 5%

\$ 94.25

\$ 1979.25

CHANGE ORDER NO.: 003

Owner: Village of Somerset
Engineer: MSA Professional Services, Inc.
Contractor: Haas Sons, Inc.
Project: TID 5 Lift Station & Utility Extension
Contract Name: Village of Somerset – TID 5 Lift Station & Utility Extension
Date Issued: May 15, 2025
Owner's Project No.:
Engineer's Project No.: 08783111
Contractor's Project No.:
Effective Date of Change Order: May 20, 2025

The Contract is modified as follows upon execution of this Change Order:

Description: Casing pipe location verification needed in addition to the Utility Line Opening (ULO) bid item.

Attachments:

Change Order Time & Material Work Order from Haas Sons, Inc.

Change in Contract Price		Change in Contract Times [State Contract Times as either a specific date or a number of days]	
Original Contract Price:		Original Contract Times:	
\$ 869,605.50		Substantial Completion:	August 29, 2025
		Ready for final payment:	October 1, 2025
[Increase] from previously approved Change Orders No. 00 to No. 02		[Increase] [Decrease] from previously approved Change Orders No. 00 to No. 02	
\$ 19,751.25		Substantial Completion:	0
		Ready for final payment:	0
Contract Price prior to this Change Order:		Contract Times prior to this Change Order:	
\$ 889,356.75		Substantial Completion:	August 29, 2025
		Ready for final payment:	October 1, 2025
[Increase] this Change Order:		[Increase] [Decrease] this Change Order:	
\$ 5,199.50		Substantial Completion:	0
		Ready for final payment:	0
Contract Price incorporating this Change Order:		Contract Times with all approved Change Orders:	
\$ 894,556.25		Substantial Completion:	August 29, 2025
		Ready for final payment:	October 1, 2025

Recommended by Engineer (if required)
By: Charles D. Schwartz
Title: Operations Leader
Date: 5/15/2025

Authorized by Owner
By: _____
Title: _____
Date: _____

Authorized by Owner
Approved by Funding Agency (if applicable)

☐ EXTRA WORK ☒ TIME and MATERIAL WORK

124332

Plan Sheet No.(s)



Task Order

MSA Project Number: 08783123

This AGREEMENT (Agreement) is made effective May 20, 2025 by and between

MSA PROFESSIONAL SERVICES, INC (MSA)

Address: 60 Plato Blvd East, St. Paul, MN 55107-1835

Phone: (612) 548-3132

Representative: Charles D. Schwartz

Email: cschwartz@msa-ps.com

VILLAGE OF SOMERSET (OWNER)

Address: 110 Spring St., Somerset, Wisconsin 54025

Phone: (715) 247-3395

Representative: Ryan Sicard

Email: rsicard@villageofsomerset.us

Project Name: 2025 Mill, Overlay, and Micro-surfacing for Parnell Street, Germain Street, Evergreen Drive, Schachtner Street, and Lemire Street.

The scope of the work authorized is: See Attachment A: Scope of Services

The schedule to perform the work is: Approximate Start Date: May 20, 2025
Approximate Completion Date: July 1, 2025

The lump sum fee for the work is: \$4,450

This authorization for the work described above shall serve as the Agreement between MSA and OWNER. All services shall be performed in accordance with the Master Professional Services Agreement currently in force. Any attachments or exhibits referenced in this Agreement are made part of this Agreement. Payment for these services will be on a time and materials basis. A list of reimbursable expenses is included on the attached rate schedule.

This authorization for the work described above shall serve as the Agreement between MSA and OWNER. All services shall be performed in accordance with the Master Professional Services Agreement currently in force. Any attachments or exhibits referenced in this Agreement are made part of this Agreement. Payment for these services will be on a lump sum plus reimbursable basis. A list of reimbursable expenses is included on the attached rate schedule.

Approval: MSA shall commence work on this project in accordance with your written authorization. This authorization is acknowledged by signature of the authorized representatives of the parties to this Agreement. A copy of this Agreement signed by the authorized representatives shall be returned for our files.

VILLAGE OF SOMERSET

Ryan Sicard
Village President
Date: _____

MSA PROFESSIONAL SERVICES, INC.

Charles D. Schwartz, PE
Public Works Operations Leader
Date: May 15, 2025

ATTACHMENT A: SCOPE OF SERVICES

1. Design

- **Project Administration**
 - Manage and coordinate project team, budget and schedules. Maintain communication with Owner and stakeholders on project.
- **Quality Assurance/Quality Control**
 - Employ documented quality-assurance/quality-control procedures throughout project.
- **Exhibit Preparation**
 - Exhibit Preparation: Prepare an exhibit showing the limits of the project.
- **Request for Quotes**
 - Request for Quotes: prepare bidding documents and construction contracting documents.

2. Bidding

- Assist Owner in Advertising and Soliciting for Bids
- Administer Bid Document Distribution Process utilizing QuestCDN
- Issue Addenda as appropriate to clarify, correct, or change the bidding documents
- Conduct an Electronic Bid Opening located at MSA's Office
- Prepare Tabulation of Bids
- Assist Owner in evaluating bids and in assembling and awarding construction contracts.

ADDITIONAL SERVICES

Services that are not included in the above Scope of Services can be provided under separate contract or by amending the scope and fee listed in this Agreement. Examples of additional services that may be needed or desired for completion of the project include:

1. Assistance with acquisition of real estate and/or temporary or permanent easements
2. Survey mapping and monumentation
3. Utility system modeling
4. Funding applications and administration
5. Additional meetings not specifically listed in the scope.
6. Accommodations for environmental hazards, endangered species, or historical or cultural issues at or near the project site.
7. Permit assistance related to surface waters and wetlands.
8. Updates to Owner's electronic Geographic Information System to reflect changes from project.
9. Construction Observation

ATTACHMENT B: RATE SCHEDULE

<u>CLASSIFICATION</u>	<u>LABOR RATE</u>
Administrative	\$ 85 – \$154/hr.
Architects	\$ 85 – \$198/hr.
Community Development Specialists	\$137 – \$198/hr.
Digital Design	\$115 – \$151/hr.
Environmental Scientists/Hydrogeologists	\$110 – \$193/hr.
Geographic Information Systems (GIS)	\$100 – \$193/hr.
Housing Administration	\$ 97 – \$198/hr.
Inspectors/Zoning Administrators	\$110 – \$160/hr.
IT Support	\$175 – \$193/hr.
Land Surveying	\$ 85 – \$198/hr.
Landscape Designers & Architects	\$ 85 – \$220/hr.
Planners	\$ 85 – \$215/hr.
Principals	\$225 – \$314/hr.
Professional Engineers/Designers of Engineering Systems	\$155 – \$204/hr.
Project Managers	\$120 – \$248/hr.
Real Estate Professionals	\$140 – \$193/hr.
Staff Engineers	\$ 85 – \$149/hr.
Technicians	\$100 – \$151/hr.
Wastewater Treatment Plant Operator	\$ 92 – \$118/hr.

