Regular Meeting of the Village of Somerset Board of Trustees
Village Hall, 110 Spring Street Somerset, WI 54025 | Tuesday, May 19, 2026

President Donald Kern called the regular meeting to order at 6:00 p.m. Present at the Village Hall were, Chris Dubak, Caleb Garn, Donald Kern, Brandon Krohn, Jessica Plourde, Janna Stewart, and David Wolner. Also in attendance at the village hall was Bob Gunther, Director of Public Works. Village Attorney, Paul Mahler-Bakke Norman joined the meeting via zoom.

Approval of Agenda

Motion by Garn, second by Dubak to approve the agenda and motion carried.

Presentation – Somerset Champions Council

Cathy Ness presented the Board of Trustees with the Oscar the Grouch Trophy for picking up the most garbage during the Champions' Community Clean Up Day held on April 25, 2026.

Public Comment

Kathy Kittel, a candidate for St. Croix County Clerk of Court, introduced herself. There will be a primary on August 11, 2026.

Consent Agenda

Motion by Krohn, second by Garn to approve the Consent Agenda including the following:

- *Minutes of the Regular Board meeting on 04/21/2026*
- *Village, Water, and Sewer Bills*
- *Site Plan – Gerrard Companies*
- *CUP – Jason Reed*
- *Update from MSA*
- *Larry Forrest Fountain*
- *Multi-Use Trail Pay App #1*
- *Fire/Rescue Report*
- *Library Report*

Motion carried unanimously.

New Business

Ordinance A-712 Amending Sections 3-3-1(c) Definition of Record and 3-3-9 Electronic Storage of Department Records

Motion by Garn, second by Dubak to approve Ordinance A-712 Amending Sections 3-3-1(c) Definition of Record and 3-3-9 Electronic Storage of Department Records. Motion carried unanimously.

Ordinance A-713 Amending Title 7, Chapter 2, Fermented Malt Beverages and Intoxicating Liquor

Motion by Garn, second by Krohn to approve Ordinance A-713 Amending Title 7, Chapter 2, Fermented Malt Beverages and Intoxicating Liquor. Motion carried unanimously.

2026-2027 License Applications

Motion by Kern, second by Plourde to table the liquor license applications from Somerset Amphitheater, General Sam's and La Pointe Events. Motion carried unanimously.

Motion by Garn, second by Krohn to approve the liquor license applications for:

- Class "A" Beer & "Class A" Liquor License Renewal-BP to Go, APG WI LLC
- Class "A" Beer & "Class A" Liquor License Renewal-Dick's Fresh Market, NIL9 Somerset Enterprises LLC
- Class "A" Beer & "Class A" Liquor License Initial Application-Circle K, Indianhead Oil Co LLC
- Class "B" Beer & "Class B" Liquor License Renewal-Rendezvous, Patrick & Susan Ring LLC
- Beer Garden Permit-Rendezvous
- Class "B" Beer & "Class B" Liquor License Renewal-Kwik Trip #1074, Kwik Trip Inc.
- Class "B" Beer & "Class B" Liquor License Renewal (Reserve)-Edgy Eats, Edgy Eats LLC
- Beer Garden Permit-Edgy Eats
- Class "B" Beer & "Class B" Liquor License Renewal-Sportsman's Bar & Grill, MAJ Inc
- Beer Garden Permit-Sportsman's Bar & Grill
- Class "B" Beer & "Class B" Liquor License Renewal-Apple River Liquor, Apple River Solutions LLC
- Beer Garden Permit-Apple River Liquor

Motion carried unanimously.

2026-2027 Liquor License Agents

Motion by Kern, second by Krohn to table the liquor license agents for Somerset Amphitheater, General Sam's and La Pointe Events. Motion carried unanimously.

Motion by Kern, second by Wolner to approve the 2026-2027 Liquor License Agents for:

- *Samiksha Adhikari, BP to Go*
- *Jason Nilssen, Dick's Fresh Market*
- *Nathan Wood, Circle K*
- *Patrick Ring, Rendezvous*
- *Allison Howard, Kwik Trip*
- *Alisa Kaufman, Edgy Eats*
- *Ed Fazekas, Sportsman's Bar & Grill*
- *Rebecca Neumann, Apple River Liquor*

Motion carried unanimously.

Warning Lights Quote for Pea Soup Days Parade Traffic Control Equipment
Motion by Garn, second by Wolner to approve half the cost of the quote from Warning Lights; to be split between Public Safety and Public Works. Motion carried unanimously. The remaining half of the quote will be covered by the Lions Club for the Pea Soup Day parade.

Public Safety Campus Feasibility Study for Police, Fire and EMS Future Needs
Motion by Garn, second by Plourde to continue moving forward with the draft Public Safety Campus Feasibility Study RFP/RFQ. Motion carried unanimously.

Ad Hoc Advisory Committee – Neighborhood Issues
Motion by Kern, second by Garn to develop an ad hoc advisory committee to address community concerns. Motion carried unanimously.

Old Business

Committee Appointments
Kern made the following appointments:

- *Plan Commission – Brent Stanley*
- *Police Review Board – Brenda Forrest*
- *Fire/Rescue Commission – Tim O'Brien and Ashley Boyd (alternate)*
- *St. Croix Pedestrian & Bike Trails Coalition – Carin Cook and Tom Green*

Motion by Garn, second by Krohn to approve the appointments as presented. Motion carried unanimously.

Adjourn
Motion by Garn, second by Krohn to adjourn and motion carried unanimously. Meeting adjourned at 6:51 p.m.