REIMBURSABLE EXPENSES

Copies/Prints	Rate based on volume
Specs/Reports	\$10
Copies	\$0.14/page
Plots	\$0.01/sq.in.
Flash Drive	\$10
GPS Equipment	\$20/hour - \$10.75/hour for DOT
GPS R2 Equipment	\$20/hour - \$2/hour for DOT
Dini Laser Level	\$85/per day
Mailing/UPS	At cost
Mileage – Reimbursement	IRS Rate – IRS Rate + \$5/day
Mileage – MSA Vehicle	\$0.70 mile standard/ \$0.69 mile for DOT
Nuclear Density Testing	\$30/day
Organic Vapor Field Meter	\$100/day
PC/CADD Machine	Included in labor rates
Robotic Survey Equipment	\$20/hour - \$10/hour for DOT
Stakes/Lath/Rods	At cost
Travel Expenses, Lodging, & Meals	At cost
Traffic Counting Equipment & Data Processing	At cost
Geodimeter	\$30/hour
Drone Flight	\$375/flight - \$360/flight for DOT

Labor rates represent an average or range for a particular job classification. These rates are in effect until December 31, 2025.

Fw: Agenda item for upcoming meeting

From Ryan Sicard <rsicard@villageofsomerset.us>
Date Fri 5/9/2025 3:36 AM
To Jessica Lehman <jlehman@villageofsomerset.us>

For 5/20 Regular Meeting Agenda

Ryan S. Sicard
Village President

rsicard@villageofsomerset.us

(715) 294-0960



[Book time to meet with me
with Microsoft Bookings
and Microsoft Teams](#)



Missed a meeting: [Watch Village Board & Committee Meetings on our YouTube Channel](#)

Village Website: villageofsomerset.us

Village: [Facebook Page](#)

Economic Development: ChooseSomerset.com

Get [Outlook for iOS](#)

From: Brandon Krohn <bkrohn@villageofsomerset.us>
Sent: Monday, April 21, 2025 1:46:21 PM
To: Ryan Sicard <rsicard@villageofsomerset.us>
Subject: Agenda item for upcoming meeting

Good Afternoon Ryan,
I would like to add an agenda item for the working session.
Public works.

Discussion/Possible approval -Donation of cement to food shelf. Not to exceed \$500

For a little background information -

The disc golf club will be pouring cement for tee pads.

My partner and I will be donating the labor and tools necessary to pour and finish the disc golf pads.

I also need to pour cement a pad for a shed at the food shelf.

Since my partner and I are donating the labor for both the disc golf course and the food shelf I would humbly ask that the village donate the materials for the shed pad.

We would just order two extra yards of cement the day we pour the pads which will be May 31.

I will not be able to make any motions or vote on the matter since I hold a position on the board for the food shelf.

Thanks a bunch,
Trustee BK

Village Trustee - Public Works Committee

715-338-6776



Sec. 2-4-5. Fire/rescue commission; appointment; authority.

~~(a)~~ *Fire/Rescue Department Officers.*

- ~~(1)~~ *Appointment.* The Fire Chief and Assistant Fire Chief shall be appointed by the Fire/Rescue Commission, following a survey of Fire/Rescue Department members, a review of training records, experience, and meeting other qualifications set forth by the Somerset Fire/Rescue Commission. The Fire Chief and Assistant Chief appointment will be for a period of two (2) years, subject to suspension or removal pursuant to law.
- ~~(2)~~ *Appointment.* The Captain(s) and all other officers will be appointed by the Fire/Rescue Department and confirmed by the Fire/Rescue Commission following a survey of the Fire/Rescue Department members, a review of training records, experience, and meeting other qualifications set forth by the Somerset Fire/Rescue Commission. The Captain(s) and other officers shall hold office during satisfactory performance, subject to suspension or removal pursuant to law.

~~(a)~~~~(b)~~ *Appointment of Commissioners.*

- (1) *Residency; Quorum.* The Board of Fire/Rescue Commissioners shall consist of six (6) citizens who are residents of the Village or Town of Somerset, four (4) of whom shall constitute a quorum with a tie vote being a no vote.
- (2) *Composition.* The ~~Joint~~ Fire/Rescue Commission members shall be:
 - a. *Village.*
 1. One (1) Village of Somerset Board Member.
 2. Two (2) Village of Somerset chosen at large, with terms starting alternate years.
 - b. *Township.*
 1. One (1) Town of Somerset Board Member.
 2. Two (2) Town of Somerset chosen at large, with terms starting alternate years.
- (3) *Confirmation.* All Fire/Rescue Commission member's appointment by each board will be approved by the board they are representing.
- (4) *Terms.* The Boards of the Village and Town of Somerset shall appoint members annually at their first meeting in May, with approval of a full board. Terms of appointments are two (2) years unless:
 - a. Resignation of member either from:
 1. Fire/Rescue Commission
 2. Board member
 - b. Suspension or removal by Fire/Rescue Commission.
 - c. Suspension or removal from office by Board.
 - d. Term of board membership is completed.
- (5) *Governance.* The Commission shall annually elect a chairperson, vice chairperson and secretary at its first meeting following the May meetings of the Village and Town Boards.

~~(b)~~~~(c)~~ *Scope and Mission of Authority Specified.* The provisions of Sec. 62.13, Wis. Statutes (except for the statutory optional powers) and all acts amendatory thereto so far as the same are applicable, are incorporated herein by reference and shall be effective in the same manner as set forth in full herein. In accordance with Sections 62.13 and 61.65, Wis. Statutes, the Fire/Rescue Commission shall have the following specific powers and authority.

- (1) To review and approve all those selected for employment by the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.
- (2) To conduct hearings on discharge or disciplinary actions within the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.
- (3) To review and approve all operations for the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.
- (4) To establish and maintain the ordinances governing the operation and conduct of members of the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.
- (5) To conduct hearings and resolve complaints of conflicts filed against or from within the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department in the performance of their assigned duties.
- (6) To review all budgets and audits of the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department and make recommendations to the Village and Town Boards of Somerset for approval or disapproval.
- (7) To review and make recommendations to the Boards on approval or disapproval of equipment needs to perform the duties of the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.
- (8) To review and make recommendations on the contract between the Village and Town of Somerset for the funding and operations of the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.
- (9) To request a special meeting between the Village and Town Boards of Somerset for conflicts or emergencies that may arise.
- (10) To sue or be sued where necessary to carry out an expressed power of duty.

~~(c)(d)~~ **(c)(d)** *Rules of Procedures.* The Fire/Rescue Commission shall, from time to time, make such rules and regulations as it may deem necessary to perform and execute the duties and powers herein vested in such Commission.

~~(d)(e)~~ **(d)(e)** *Authority of Boards.* The supervision, management of equipment of the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department of the Village and Town of Somerset is herein vested in the Somerset Fire/Rescue Commission. The Boards shall review and approve the salaries of the ~~chiefs~~ **chief** and members of the ~~Somerset Fire/Rescue~~ **Somerset** Fire/Rescue Department.

~~(e)(f)~~ **(e)(f)** *Record.* The Somerset Fire/Rescue Commission shall keep a record of its proceedings.

~~(f)(g)~~ **(f)(g)** *Commission Expenses.* The Village and Town Boards shall approve all funds for compensation and for the expenses of the Somerset Fire/Rescue Commission that are deemed necessary to perform its duties.