Jessica Lehman, Village Clerk/Deputy Treasurer
(Minutes are not official until approved at next meeting)

Total Bills $387,876.32

Dated From: 1/01/2026 From Account:
Thru: 6/17/2026 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/17/2026	BAKKE NORMAN SC ATTORNEY SERVICES	1,388.75
Manual Check	6/03/2026	CARDMEMBER SERVICE MAY CHARGES	5,003.99
	6/17/2026	CHINANDER, TODD LIB/MILEAGE & SUPPLIES REIMBURSEMENT	75.94
	6/17/2026	CLIFTONLARSONALLEN 2025 AUDIT SERVICES	3,200.00
	6/17/2026	COUNTRYSIDE PLUMBING & HEATING LIB/HVAC MAINTENANCE	493.50
Manual Check	6/01/2026	DELTA DENTAL OF WISCONSIN JUNE DENTAL INSURANCE PREMIUMS	1,878.33
	6/17/2026	EO JOHNSON COMPANY LIB/COPIER MAINTENANCE AGREEMENT	690.72
	6/17/2026	EO JOHNSON COMPANY WU/SU/PRINTER MAINTENANCE AGREEMENT	177.24
	6/17/2026	GEMPLER'S PW/SUMMER HELP SAFETY EQUIPMENT	218.29
	6/17/2026	GREEN, TOM LIB/HOME DELIVERY MILEAGE	20.45
	6/17/2026	HAUGEN, HEIDI LIB/REIMBURSE PURCHASE FOR PROGRAM 5/19	16.90
	6/17/2026	HAWKINS INC. SU/CHEMICALS	4,007.29
	6/17/2026	INGRAM LIBRARY SERVICES LIB/BOOKS	596.67
	6/17/2026	KELLEY-JOHNSON, KRISTINA REIMBURSEMENT	319.97
	6/17/2026	KILKELLY, DANIEL LIB/TUITION REIMBURSEMENT	1,500.00
	6/17/2026	LE PHILLIPS MEMORIAL PUBLIC LIBRARY REPLACE MISSING PART-BATTERY COVER	1.00
Manual Check	6/03/2026	MEDICA JUNE HEALTH INSURANCE PREMIUMS	28,664.61
	6/17/2026	MEYER TREE SERVICE LLC PKS/CLEAN UP BRUSH IN VILLAGE PARK	1,000.00
	6/17/2026	MIDWEST TAPE LIB/AUDIO/VIDEO	235.40

Dated From: 1/01/2026 From Account:
Thru: 6/17/2026 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/17/2026	MSA PROFESSIONAL SERVICES INC PROFESSIONAL SERVICES	36,236.52
	6/17/2026	NEO ELECTRICAL SOLUTIONS LLC EV CHARGER & CROSSWALK SIGN	357.50
	6/17/2026	OLSON SANITATION LLC MAY REFUSE & RECYCLING	22,921.00
Manual Check	6/03/2026	PITNEY BOWES-SUPPLIES INK FOR POSTAGE MACHINE	67.22
	6/17/2026	POLLARD WATER SU/REAGENT	58.92
Manual Check	6/03/2026	QUILL CORPORATION PAPER/FLASH DRIVE/ENVELOPES	184.31
	6/17/2026	SCHWAAB INC CT/ADDRESS STAMP	46.50
	6/17/2026	SOMERSET UTILITIES WATER/SEWER	8,463.77
	6/17/2026	SPECTRUM INSURANCE GROUP LLC INSURANCE PREMIUM-2ND & 3RD INSTALLMENTS	31,762.50
	6/17/2026	ST CROIX COUNTY HIGHWAY DEPT PW/SPRAY PATCH	6,536.69
	6/17/2026	ST CROIX COUNTY TREASURER MAY COURT/MFL PAYMENT	901.18
	6/17/2026	ST CROIX VALLEY FAMILY RESOURCE CENTER LIB/BABY ACADEMY EDUCATOR FEE	150.00
	6/17/2026	STATE OF WISCONSIN COURT FINES & SURCHARGES MAY COURT	1,766.90
	6/17/2026	TF INSPECTION AGENCY LLC MAY BUILDING PERMITS	7,286.00
	6/17/2026	TKK ELECTRONICS POL/COMPUTER	3,511.30
	6/17/2026	TRI STATE BOBCAT INC PW/TOOLCAT MAINTENANCE	498.05
Manual Check	6/03/2026	UNITED STATES POSTAL SERVICE POSTAGE REFILL	1,000.00
Manual Check	6/11/2026	VERIZON WIRELESS-VSAT ELECTION MODEM	5.56
	6/17/2026	WAUKESHA COUNTY TECHNICAL COLLEGE POL/TRAINING 5/14/26	338.00

Dated From: 1/01/2026 From Account:
Thru: 6/17/2026 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
Manual Check	6/04/2026	WEX BANK PW/PKS/GASOLINE CHARGES	1,164.33
Manual Check	6/02/2026	WI DEPT OF SAFETY AND PROFESSIONAL SERVICES	80.00
	6/17/2026	WI DEPT OF TRANSPORTATION-FOS TAP GRANT-TRAIL	24.11
	6/17/2026	WICKLUND, AMANDA LIB/STAFF TRAINING 6/16 & 6/17	335.00
Manual Check	6/01/2026	XCEL ENERGY ELECTRIC EXPENSE	17.36
Manual Check	6/02/2026	XCEL ENERGY ELECTRIC EXPENSE	125.74
Manual Check	6/04/2026	XCEL ENERGY ELECTRIC EXPENSE	66.96
Manual Check	6/05/2026	XCEL ENERGY ELECTRIC EXPENSE	9,851.13
Manual Check	6/08/2026	XCEL ENERGY ELECTRIC EXPENSE	90.54
Manual Check	6/09/2026	XCEL ENERGY ELECTRIC EXPENSE	1,244.65
	6/17/2026	ZEMKE, BRIANNA MILEAGE TO MORE COMMITTEE MEETING	10.16
		Grand Total	184,590.95