(Ord. No. A-550, 2-13-2007)

Sec. 5-2-1. Fire department generally.

- (a) *Fire Department Recognized.* The Somerset Fire Department is officially recognized as the Fire Department serving the Village of Somerset, and the duties of firefighting and fire prevention in the Village are delegated to such Department. The Somerset Fire Department shall be responsible for the program of fire defense for the citizens and property within the Village of Somerset.
- (b) *Appropriations.* The Village Board shall appropriate funds for Fire Department operations and for such apparatus and equipment for the use of the Fire Department as the Board may deem expedient and necessary to maintain efficiency and properly protect life and property from fire.
- (c) *Goals of the Fire Defense Program.*
 - (1) The primary objective of the fire defense program is to serve all citizens, without prejudice or favoritism, by safeguarding, collectively and individually, their lives against the effects of fires and explosions.
 - (2) The second objective of the fire defense program is to safeguard the general economy and welfare of the community by preventing major conflagrations and the destruction by fire of industries and businesses.
 - (3) The third objective of the fire defense program is to protect the property of all citizens against the effects of fire and explosions. All property deserves equal protection regardless of location or monetary value.
- (d) *Bylaws Governance.* The Somerset Fire Department shall be organized and governed pursuant to the rules of the Fire/Rescue Commission.
- (e) *Bylaws.* The Fire Department shall adopt bylaws for its control, management and government and for regulating the business and proceedings of the Department, which bylaws, after adoption by a two-thirds ($\frac{2}{3}$) vote of the members of the Department, shall not become effective until approved by the Village Board. Amendments shall be adopted in the same manner.
- ~~(f) *Fire Department Organization.* The Somerset Fire Department shall consist of the following officers: one (1) Chief, a First and Second Assistant Chief, a Secretary-Treasurer who shall hold office for such terms as may be determined by the by-laws adopted by the Department upon election by the members of the Department and upon approval by the Village Board together with as many drivers and firefighters who reside within the Village of Somerset as may be appointed by the Chief provided that at no time shall the Department consist of less than twenty (20) active members.~~
- ~~(g) *Applications.* Any person desiring to be a member of the Fire Department may file an application with the Secretary-Treasurer. Each applicant shall also file a certificate of physical fitness from such physician as the Chief may designate. The name of any applicant approved by the Chief as provided in the bylaws shall be presented to the Village Board for confirmation.~~
- ~~(h) *Election of Officers; Vacancy.* The selection of the Chief and Assistant Chiefs, and such social officers as may be required shall be selected pursuant to Section 2-4-5.~~
- (f) *Chief and assistant chief.* The fire chief and assistant chief shall be appointed by the fire/rescue commission, following a survey of fire department members, a review of training records, experience, and meeting other qualifications set forth by the fire/rescue commission. The fire chief and assistant chief appointment will be for a period of two years, subject to suspension or removal pursuant to law.
- (g) *Captains and other personnel.* Fire department captains and all other officers will be appointed by the fire department and confirmed by the fire/rescue commission following a survey of the fire department members, a review of training records, experience, and meeting other qualifications set forth by the fire/rescue commission. The captains and other officers shall hold office during satisfactory performance, subject to suspension or removal pursuant to law.

RESOLUTION NO. 2025-__

RESOLUTION PROVIDING FOR THE ISSUANCE, SALE AND DELIVERY OF \$1,630,000 GENERAL OBLIGATION PROMISSORY NOTES, SERIES 2025A, OF THE VILLAGE OF SOMERSET, WISCONSIN; ESTABLISHING THE TERMS AND CONDITIONS THEREFOR; DIRECTING THEIR EXECUTION AND DELIVERY; CREATING A DEBT SERVICE ACCOUNT THEREFOR; AND AWARDING THE SALE THEREOF

BE IT RESOLVED, by the Board of Trustees of the Village of Somerset, St. Croix County, Wisconsin (the "Village"), as follows:

Section 1. Note Purpose, Authorization, and Award.

1.01 Under and pursuant to the provisions of Wisconsin Statutes, Section 67.12(12) (the "Act"), the Village is authorized to issue and sell its general obligation promissory notes for any public purpose.

1.02 The Board of Trustees has determined that it is necessary and desirable that the Village issue \$_____ General Obligation Promissory Notes, Series 2025A (the "Notes"), for the purpose of financing of public improvements within Tax Incremental District No. 6 (the "District"), consisting of sanitary sewer, water main, storm water and street improvements in connection with the Pine Vale subdivision (the "Project"), together with such additional amounts as are necessary to pay for costs of issuance and underwriter's discount.

1.03 The Village has duly received bids for the Notes, including the bid of _____ of _____, Wisconsin (the "Purchaser"), to purchase the Notes at a cash price of \$_____, plus accrued interest on the total principal amount from June 10, 2025, to the date of delivery of the Notes and upon condition that the Notes mature and bear interest at the times and annual rates set forth in Section 2. The Village, after due consideration, finds such bid reasonable and proper and the best bid, and the bid of the Purchaser is hereby accepted. The President and the Village Clerk are authorized and directed to execute on the part of the Village a contract for the sale of the Notes in accordance with the Purchaser's bid. All actions of the President, the Village Clerk, and Ehlers & Associates, Inc., independent municipal advisor to the Village, taken with regard to the sale of the Notes are hereby ratified and approved.

Section 2. Terms and Form of the Notes.

2.01 A. The Notes to be issued hereunder shall be dated June 10, 2025, as the date of original issue, shall be issued in the denomination of \$5,000, or any integral multiple thereof, in fully registered form and lettered and numbered R-1 and upward. The Notes shall bear interest at the annual rates indicated below and shall mature on the following dates and in the following amounts:

Maturity Date	Amount	Interest Rate
November 1, 2028	\$	%
November 1, 2029	\$	%
November 1, 2030	\$	%
November 1, 2031	\$	%
November 1, 2032	\$	%
November 1, 2033	\$	%
November 1, 2034	\$	%
November 1, 2035	\$	%
November 1, 2036	\$	%
November 1, 2037	\$	%
November 1, 2038	\$	%
November 1, 2039	\$	%
November 1, 2040	\$	%
November 1, 2041	\$	%
November 1, 2042	\$	%
November 1, 2043	\$	%
November 1, 2044	\$	%

B. The Notes maturing on November 1 in the years 20__ and 2044 shall be subject to mandatory redemption prior to maturity pursuant to the requirements of this Section 2.01B at a redemption price equal to the stated principal amount thereof plus interest accrued thereon to the redemption date, without premium. The Fiscal Agent, as designated below, shall select for redemption, by lot or other manner deemed fair, on November 1 in each of the following years the following stated principal amounts:

For Notes maturing on November 1, 20__ (the “20__ Term Notes”):

PAYMENT DATE	AMOUNT
11/1/20__	\$_____
11/1/20__*	\$_____

* Final Maturity

For Notes maturing on November 1, 2044 (the “2044 Term Notes”):

PAYMENT DATE	AMOUNT
11/1/2043	\$_____
11/1/2044*	\$_____

* Final Maturity

2.02 The Notes maturing in the years 2028 through 2033 shall not be subject to redemption and prepayment prior to maturity, but those maturing, or subject to mandatory redemption, in the year 2034 and in subsequent years shall be subject to redemption and

prepayment at the option of the Village on November 1, 2033, and on any day thereafter, in whole or in part, and if in part at the option of the Village and in such manner as the Village shall determine. If less than all the Notes of a maturity are called for redemption, the Village, through the Fiscal Agent, will notify The Depository Trust Company, Jersey City, New Jersey (“DTC”) of the particular amount of such maturity to be prepaid. DTC will determine by lot the amount of each participant’s interest in such maturity to be redeemed and each participant will then select by lot the beneficial ownership interest in such maturity to be redeemed. All prepayments shall be at a price equal to the principal amount thereof plus accrued interest. No more than 60 days and no fewer than 30 days prior to the date fixed for redemption and prepayment of any Notes, notice of redemption shall be mailed to each registered owner of a Note to be redeemed, at the address shown on the registration books of the Village.