Dated From: 1/01/2026 From Account:
Thru: 6/17/2026 Thru Account:

	Amount
Total Expenditure from Fund # 100 - VILLAGE GENERAL FUND	154,477.17
Total Expenditure from Fund # 430 - TAX INCREMENTAL DISTRICT #5	398.00
Total Expenditure from Fund # 440 - TAX INCREMENTAL DISTRICT #7	3,662.16
Total Expenditure from Fund # 470 - CAPITAL IMPROVEMENTS	3,945.60
Total Expenditure from Fund # 610 - WATER UTILITY FUND	6,450.91
Total Expenditure from Fund # 620 - SEWER UTILITY FUND	15,657.11
Total Expenditure from all Funds	184,590.95

GENERAL CHECKING - FIRST NATL ALL Checks

Posted From: 5/21/2026 From Account:
Thru: 6/11/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
64271	6/03/2026	ABT MAILCOM UTILITY BILLING SERVICE	1,158.43
64272	6/03/2026	AG SOURCE COOP SERVICES LAB TESTING	1,410.42
64273	6/03/2026	B & J HARDWARE LLC MAY PURCHASES	1,575.60
64274	6/03/2026	BLOMBERG, DYLAN MEAL REIMBURSEMENT	26.00
64275	6/03/2026	CINTAS FLOOR MATS	147.17
64276	6/03/2026	COMPUTER INTEGRATION TECHNOLOGIES INC IT SERVICES	92.63
64277	6/03/2026	CWS SECURITY LIB/MONITORING	387.95
64278	6/03/2026	DAREL L. HALL ANIMAL CONTROL SERVICES	53.20
64279	6/03/2026	DUBAK, CHRISTINA MILEAGE TO LEAGUE MEETING 5/6-5/8	291.46
64280	6/03/2026	EO JOHNSON COMPANY COPIER LEASE	357.92
64281	6/03/2026	GEMPLER'S PW/SUMMER HELP	143.46
64282	6/03/2026	GOPHER SPORT PKS/BASKETBALL NETS	75.73
64283	6/03/2026	GUARDIAN SUPPLY POL/PARNELL UNIFORM ALLOWANCE	563.90
64284	6/03/2026	HEINTZ, TOM INSTALL SOUND PARTITION	180.00
64285	6/03/2026	MENARDS - HUDSON VH/MAILBOX	57.93
64286	6/03/2026	MIDWEST FLO CAL LLC WWTP MAINTENANCE	654.28
64287	6/03/2026	MIDWEST NATURAL GAS INC. NATURAL GAS SERVICE	1,478.37
64288	6/03/2026	NORTHWEST COMMUNICATIONS TELEPHONE EXPENSE	1,435.36
64289	6/03/2026	SOMERSET AREA CHAMBER OF COMMERCE MEMBERSHIP DUES	75.00

GENERAL CHECKING - FIRST NATL ALL Checks

Posted From: 5/21/2026 From Account:
Thru: 6/11/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
64290	6/03/2026	SPARTAN QUICK SERVICE PW/VEHICLE MAINTENANCE/TIRES & BRAKES	2,541.27
64291	6/03/2026	VERIZON WIRELESS PW/PKS/WU/SU/CELLULAR SERVICES	499.17
64292	6/03/2026	WARNING LITES PARADE ROUTE SIGNS/BARRICADES	935.00
64293	6/03/2026	WISCONSIN DNR-ENVIRONMENTAL FEES 2026 ENVIRONMENTAL FEES	551.96
64294	6/03/2026	WISCONSIN PROFESSIONAL POLICE ASSOC JUNE UNION DUES	141.00
64295	6/09/2026	KERN, DONALD REIMBURSEMENT FOR SOLAR LIGHTS-VP TRAIL	1,934.06
V26458	5/29/2026	BAILLARGEON, JAMES	603.33
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26459	5/29/2026	BEIERMAN, NOAH	1,333.90
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26460	5/29/2026	BLOMBERG, DYLAN	3,116.33
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26461	5/29/2026	BODLOVICK, MICHAEL J.	2,191.50
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26462	5/29/2026	BODLOVICK, NOAH	684.88
	Manual Check	Pay period 05/19/2026 to 05/23/2026	
V26463	5/29/2026	BRIGGS, AMY	1,801.96
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26464	5/29/2026	CHINANDER, TODD	450.88
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26465	5/29/2026	DUBAK, CHRISTINA	554.10
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26466	5/29/2026	DUNLEAP, PHOEBE	120.46
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26467	5/29/2026	FARRELL, JOHN J.	2,303.91
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26468	5/29/2026	FOLKERT, NEIL G.	2,557.82
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26469	5/29/2026	GARN, CALEB	384.80
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26470	5/29/2026	GUNTHER, ROBERT M.	2,398.02
	Manual Check	Pay period 05/10/2026 to 05/23/2026	

GENERAL CHECKING - FIRST NATL ALL Checks

Posted From: 5/21/2026 From Account:
Thru: 6/11/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
V26471	5/29/2026	HAUGEN, HEIDI	256.70
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26472	5/29/2026	HEINTZ, COLLEEN	1,159.68
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26473	5/29/2026	HILJUS, TRED	966.10
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26474	5/29/2026	KELLEY-JOHNSON, KRISTINA	1,409.43
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26475	5/29/2026	KERBER, JARID	2,371.60
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26476	5/29/2026	KERN, DONALD	469.58
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26477	5/29/2026	KILKELLY, DANIEL	844.47
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26478	5/29/2026	KROHN, BRANDON	554.10
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26479	5/29/2026	LEHMAN, JESSICA	1,759.97
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26480	5/29/2026	LUND, KIMBERLY	67.87
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26481	5/29/2026	MOSER, MARK	2,358.23
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26482	5/29/2026	NEMEC, BRAD	547.16
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26483	5/29/2026	OTTO, ANDREA	1,965.79
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26484	5/29/2026	PARNELL, BRIAN J.	1,942.09
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26485	5/29/2026	PLOURDE, JESSICA	384.80
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26486	5/29/2026	RECKNER, CAROL	193.17
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26487	5/29/2026	RECKNER, RENEE	701.46
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26488	5/29/2026	REVALEE, DEBORAH	154.93
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26489	5/29/2026	STEWART, JANNA	488.06
	Manual Check	Pay period 04/21/2026 to 05/23/2026	

GENERAL CHECKING - FIRST NATL ALL Checks

Posted From: 5/21/2026 From Account:
Thru: 6/11/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
V26490	5/29/2026	THANIG, JAMES	2,292.70
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26491	5/29/2026	THURNBECK, GINA	387.28
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26492	5/29/2026	TREPCZYK, JOEL J	1,901.35
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26493	5/29/2026	TRYBA, MARGARET M.	522.71
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26494	5/29/2026	WEISKE, ALEXANDER	2,979.22
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
V26495	5/29/2026	WOLNER, DAVID	384.80
	Manual Check	Pay period 04/26/2026 to 05/23/2026	
V26496	5/29/2026	ZEMKE, BRIANNA	868.08
	Manual Check	Pay period 05/10/2026 to 05/23/2026	
WIRE 052826	5/28/2026	BOND TRUST SERVICES CORPORATION	94,575.00
	Manual Check	DEBT PAYMENT-2023A GO BOND	
EFT 052726-1	5/27/2026	WISCONSIN RETIREMENT SYSTEM	20,805.24
	Manual Check	APRIL RETIREMENT	
eft 052726-1	5/27/2026	AFLAC	397.42
	Manual Check	EMPLOYEE PREMIUMS	
EFT 052726-2	5/27/2026	HSA BANK	12.50
	Manual Check	MONTHLY ACCOUNT FEES	
EFT 052826-1	5/28/2026	FEDERAL TAX PYMT	15,285.53
	Manual Check	FEDERAL TAX DEPOSIT	
EFT 052826-2	5/28/2026	WISCONSIN DEFERRED COMP PROGRAM	2,635.42
	Manual Check	EMPLOYEE CONTRIBUTIONS	
EFT 052826-3	5/28/2026	WISCONSIN DEPT OF REVENUE	4,766.98
	Manual Check	STATE TAX DEPOSIT	
EFT 052926-1	5/29/2026	HSA BANK	1,606.79
	Manual Check	EMPLOYEE CONTRIBUTIONS	
		Grand Total	203,285.37

GENERAL CHECKING - FIRST NATL ALL Checks

Posted From: 5/21/2026 From Account:
Thru: 6/11/2026 Thru Account:

	Amount
Total Expenditure from Fund # 100 - VILLAGE GENERAL FUND	85,589.02
Total Expenditure from Fund # 320 - DEBT SERVICE FUND	94,575.00
Total Expenditure from Fund # 410 - TAX INCREMENTAL DIST #3	60.11
Total Expenditure from Fund # 470 - CAPITAL IMPROVEMENTS	2,024.06
Total Expenditure from Fund # 610 - WATER UTILITY FUND	8,609.61
Total Expenditure from Fund # 620 - SEWER UTILITY FUND	12,427.57
Total Expenditure from all Funds	203,285.37

Form
AB-220

Temporary Alcohol Beverage License

Municipality: V. Somerset

License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	License Fees	$ 10.00
	Background Check	$ 21.00
	Total Fees	$ 31.00

Part A: Organization Information

1. Organization Name: APPLE RIVER CRUIZERS CAR CLUB

2. Organization Permanent Address: 304 SPRING ST

3. City: SOMERSET | 4. State: WI | 5. Zip Code: 54025

6. Mailing Address (if different from permanent address):

7. FEIN:

8. Date of Organization/Incorporation:

9. State of Organization/Incorporation: WI

10. Phone: 414-630-0543

11. Email: halesezr@yahoo.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
ZITZER	STEVEN	PRESIDENT	414-630-0543
IVERSON	TRACY	CO-PRESIDENT	715-410-0334
LENTSCH	DAVID	TREASURER	651-283-3678