2.03 The Notes shall bear interest at the annual rates stated therefor in Section 2.01. The interest shall be payable semiannually on May 1 and November 1 in each year (each herein referred to as an “Interest Payment Date”) commencing on May 1, 2026. Interest will be computed upon the basis of a 360-day year of twelve 30-day months and will be rounded pursuant to the rules of the Municipal Securities Rulemaking Board. The Fiscal Agent appointed below shall make all interest payments with respect to the Notes by check or draft mailed to the registered owners of the Notes shown on the Note registration records maintained by the Fiscal Agent at the close of business on the 15th day (whether or not on a business day) of the month next preceding the Interest Payment Date at such owners’ addresses shown on such Note registration records.

2.04 A. The Notes shall be prepared for execution in accordance with the approved form and shall be signed by the manual or facsimile signature of the President and attested by the manual or facsimile signature of the Village Clerk. In case any officer whose signature shall appear on the Notes shall cease to be an officer before delivery of the Notes, such signature shall nevertheless be valid and sufficient for all purposes, as if he or she had remained in office until delivery.

B. The Village Clerk is authorized and directed to obtain a copy of the proposed approving legal opinion of Fryberger, Buchanan, Smith & Frederick, P.A., Duluth, Minnesota, which is to be complete, and cause the opinion to be attached to each Note.

2.05 Book-Entry System.

A. In order to make the Notes eligible for the services provided by DTC, the Village has previously agreed to the applicable provisions set forth in the Blanket Issuer Letter of Representations which has been executed by the Village and DTC (the “Representation Letter”).

B. Notwithstanding any provision herein to the contrary, so long as the Notes shall be in Book-Entry Form, the provisions of this Section 2.05 shall govern.

C. All of the Notes shall be registered in the name of Cede & Co., as nominee for DTC. Payment of interest on and principal of any Note registered in the name of Cede & Co. shall be made by wire transfer or New York Clearing House or equivalent same day funds by

10:00 a.m. CT or as soon as possible thereafter following the Fiscal Agent's receipt of funds from the Village on each Interest Payment Date to the account of Cede & Co. on each Interest Payment Date at the address indicated in or pursuant to the Representation Letter.

D. DTC (or its nominees) shall be and remain recorded on the Note Register as the holder of all Notes which are in Book-Entry Form. No transfer of any Note in Book-Entry Form shall be made, except from DTC to another depository (or its nominee) or except to terminate the Book-Entry Form. All Notes of such stated maturity of any Notes in Book-Entry Form shall be issued and remain in a single Note certificate registered in the name of DTC (or its nominee); provided, however, that upon termination of the Book-Entry Form pursuant to the Representation Letter, the Village shall, upon delivery of all Notes of such series from DTC, promptly execute, and the Fiscal Agent shall thereupon authenticate and delivery, Notes of such series to all persons who were beneficial owners thereof immediately prior to such termination; and the Fiscal Agent shall register such beneficial owners as holders of the applicable Notes.

The Fiscal Agent shall maintain accurate books and records of the principal balance, if any, of each such outstanding Note in Book-Entry Form, which shall be conclusive for all purposes whatsoever. Upon the authentication of any new Note in Book-Entry Form in exchange for a previous Note, the Fiscal Agent shall designate thereon the principal balance remaining on such Note according to the Fiscal Agent's books and records.

No beneficial owner (other than DTC) shall be registered as the holder on the Note Register for any Note in Book-Entry Form or entitled to receive any bond certificate. The beneficial ownership interest in any Note in Book-Entry Form shall be recorded, evidenced and transferred solely in accordance with the Book-Entry System.

Except as expressly provided to the contrary herein, the Village and the Fiscal Agent may treat and deem DTC to be the absolute owner of all Notes of each series which are in Book-Entry Form (i) for the purpose of payment of the principal of and interest on such Note, (ii) for the purpose of giving notices hereunder, and (iii) for all other purposes whatsoever.

E. The Village and the Fiscal Agent shall each give notices to DTC of such matters and at such times as are required by the Representation Letter, including the following:

- (i) with respect to notices of redemption; and
- (ii) with respect to any other notice required or permitted under this Note Resolution to be given to any holder of a Note.

All notices of any nature required or permitted hereunder to be delivered to a holder of a Note in Book-Entry Form shall be transmitted to beneficial owners of such Notes at such times and in such manners as shall be determined by DTC, the participants and indirect participants in accordance with the Book-Entry System and the Representation Letter.

F. All payments of principal, redemption price of and interest on any Notes in Book-Entry Form shall be paid to DTC (or Cede & Co.) in accordance with the Book-Entry System and the Representation Letter in same day funds by wire transfer.

2.06 The Village will enter into a contract with Bond Trust Services Corporation, of Roseville, Minnesota, to serve as its fiscal agent (the “Fiscal Agent”) with respect to the Notes pursuant to Wisconsin Statutes, Section 67.10(2), which contract shall be in substantially the form on file with the Village Clerk (the “Fiscal Agency Agreement”). The President and Village Clerk are hereby authorized and directed to enter into the Fiscal Agency Agreement on the Village’s behalf. Such contract may provide, among other things, for the performance by the Fiscal Agent of the functions listed in Wisconsin Statutes, Section 67.10(2)(a) to (j), where applicable, with respect to the Notes. No Note shall be valid or obligatory for any purpose unless or until the Fiscal Agent’s Authentication Certificate on such Note, substantially as set forth in Section 3 hereof, shall have been duly executed by an authorized representative of the Fiscal Agent. Authentication Certificates on different Notes need not be signed by the same representative. The executed Authentication Certificate on a Note shall be conclusive evidence that it has been delivered under this Resolution.

2.07 Each Note delivered upon transfer of or in exchange for or in lieu of any other Note shall carry all of the rights to interest, accrued and unpaid and to accrue, which are carried by such other Note. Each Note shall be dated by the Fiscal Agent as of the date of its execution. The Village and the Fiscal Agent shall not be required to make any transfer or exchange of any Notes called for redemption or to make any such exchange or transfer of the Notes during the 15 days next preceding the date of the first publication or the mailing (if there is no publication) of notice of redemption in the case of a proposed redemption of the Notes.

2.08 The Village and the Fiscal Agent may treat the person in whose name any Note is registered as the owner of such Note for the purpose of receiving payment of principal of and interest on such Note and for all other purposes whatsoever, whether or not such Note be overdue, and neither the Village nor the Fiscal Agent shall be affected by notice to the contrary. All such payments shall be valid and effectual to satisfy and discharge the liability upon such Note to the extent of the sum or sums so paid.