Continued →

Part C: Event Information

1. Name of Event (if applicable): APPLE RIVER CRUIZERS CAR SHOW

2. Dates of Operation: AUGUST 1, 2026

3. Hours of Operation: 6AM - 4PM

4. Premises Address: 300 SPRING ST

5. City: SOMERSET

6. State: WI

7. Zip Code: 54025

8. County: ST CROIX

9. Governing Municipality: ☐ City ☐ Town ☒ Village of: SOMERSET

10. Aldermanic District:

11. Organizer of Event (if not the named applicant): Steven Zitzer

12. Email and/or Phone Number for Organizer of Event: halesezr@yahoo.com 414-630-0543

13. Organizer Website: —

14. Event Website:

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

20'X20' BUILDING CONTAINING SERVING AREA, A UTILITY ROOM AND RESTROOM FACILITIES FOR MEN & WOMEN

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

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

Last Name: ZITZER | First Name: STEVEN | M.I.: E

Title: ~~PRESIDENT~~ | Email: halesezr@yahoo.com | Phone: 414-630-0543

Signature: Steven Zitzer | Date: 5/22/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk: 6/2/2026 | License Number:

Date License Granted: | Date License Issued:

Signature of Clerk/Deputy Clerk:

Task Order

MSA Project Number: 08783132

This AGREEMENT (Agreement) is made effective 6/5/2026 by and between

MSA PROFESSIONAL SERVICES, INC (MSA)
Address: 1702 Pankratz Street, Madison, WI 53704
Phone: (608) 242-6650
Representative: Brian Huibregtse, PE, PTOE Email: bhuibregtse@msa-ps.com

VILLAGE OF SOMERSET (OWNER)
Address: 110 Spring Street, Somerset, WI 54025
Phone: (715) 247-3395
Representative: Robert Gunther Email: rgunther@villageofsomerset.us

Project Name: Neumann Farms TIA

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

The schedule to perform the work is: Approximate Start Date: 6/15/2026
Approximate Completion Date: 7/15/2026

The lump sum fee for the work is: $5,000

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 basis.

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	**MSA PROFESSIONAL SERVICES, INC.**
	Brian G Huibregtse
Robert Gunther	Brian Huibregtse, PE, PTOE
PW/Econ. Development Director	Team Leader
Date:	Date: 6/5/2026

Scope:

MSA proposes to complete an Initial Review (IR) Memorandum for the proposed Neumann Farms Development (development). The development will be located on land east of WIS 35 (Church Hill Road), west of 80th Street on the far north side of the village of Somerset (village), in St. Croix County, Wisconsin.

The IR memo will consist of trip generation data for the proposed development, based on the preliminary land use sketch provided by the village and engineering judgement (for broad land use categories, such as "commercial"). Trip generation data for the development will be calculated using the latest Wisconsin Department of Transportation (WisDOT) approved version of the Institute of Transportation Engineer's (ITE) Trip Generation Manual. The development will be considered to be completed in one phase. Two trip distribution patterns will be calculated: one for the residential land, with more of an eastward bias to 80th Street and one rate for the balance of the development, with less of an eastward bias.

Traffic counts are not assumed and WisDOT Traffic Counts from Site ID 551025, collected in 2025, will be included as part of the IR memo.

A draft of the IR memo will be submitted to village staff for review prior to submission to WisDOT regional staff.

Task Order

MSA Project Number: 08783133

This AGREEMENT (Agreement) is made effective 6/8/2026 by and between

MSA PROFESSIONAL SERVICES, INC (MSA)
Address: 1230 South Boulevard, Baraboo, WI 53913
Phone: (608) 355-8964
Representative: Brad Stuczynski, PE Email: bstuczynski@msa-ps.com

VILLAGE OF SOMERSET (OWNER)
Address: 110 Spring Street, Somerset, WI 54025
Phone: (715) 247-3395
Representative: Robert Gunther Email: rgunther@villageofsomerset.us

Project Name: Neumann Farms Water Supply and Pressure Zone Study

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

The schedule to perform the work is: Approximate Start Date: 6/15/2026
Approximate Completion Date: 7/13/2026

The lump sum fee for the work is: $10,000

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 basis.

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	**MSA PROFESSIONAL SERVICES, INC.**
	Brad Stuczynski
Robert Gunther	Brian Stuczynski, PE
PW/Econ. Development Director	Team Leader
Date:	Date: 6/8/2026

ATTACHMENT A:
SCOPE OF SERVICES

Project Need and Understanding

The Village of Somerset is in the process of expanding the north extents of the Village with a new development called “Neumann Farms”. The new development plans include commercial lots, two (2) industrial parks, park space, stormwater management areas and a residential subdivision.

The proposed development has existing ground surfaces as high as 945 feet above mean sea level. This results in a static pressure of approximately 39 psi when the tower is at a typical low water level. Additional pressure is desired in the new development area to provide improved static pressure and residual pressure for anticipated fire protection needs within the industrial areas.

To improve water pressure in the new development, a new high-pressure zone (HPZ) is proposed to be created by the installation of a booster station.

This proposed study will provide analysis to clarify the scope and identify the following:

- proposed industrial user flow and pressure assumptions and/or requirements
- boundary of the proposed high-pressure zone
- proposed booster station location and confirmation of acceptable suction side pressure as required by NR 811
- proposed booster station pumping capacity
- proposed booster station floor plan

Scope of Services

MSA proposes to provide engineering services for the following:

- Project management and general correspondence
- Preliminary design and analysis including the following:
    - Review and identification of proposed industrial user flow and pressure assumptions and/or requirements.
    - Review and identification of proposed high-pressure zone boundary.
    - Review and identification of site location of the booster station and confirmation of acceptable suction side pressure
    - Review and identification of the proposed booster station pumping capacity.
    - Review and identification of building floor plan and dimensions.
- Prepare summary memo (and relevant exhibits) summarizing the tasks noted above, and any conclusions and/or recommendations that result from this study
- Organize and conduct virtual meeting with Village to review the summary memo conclusions and recommendations.