2.09 The principal of and interest on the Notes shall be payable by the Fiscal Agent in such funds as are legal tender for the payment of debts due the United States of America. The Village shall pay the reasonable and customary charges of the Fiscal Agent for the disbursement of principal and interest.

2.10 Delivery of the Notes and payment of the purchase price shall be made at a place mutually satisfactory to the Village and the Purchaser. Executed Notes shall be furnished by the Village without cost to the Purchaser. The Notes, when prepared in accordance with this Resolution and executed, shall be delivered by or under the direction of the Village Treasurer to the Purchaser thereof upon receipt of the purchase price plus accrued interest.

Section 3. Form of the Notes.

3.01 The Notes shall be typewritten or printed in substantially the following form:

UNITED STATES OF AMERICA
STATE OF WISCONSIN
COUNTY OF ST. CROIX

VILLAGE OF SOMERSET

R-_____ \$_____

GENERAL OBLIGATION PROMISSORY NOTE, SERIES 2025A

Rate	Maturity Date	Date of Original Issue	CUSIP
_____%	November 1, 20____	June 10, 2025	

REGISTERED OWNER: CEDE & CO.

PRINCIPAL AMOUNT: DOLLARS

The Village of Somerset, St. Croix County, Wisconsin (the “Village”), for value received, promises to pay to the registered owner specified above, or registered assigns, the principal amount specified above, on the maturity date specified above, and to pay interest on said principal amount to the registered owner hereof from the date of original issue set forth above, or from the most recent Interest Payment Date to which interest has been paid or duly provided for, until the principal amount is paid, said interest being at the rate per annum specified above. Interest is payable semiannually on May 1 and November 1 of each year (each referred to herein as an “Interest Payment Date”) commencing on May 1, 2026. Both principal hereof and interest hereon are payable in lawful money of the United States of America by check or draft at the main office of Bond Trust Services Corporation of Roseville, Minnesota, as fiscal agent (the “Fiscal Agent”), or at the office of such successor fiscal agent as may be designated by the Board of Trustees. The Fiscal Agent shall make all interest payments with respect to this Note directly to the registered owner hereof shown on the Note registration records maintained on behalf of the Village by the Fiscal Agent at the close of business on the 15th day of the month next preceding the Interest Payment Date (whether or not a business day) at such owner’s address shown on said Note registration records, without, except for payment of principal on the Note, the presentation or surrender of this Note, and all such payments shall discharge the obligation of the Village to the extent of the payments so made. Payment of principal shall be made when due upon presentation and surrender of this Note to the Fiscal Agent. For the prompt and full payment of such principal and interest as they become due, the full faith and credit and resources of the Village are irrevocably pledged.

This Note is one of a series issued by the Village in the aggregate amount of \$_____, all of like date and tenor, except as to number, maturity date, denomination, redemption privilege and interest rate, pursuant to the authority contained in Wisconsin Statutes,

Section 67.12(12), and all other laws thereunto enabling, and pursuant to an authorizing resolution adopted by the governing body of the Village on May 20, 2025 (the “Resolution”), for the purpose of providing funds for the Village’s public improvements within Tax Incremental District No. 6 (the “District”), consisting of sanitary sewer, water main, storm water and street improvements in connection with the Pine Vale subdivision. The Notes are payable from the 2025A Promissory Notes Debt Service Account in the Village’s Debt Service Fund and a direct annual ad valorem tax has been levied upon all of the taxable property within the Village, as set forth in the Resolution to which reference is made for a full statement of rights and powers thereby conferred.

The Notes have been designated by the Village as a “qualified tax-exempt obligation” for purposes of Section 265(b)(3) of the Internal Revenue Code of 1986, as amended.

The Notes maturing on November 1 in the years 20____ and 20____ shall be subject to mandatory redemption and redeemed in installments as provided in the Resolution, at par plus accrued interest to the date of redemption.

The Notes maturing in the years 2028 through 2033 shall not be subject to redemption and prepayment before maturity but those maturing, or subject to mandatory redemption, in the year 2034 and in subsequent years shall be subject to redemption and prepayment at the option of the Village on November 1, 2033, and on any day thereafter, in whole or in part, and if in part at the option of the Village and in such manner as the Village shall determine and by lot as to Notes maturing in the same year, at a price of par plus accrued interest to the redemption date. Not more than 60 days and no fewer than 30 days prior to the date fixed for redemption and prepayment of any Notes, notice of redemption shall be mailed to each registered owner of a Note to be redeemed. If any Note is redeemed in part, upon surrender of the Note being redeemed, the Village shall deliver or cause to be delivered to the registered owner of such Note a Note in like form in the principal amount equal to that portion of the Note so surrendered not being redeemed.

The Notes of this series are issued as fully registered Notes without coupons, in the denomination of \$5,000 or any integral multiple thereof. Subject to limitations set forth in the Resolution, the Village will, at the request of the registered owner, issue one or more new fully registered Notes in the name of the registered owner in the aggregate principal amount equal to the unpaid principal balance of this Note, all of like tenor except as to number and principal amount. Subject to limitations set forth in the Resolution, this Note is transferable by the registered owner hereof upon surrender of this Note for transfer at the principal corporate office of the Fiscal Agent, duly endorsed or accompanied by a written instrument of transfer in form satisfactory to the Fiscal Agent and executed by the registered owner hereof or the owner’s attorney duly authorized in writing. Thereupon the Village shall execute and the Fiscal Agent shall authenticate and deliver, in exchange for this Note, one or more new fully registered Notes in the name of the transferee of an authorized denomination, in an aggregate principal amount equal to the unpaid principal amount of this Note, of the same maturity, and bearing interest at the same rate.

IT IS CERTIFIED AND RECITED that all acts and conditions required by the Constitution and laws of the State of Wisconsin to be done and to exist precedent to and in the issuance of this Note, in order to make it a valid and binding general obligation of the Village in accordance with its terms, have been done and do exist in form, time and manner as so required; that all taxable property within the limits of the Village is subject to the levy of ad valorem taxes to the extent needed to pay the principal hereof and the interest hereon when due, without limitation as to rate or amount and that the issuance of this Note does not cause the indebtedness of the Village to exceed any constitutional or statutory limitation.

This Note shall not be valid or become obligatory for any purpose or be entitled to any security or benefit under the above described Resolution until the Fiscal Agent's Authentication Certificate hereon shall have been executed by the Fiscal Agent by one of its authorized representatives.

IN WITNESS WHEREOF, the Village of Somerset, St. Croix County, Wisconsin, by its governing body, has caused this Note to be executed in its name by the signatures of the President and the Village Clerk and its corporate seal or a true facsimile thereof to be impressed or imprinted hereon, all as of the date of original issue specified above.

Date of Authentication: _____

ATTEST:

[Form – no signature required]
Village Clerk

[Form – no signature required]
President

(SEAL)

FISCAL AGENT'S AUTHENTICATION CERTIFICATE

The Fiscal Agent confirms that the books reflect the ownership of this Note registered in the name of the owner named above in the principal amount and maturing on the date stated above and this Note is one of the Notes of the series issued pursuant to the Resolution hereinabove described.

BOND TRUST SERVICES CORPORATION
Roseville, Minnesota
Fiscal Agent

By _____
Authorized Representative

BOND COUNSEL OPINION

I certify that the attached is a full, true and correct copy of the legal opinion rendered by Bond Counsel on the issuance of the Notes, dated as of the date of original delivery of and payment for the Notes.

[Form – no signature required]
Village Clerk

REGISTRATION CERTIFICATE

This Note must be registered as to both principal and interest in the name of the owner on the books to be kept by Bond Trust Services Corporation of Roseville, Minnesota. No transfer of this Note shall be valid unless made on said books by the registered owner or the owner's attorney thereunto duly authorized and similarly noted on the registration books. The ownership of the unpaid principal balance of this Note and the interest accruing thereon is registered on the books of Bond Trust Services Corporation in the name of the registered owner last noted below.

Date	Registered Owner	Signature of Fiscal Agent
06/__/25	Cede & Co. c/o The Depository Trust Company 570 Washington Blvd. Jersey Village, New Jersey 07310 Federal Taxpayer I.D. No.: 13-2555119	

ASSIGNMENT

FOR VALUE RECEIVED, the undersigned sells, assigns, and transfers unto _____

(Name and Address of Assignee)

Social Security or other
Identifying Number of
Assignee

the within Note and all rights thereunder and does hereby irrevocably constitute and appoint _____ attorney to transfer the said Note on the books kept for registration thereof with full power of substitution in the premises.

Dated: _____.

NOTICE: The signature of this assignment must correspond with the name of the registered owner as it appears upon the face of the within Note in every particular, without alteration or enlargement or any change whatsoever.

Signature Guaranteed:

(Bank, Trust Company, member of
National Securities Exchange)

Unless this Note is presented by an authorized representative of The Depository Trust Company, a New York corporation ("DTC"), to the Village or its agent for registration of transfer, exchange, or payment, and any Note issued is registered in the name of Cede & Co. or in such other name as is requested by an authorized representative of DTC (and any payment is made to Cede & Co. or to such other entity as is requested by an authorized representative of DTC), ANY TRANSFER, PLEDGE, OR OTHER USE HEREOF FOR VALUE OR OTHERWISE BY OR TO ANY PERSON IS WRONGFUL, inasmuch as the registered owner hereof, Cede & Co., has an interest herein.

Section 4. Covenants, Funds, Accounts and Tax Levies.

4.01 Borrowed Money Fund. There is hereby created a separate and special fund designated as the 2025A Borrowed Money Fund (the "Borrowed Money Fund"), which shall be used solely for the purpose of financing the Project. There is hereby credited to the Borrowed Money Fund \$_____ of the proceeds of the Notes. The monies in said fund may from time to time be invested as provided in Section 66.0603(1m), Wisconsin Statutes.

4.02 Debt Service Fund. There is hereby established in the treasury of the Village, if it has not already been created, a debt service fund separate and distinct from every other fund (the "Debt Service Fund"), which shall be maintained in accordance with generally accepted accounting principles. Sinking funds established for obligations previously issued by the Village may be considered as separate and distinct accounts within the Debt Service Fund. There shall be maintained in the Debt Service Fund a separate account, to be designated the 2025A Promissory Notes Debt Service Account.

4.03 2025A Promissory Notes Debt Service Account. To the 2025A Promissory Notes Debt Service Account ("Debt Service Account") there is hereby pledged and irrevocably appropriated and there shall be credited: (1) any collections of all taxes levied herein for the payment of the Notes and interest thereon; (2) all investment earnings on funds in the Debt Service Account; (3) accrued interest, if any, received upon delivery of the Notes; (4) any

premium received by the Village above the par value of the Notes and accrued interest thereon; (5) the rounding amount of the Notes, if any; and (6) any and all other monies, including tax increment revenues of the District, which are properly available and are appropriated by the Board of Trustees to the Debt Service Account including further deposits as may be required by Section 67.11 of Wisconsin Statutes. The amount of any surplus remaining in the Debt Service Account when the Notes and interest thereon are paid shall be used to reduce the amount of taxes levied herein. No money shall be withdrawn from the Debt Service Account and appropriated for any purpose other than the payment of principal of and interest on the Notes until all such principal and interest has been paid in full and canceled; provided (i) the funds to provide for each payment of principal of and interest on the Notes prior to the scheduled receipt of taxes from the next succeeding tax collection may be invested in direct obligations of the United States of America maturing in time to make such payments when they are due; and (ii) any funds over and above the amount of such principal and interest payments on the Notes may be used to reduce the next succeeding tax levy, or may, at the option of the Village, be invested by purchasing the Notes as permitted by and subject to Section 67.11(2)(a), Wisconsin Statutes, in interest bearing obligations of the United States of America, or in other obligations of the Village, which investments shall continue to be a part of the Debt Service Account. When all of the Notes have been paid in full and cancelled, and all permitted investments disposed of, any money remaining in the Debt Service Account shall be deposited in the general fund of the Village, unless the Board of Trustees directs otherwise.

4.04 Tax Levy. For the purpose of paying the principal of and interest on the Notes as the same become due, the full faith, credit and resources of the Village are hereby irrevocably pledged and there hereby is levied on all the taxable property in the Village a direct, annual, irrepealable tax in such years and in such amounts as are sufficient to meet such principal and interest payments when due; said tax is hereby levied in the years and in the minimum amounts shown on Exhibit A hereto, which is incorporated by reference as though fully set forth herein. The Village shall be and continue to be without power to repeal such levy or obstruct the collection of said tax until all such payments have been made or provided for. After the issuance of the Notes, said tax shall be, from year to year, carried into the tax rolls of the Village and collected as other taxes are collected, provided that the amount of tax carried into said tax rolls may be reduced in any year by the amount of any surplus money in the Debt Service Account created in Section 4.02 hereof.

4.05 The Village authorizes the Purchaser to forward \$_____ for the payment of issuance expenses of the Notes to Wells Fargo Bank, National Association, Minneapolis, Minnesota, on the date of closing and delivery of the Notes (the "Closing Date") for further distribution as directed by the Village's municipal advisor, Ehlers & Associates, Inc., and as set forth in the officers' certificate provided to the Purchaser on the Closing Date.

Section 5. Certificate of Proceedings.

5.01 The officers of the Village are authorized and directed to prepare and furnish to the Purchaser and to bond counsel certified copies of all proceedings and records of the Village relating to the authorization and issuance of the Notes and other affidavits and certificates as may reasonably be requested to show the facts relating to the legality and marketability of the Notes as such facts appear from the official books and records of the officers' custody or otherwise known to them. All of such certified copies, certificates and affidavits, including any heretofore furnished, constitute representations of the Village as to the correctness of facts recited therein and the actions stated therein to have been taken.

5.02 The President and the Village Clerk are hereby authorized and directed to certify that they have examined the Official Statement prepared and circulated in connection with the issuance and sale of the Notes and that to the best of their knowledge and belief the Official Statement is a complete and accurate representation of the facts and representations made therein as of the date of the Official Statement.