ALBRIGHTSON EXCAVATING, INC
P.O. BOX 181
WOODVILLE, WI 54028
Telephone: 715-698-2768
Fax: 715-698-3293

06/09/26

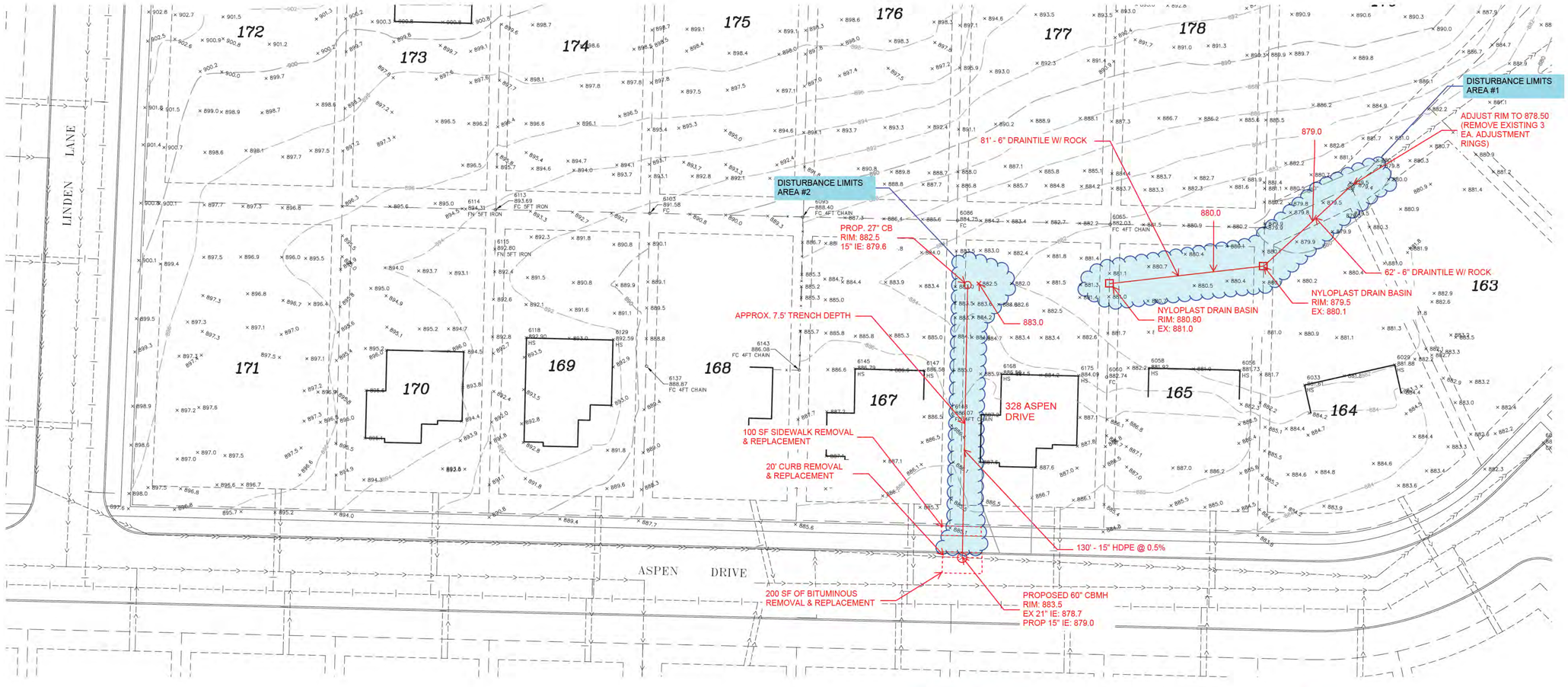
PROPOSAL: RIVER HILLS DRAINAGE IMPROVEMENTS - OPTION #2

NO.	ITEM	QTY	UNITS	$ PER UNIT	TOTAL
1	MOBILIZATION	1.00	LS	$4,500.00	$4,500.00
2	TRAFFIC CONTROL	1.00	LS	$1,500.00	$1,500.00
3	EROSION & SEDIMENT CONTROL	1.00	LS	$1,200.00	$1,200.00
4	REMOVE & REPLACE BITUMINOUS ROADWAY	200.00	SF	$ 24.00	$4,800.00
5	REMOVE & REPLACE CONCRETE CURB & GUTTER	20.00	LF	$ 110.25	$2,205.00
6	REMOVE & REPLACE CONCRETE SIDEWALK	100.00	SF	$ 28.70	$2,870.00
7	REMOVE, SALVAGE & REPLACE FENCE (INCLUDING GATE)	1.00	LS	$4,500.00	$4,500.00
8	COMMON EXCAVATION	1.00	LS	$5,340.00	$5,340.00
9	15" HDPE STORM SEWER	130.00	LF	$ 61.20	$7,956.00
10	6" DRAINTILE W/ROCK	150.00	LF	$ 22.00	$3,300.00
11	60" CBMH (INCLUDING CASTING)	1.00	EA	$8,775.00	$8,775.00
12	27" CATCH BASIN (INCLUDING CASTING)	1.00	EA	$4,450.00	$4,450.00
13	NYOPLAST DRAIN BASIN (INCLUDING CASTING)	2.00	EA	$2,250.00	$4,500.00
14	ADJUST EXISTING CATCH BASIN	1.00	EA	$ 700.00	$700.00
15	TOPSOIL BORROW	100.00	CY	$ 36.25	$3,625.00
16	SOD	950.00	SY	$ 11.00	$10,450.00
17	IRRIGATION REPAIR	1.00	LS	$3,800.00	$3,800.00