5.03 The Village Clerk shall provide and keep a separate record book and shall record a full and correct statement of every step or proceeding had or taken in the course of authorizing and issuing the Notes.

5.04 In the event of the absence or disability of the President or the Village Clerk, such officers of the Village or members of the Board of Trustees as in the opinion of the Village's attorney may act in their behalf shall, without further act or authorization, execute and deliver the Notes, and do all things and execute all instruments and documents required to be done or executed by such absent or disabled officers.

Section 6. Tax Covenants.

6.01 The Village covenants and agrees with the holders of the Notes that the Village will (i) take all action on its part necessary to cause the interest on the Notes to be exempt from federal income taxes including, without limitation, restricting, to the extent necessary, the yield on investments made with the proceeds of the Notes and investment earnings thereon, making required payments to the federal government, if any, and maintaining books and records in a specified manner, where appropriate, and (ii) refrain from taking any action which would cause interest on the Notes to be subject to federal income taxes, including, without limitation, refraining from spending the proceeds of the Notes and investment earnings thereon on certain specified purposes.

6.02 A. No portion of the proceeds of the Notes shall be used directly or indirectly to acquire higher yielding investments or to replace funds which were used directly or indirectly to acquire higher yielding investments, except (i) for a reasonable temporary period until such proceeds are needed for the purpose for which the Notes were issued; and (ii) in addition to the above, an amount not greater than the lesser of five percent of the proceeds of the Notes or \$100,000. To this effect, any proceeds of the Notes and any sums from time to time held in the Debt Service Account (or any other Village account which will be used to pay principal and

interest to become due on the Notes) in excess of amounts which under the applicable federal arbitrage regulations may be invested without regard as to yield shall not be invested at a yield in excess of the applicable yield restrictions imposed by the arbitrage regulations on such investments after taking into account any applicable temporary periods or minor portion made available under the federal arbitrage regulations.

B. The proceeds of the Notes and money in the Debt Service Account shall not be invested in obligations or deposits issued by, guaranteed by or insured by the United States or any agency or instrumentality thereof if and to the extent that such investment would cause the Notes to be federally guaranteed within the meaning of Section 149(b) of the Internal Revenue Code of 1986, as amended (the “Code”).

C. The Village hereby covenants not to use the proceeds of the Notes, or to cause or permit them to be used, in such a manner as to cause the Notes to be “private activity bonds” within the meaning of Sections 103 and 141 through 150 of the Code.

6.03. A. The Village covenants and certifies to and for the benefit of the owners of the Notes that no use will be made of the proceeds of the Notes, which will cause the Notes to be arbitrage bonds within the meaning of Section 148(a) of the Code and the Treasury Regulations promulgated thereunder. Pursuant to such covenant, unless the Notes qualify under one or more of the arbitrage rebate exceptions, the Board of Trustees hereby agrees to comply throughout the term of the Notes with the requirements of Section 148 of the Code and any Treasury Regulations promulgated thereunder; to this end, the Village shall:

(1) maintain records identifying all “gross proceeds” (as defined in Section 148(f)(6)(B) of the Code) attributable to the Notes, the yield at which such gross proceeds are invested, any arbitrage profit derived therefrom (earnings in excess of the yield on the Notes) and any earnings derived from the investment of such arbitrage profit;

(2) make, or cause to be made as of the end of each Bond Year, the annual determinations of the amount, if any, of excess arbitrage required to be paid to the United States by the Village (hereinafter, the “Rebate Amount”);

(3) pay, or cause to be paid, to the United States at least once every five Bond Years the amount, if any, which is required to be paid to the United States, including the last installment which shall be made no later than 60 days after the day on which the Notes are paid in full;

(4) not invest, or permit to be invested, “gross proceeds” in any acquired non-purpose obligations so as to deflect arbitrage otherwise payable to the United States as a “prohibited payment” to a third party;

(5) retain all records of the annual determinations of the foregoing amounts until six years after the Notes have been fully paid; and

(6) in order to comply with the foregoing paragraph, the Board of Trustees shall determine the Rebate Amount within 30 days after the close of each Bond Year and upon payment in full of the Notes; upon each such determination, the Board of Trustees shall deposit in the Rebate Fund the Rebate Amount so determined; the Board of Trustees shall separately account for the earnings from the investment of the Rebate Amount and such earnings shall become part of the Rebate Amount.

B. For purposes of this Section, “Bond Year” shall mean the 12-month period beginning on the date of issuance of the Notes or such other 12-month period designated by the Board of Trustees which is permitted by the Code or any Treasury Regulation promulgated thereunder.

C. The Village shall use its best efforts to comply with any federal procedural requirements which may apply in order to effectuate the designation made by this Section.

6.04. In order to qualify the Notes as “qualified tax-exempt obligations” within the meaning of Section 265(b)(3) of the Code, the Village hereby makes the following factual statements and representations:

(1) the Notes are not “private activity bonds” as defined in Section 141 of the Code;

(2) the Village hereby designates the Notes as “qualified tax-exempt obligations” for purposes of Section 265(b)(3) of the Code;

(3) the reasonably anticipated amount of tax-exempt obligations (other than private activity bonds, treating qualified 501(c)(3) bonds as not being private activity bonds) which will be issued by the Village (and all entities whose obligations will be aggregated with those of the Village) during the calendar year in which the Notes were issued will not exceed \$10,000,000; and

(4) not more than \$10,000,000 of obligations issued by the Village during the calendar year in which the Notes were issued have been designated for the purposes of Section 265(b)(3) of the Code.

Section 7. Continuing Disclosure. The Village acknowledges that the Notes are subject to the continuing disclosure requirements of Rule 15c2-12 promulgated by the Securities and Exchange Commission under the Securities Exchange Act of 1934 (17 C.F.R. § 240.15c2-12) (the “Rule”). The Rule governs the obligations of certain underwriters to require that issuers of municipal bonds enter into agreements for the benefit of the bondholders to provide continuing disclosure with respect to such bonds. To provide for the public availability of certain information relating to the Notes and the security therefor and to permit underwriters of the Notes to comply with the Rule, which will enhance the marketability of the Notes, the President and the Village Clerk are hereby authorized and directed to execute a Continuing Disclosure Certificate substantially in the form of the Certificate currently on file in the office of the Village.

Section 8. Post-Issuance Tax Compliance. The Village Board of Trustees has previously approved a Post-Issuance Debt Compliance Policy and Post-Issuance Debt Compliance Procedures which applies to qualifying obligations to provide for compliance with all applicable federal regulations for tax-exempt obligations or tax-advantaged obligations (collectively, the “Policy and Procedures”). The Board of Trustees hereby approves the Policy and Procedures for the Notes. The Village Treasurer continues to be designated to be responsible for post-issuance compliance in accordance with the Policy and Procedures.

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Adopted May 20, 2025

President

Attest:

Village Clerk

EXHIBIT A

GENERAL OBLIGATION PROMISSORY NOTES, SERIES 2025A VILLAGE OF SOMERSET, WISCONSIN

TAX LEVY SCHEDULE

Levy Year/Collect Year	Tax Levy
2025/2026	\$ *
2026/2027	\$
2027/2028	\$
2028/2029	\$
2029/2030	\$
2030/2031	\$
2031/2032	\$
2032/2033	\$
2033/2034	\$
2034/2035	\$
2035/2036	\$
2036/2037	\$
2037/2038	\$
2038/2039	\$
2039/2040	\$
2040/2041	\$
2041/2042	\$
2042/2043	\$
2043/2044	\$

*\$_____ to be paid from funds deposited into the Debt Service Account from the premium on the sale of the Notes.

Sec. 14-1-20. Generally.

- (a) *Compliance.* No person, firm or corporation shall divide any land located within the jurisdictional limits of these regulations which results in a subdivision, land division, land conveyance, consolidation, or a replat as defined herein; no such subdivision, land division, land conveyance, consolidation, or replat shall be entitled to recording; and no street shall be laid out, nor improvements made to land, nor building permits issued for any land division without compliance with all requirements of this Chapter and the following:
- (1) The provisions of Ch. 236 and Sec. 80.08, Wis. Stats.
 - (2) The rules of the Division of Plumbing, Wisconsin Department of Commerce, contained in Wis. Adm. Code Chapter H85 for subdivisions not served by public sewer.
 - (3) The rules of the Division of Highways, Wisconsin Department of Transportation contained in Wis. Adm. Code Chapter HY 33 for subdivisions which abut a state trunk highway or connecting street.
 - (4) The rules of the Wisconsin Department of Natural Resources contained in the Wis. Adm. Code for the Floodplain Management Program, and the Shoreland/Wetlands Management Program.
 - (5) Comprehensive plans or components of such plans prepared by state, regional, county or municipal agencies duly adopted by the Village Board.
 - (6) All applicable Village of Somerset and county regulations, including zoning, sanitary, building and official mapping ordinances.
 - (7) The Village of Somerset Master Plan and Official Map, or components thereof:
 - a. Whenever a parcel to be subdivided embraces any part of a street, highway or greenway designated in said Master Plan or Official Map, such part of such proposed public way shall be platted and dedicated by the subdivider in the location and at a width indicated along with all other streets in the subdivision.
 - b. Where a proposed school site or other public ground shown on the Master Plan or Official Map of the Village of Somerset is located in whole or in part within the proposed subdivision, such proposed public ground or park shall be dedicated to the public when dedication is required by this Chapter or reserved for a period of up to five (5) years from the date of approval of the final plat for acquisition by the Village of Somerset, or any other appropriate agency having the authority to purchase said property. The Village, or other agency having the authority to purchase said property, and the subdivider shall enter into an agreement which provides for the purchase of the lands held in reserve prior to the conclusion of the five (5) year period.
 - (8) All applicable rules contained in the Wisconsin Administrative Code not listed in this Subsection.
 - (9) The Village's sewer and water rules on file with the Public Service Commission of the State of Wisconsin concerning sewer and water installations and services. These rules, and the Village's sewer use ordinance (Title 9, Chapter 2), are incorporated herein by reference and made a part hereof as though fully set forth herein.
- (b) *Extra-Territorial Plat Approval Jurisdiction.* Jurisdiction of these regulations shall include all lands within the corporate limits of the Village as well as the unincorporated area within the extra-territorial jurisdiction of the Village. The Village of Somerset, has elected to approve plats under its extra-territorial plat approval jurisdiction as provided in Chapter 236 and 66.32 of Wisconsin Statutes. The Village of Somerset will charge the applicant a base fee of 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. **The Village Engineer, Planning Commission Chairperson, and the Public Works Director shall review each Extra-Territorial Plat submissions and, at their discretion, determine whether an Extra-Territorial**

application has grounds for objection by the Village of Somerset. If the review finds that there may be an objection with an application then the matter will be advanced to the Plan Commission for discussion and recommendation to the Village Board. If the review finds that no objections exists with the application, then the applicant will be notified of said decision in writing and will not require the Plan Commission involvement. No fee will be charged if no Plan Commission involvement. In either event, the Extra-territorial application will require the approval of the Village Board.

- (c) *Jurisdiction.* The provisions of this Chapter, as they apply to divisions of tracts of land into less than five (5) parcels, shall not apply to:

- (1) Transfers of interests in land by will or pursuant to court order;
- (2) Leases for a term not to exceed ten (10) years, mortgages or easements;
- (3) Sale or exchange of parcels of land between adjoining property owners or where not more than one (1)

additional lot is created and said lot is not less than the minimum size required by applicable laws or ordinances. No more than one (1) lot may be created in this fashion within a one (1) year period.

- (d) *Certified Survey.* Any division of land other than a subdivision as defined in Sec. 236.02(8), Wis. Stats., shall be surveyed and a certified survey map prepared as provided in Sec. 236.34, Wis. Stats., subject to approval of the Village Board.
- (e) *Compliance; Issuance of Permits.* The Village of Somerset shall not recognize, and no building or other permits shall be issued by the Village authorizing the building on, occupancy, or improvement of any parcel of land not on record as of the effective date of this Chapter until the provisions and requirements of this Chapter have been fully complied with and a resolution approving the land division has been adopted by the Village Board of the Village of Somerset.
- (f) *Applicability to Condominiums.* This Chapter is expressly applicable to condominium developments within the Village's jurisdiction, pursuant to Sec. 703.27(1), Wis. Stats. For purposes of this Chapter, a condominium unit and any associated limited common elements shall be deemed to be equivalent to a lot or parcel created by the act of subdivision.
- (g) *Recording of Plats or Certified Surveys.* Plats and certified surveys, approved by the Village Board of the Village of Somerset, must be recorded together with the adopting resolution, with the County Register of Deeds within thirty (30) days of the date of the last resolution of preliminary approval and not later than six (6) months following the date of the first resolution of approval. Land divisions shall not be recognized by the Village until recorded with the Register of Deeds. The volume, page, and document numbers of the recording, shall be filed with the Village Clerk-Treasurer and Building Inspector prior to issuance of any permits. The subdivider shall file six (6) certified copies of the approved land division with the Village Clerk-Treasurer.

(Ord. No. A-640, 5-16-2017)

TITLE 5, CHAPTER 5. EMERGENCY GOVERNMENT

Sec. 5-5-1. County/municipal emergency government director; village committee.

- (a) *County/Municipal Emergency Government Director Designated.* The County/Municipal Emergency Government Director appointed and employed by St. Croix County is hereby designated and appointed Emergency Government Director of the Village of Somerset, subject to the conditions and provisions set forth in Wisconsin Statutes and the St. Croix County Emergency Government program and any subsequent amendments in conjunction with the Intergovernmental Cooperation Agreement—Emergency Management Services, on file with the Village Clerk-Treasurer. **The Chief of Police shall be Emergency Management Coordinator for the Village of Somerset and shall be the primary liaison to the St. Croix County Emergency Government. The Chief shall be responsible for updating and maintaining the Village's Emergency Government Plan in conjunction with the Village President.**
- (b) *Village Emergency Government Committee.* The Village Emergency Government Committee shall consist of six (6) members as follows: Village President, who shall be its presiding officer; Public Works Chairperson; Public Safety Chairperson; Fire Chief; Police Chief, Police Lieutenant, Public Works Director, and Village Clerk. **The President Pro Tem shall be a member if not any of the above members.**