TOTAL: $74,471.00

PROJECT CONDITIONS

QUOTE BASED ON MSA PLAN & TABULATION DATED 6/1/26
QUANTITIES TO BE PAID AT ACTUAL QUANTITY INSTALLED
NO SOIL BORINGS PROVIDED - EBS WOULD BE AN ADDITIONAL COST



OPTION 1 = DRAINTILE INSTALLATION AREA ONLY (AREA #1)

OPTION 2 = WORK IN AREAS #1 & #2

N

SCALE: 1" = 30'

ASPEN DRIVE DRAINAGE IMPROVEMENTS
SOMERSET, WISCONSIN

Somerset Fire/Rescue

from the office of Chief Belisle

June 1st, 2026

Dear Board Members –

This is the update for April 2026. This month we responded to 68 calls for service. The breakdown is as follows: 36 calls in the Village consisting of 30 medicals and 6 Fire/Rescue calls; 24 in the Township consisting of 15 medicals and 9 fire/rescue calls; and 8 auto aid calls, 7 in St. Joe and 1 in New Richmond. This brings us to a total of 234 runs for the year compared to 194 for the same time in 2025.

The month of May was very busy but no calls of significance in either the Village or the Township. We hired two more members, one a former Fire Chief in Sparta, WI, the other a full time paramedic with Lakeview. We also said good bye to one of our cadets whose life is taking him in a new direction and we wish him the best!

The strategic plan was delivered and adopted at the April joint meeting. We are excited to finally get a plan specific for the fire department and look forward to working with the boards to attain said goals that are laid out in the plan. We are now ready to sit down with the fire commission and start moving things forward. The next 6 to 12 months could be very exciting, I know the excitement from the membership is quite impressive.

We are currently operating with 30 personnel, 17 full members, 10 probationary members, 1 honorary member, 1 High School Cadets and our secretary. We are getting closer to having all members "fully" trained in both EMS and fire. I want to thank Village Board Member Janna Stewart for taking the time to tour the station and get a feel for what our needs and issues really are, I encourage every board member to spend time with myself or another member doing the same. We welcome visitors and are more than willing to give tours and show members of the boards and our community our trucks and equipment and educate you on the operations of the department!

Sincerely,

Travis Belisle

Travis Belisle - Chief
Somerset Fire/Rescue

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

SOMERSET PUBLIC LIBRARY

LIBRARY UPDATE FOR JUNE 2026

208 Hud Street (715) 247-5228 somersetlibrary.org

1ST-GRADERS VISIT May 13

On May 13, five first-grade classes from the Elementary made our library their field trip destination! Students from Ms. Powell's, Ms. Klinger's, Ms. Carlson-Formo's, Ms. Fetter's, and Ms. Fuller's classes explored what it means to have a library card. We loved having them!

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

Summer Kick-Off
Thursday, June 4, 3-5 PM
Join us for a summer kickoff featuring the Baron of Bubble and the Rainbow Lady! Marvel as they create bubbles the size of small mountains and vibrant balloon animals and sculptures right before your eyes.

Summer Reading Incentives Starts June 1!
Participants can enter to win fun dinosaur themed prizes each time the read books!

Make Watercolor Bookmarks
Thursday, June 18, 4:30 - 5:30 PM &
Wednesday, June 24, 12:30 - 1:30 PM
Join us to paint your own watercolor bookmark! Create a one-of-a-kind work of art.

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

RESOLUTION NO. 2026-04

COMPLIANCE MAINTENANCE RESOLUTION

BE IT RESOLVED, that the Village of Somerset informs the Wisconsin Department of Natural Resources that the following actions were taken by the Village Board.

1. Reviewed the Compliance Maintenance Annual Report which is attached to this resolution.

Adopted by the Village Board on June 16, 2026.

_____

Donald Kern, Village President

_____

Jessica Lehman, Village Clerk

CMAR Report Year **2025**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 702	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.1702	x	278	x	8.34	=	395
February	0.1727	x	269	x	8.34	=	387
March	0.1819	x	219	x	8.34	=	332
April	0.2006	x	264	x	8.34	=	441
May	0.2113	x	237	x	8.34	=	418
June	0.2309	x	190	x	8.34	=	366
July	0.2162	x	173	x	8.34	=	313
August	0.2241	x	175	x	8.34	=	327
September	0.2267	x	194	x	8.34	=	366
October	0.2061	x	191	x	8.34	=	329
November	0.1937	x	261	x	8.34	=	421
December	0.2032	x	224	x	8.34	=	379

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.375	x	90	=	0.3375
		x	100	=	.375
Design BOD, lbs/day	650	x	90	=	585
		x	100	=	650

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	0	0
Points		0	0	0	0
Total Number of Points					**0**

0

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

● Yes Enter last calibration date (MM/DD/YYYY) 2025-03-27

○ No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

● Yes

○ No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

○ Yes

● No

If Yes, please explain:

5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks	Holding Tanks	Grease Traps
○ Yes	○ Yes	○ Yes
● No	● No	● No

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

Septic Tanks

○ Yes gallons

● No

Holding Tanks

○ Yes gallons

● No

Grease Traps

○ Yes gallons

● No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

○ Yes

● No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026

Reporting For: **2025**

○ Yes

● No

If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	8	1	0	0
February	30	27	10	1	0	0
March	30	27	9	1	0	0
April	30	27	6	1	0	0
May	30	27	9	1	0	0
June	30	27	9	1	0	0
July	30	27	8	1	0	0
August	30	27	7	1	0	0
September	30	27	6	1	0	0
October	30	27	7	1	0	0
November	30	27	9	1	0	0
December	30	27	6	1	0	0
* Equals limit if limit is <= 10						
Months of discharge/yr				12		
Points per each exceedance with 12 months of discharge					7	3
Exceedances					0	0
Points					0	0
Total number of points						**0**

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

● Yes Enter last calibration date (MM/DD/YYYY)

2025-03-27

○ No

If No, please explain:

3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

none

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

○ Yes

● No

If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

- ○ Yes
- ● No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

- ○ Yes
- ○ No
- ● N/A

Please explain unless not applicable:

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	3	1	0	0
February	30	27	3	1	0	0
March	30	27	3	1	0	0
April	30	27	4	1	0	0
May	30	27	3	1	0	0
June	30	27	2	1	0	0
July	30	27	2	1	0	0
August	30	27	2	1	0	0
September	30	27	1	1	0	0
October	30	27	2	1	0	0
November	30	27	2	1	0	0
December	30	27	3	1	0	0
* Equals limit if limit is <= 10						
Months of Discharge/yr				12		
Points per each exceedance with 12 months of discharge:					**7**	**3**
Exceedances					0	0
Points					0	0
Total Number of Points						**0**

0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.147	1	0
February	1	0.167	1	0
March	1	0.209	1	0
April	1	0.234	1	0
May	1	0.243	1	0
June	1	0.234	1	0
July	1	0.292	1	0
August	1	0.495	1	0
September	1	0.414	1	0
October	1	0.232	1	0
November	1	0.327	1	0
December	1	0.205	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				**10**
Exceedances				0
Total Number of Points				**0**

0

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0

1.2 If any violations occurred, what action was taken to regain compliance?

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Biosolids Quality and Management

1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- ☐ Land applied under your permit
- ☐ Publicly Distributed Exceptional Quality Biosolids
- ☒ Hauled to another permitted facility
- ☐ Landfilled
- ☐ Incinerated
- ☐ Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

Outfall No. 002 - SLUDGE TO WCWBF

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75											<5.806			0	0
Cadmium		39	85											<1.5			0	0
Copper		1500	4300											171			0	0
Lead		300	840											<11			0	0
Mercury		17	57											<3.4			0	0
Molybdenum	60		75											11		0		0
Nickel	336		420											14		0		0
Selenium	80		100												<280	0		0
Zinc		2800	7500											224			0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

- ● 0 (0 Points)
- ○ 1-2 (10 Points)
- ○ > 2 (15 Points)

3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)

- ○ Yes
- ○ No (10 points)
- ● N/A - Did not exceed limits or no HQ limit applies (0 points)
- ○ N/A - Did not land apply biosolids until limit was met (0 points)

3.1.3 Number of times any of the metals exceeded the ceiling limits = 0

Exceedence Points

- ● 0 (0 Points)
- ○ 1 (10 Points)
- ○ > 1 (15 Points)

3.1.4 Were biosolids land applied which exceeded the ceiling limit?

- ○ Yes (20 Points)
- ● No (0 Points)

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?	**0**
6. Biosolids Storage 6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site? ○ >= 180 days (0 Points) ○ 150 - 179 days (10 Points) ○ 120 - 149 days (20 Points) ○ 90 - 119 days (30 Points) ○ < 90 days (40 Points) ● N/A (0 Points) 6.2 If you checked N/A above, explain why. No Biosolids storage exists on site.	**0**
7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: n/a	

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- ● Yes
- ○ No

If No, please explain:

Could use more help/staff for:

1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?

- ● Yes
- ○ No

If No, please explain:

2. Preventative Maintenance

2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?

- ● Yes (Continue with question 2) ☐☐
- ○ No (40 points)☐☐

If No, please explain, then go to question 3:

2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?

- ● Yes
- ○ No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

- ● Yes
  - ○ Paper file system
  - ○ Computer system
  - ● Both paper and computer system
- ○ No (10 points)

0

3. O&M Manual

3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?

- ● Yes
- ○ No

4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- ○ Excellent
- ● Very good
- ○ Good
- ○ Fair
- ○ Poor

Describe your rating:

preventative maintenance is followed on a monthly schedule.

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026

Reporting For: **2025**

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Somerset Wastewater Treatment Facility

Last Updated: 6/1/2026 Reporting For: **2025**

Operator Certification and Education

1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- ● Yes (0 points)
- ○ No (20 points)

Name: JAMES T THANIG

Certification No: 33418

0

2. Certification Requirements

2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub Class	SubClass Description	WWTP	OIC		
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes	X		X	
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X		X	
C	Biological Solids/Sludges	X		X	
P	Total Phosphorus	X		X	
N	Total Nitrogen				
D	Disinfection	X		X	
L	Laboratory				
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	X	NA	NA

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)

- ● Yes (0 points)
- ○ No (20 points)

2.3 For wastewater treatment facilities with a registered or certified laboratory, is at least one operator that works in the laboratory certified at the basic level in the laboratory (L) subclass?

- ○ Yes
- ○ No
- ● N/A – Wastewater treatment facility does not have a registered or certified laboratory

2.4 For wastewater treatment facilities that own and operate a sanitary sewage collection system, has at least one operator been designated the OIC for sanitary sewage collection system and certified at the basic level in the sanitary sewage collection system (SS) subclass?

- ● Yes
- ○ No
- ○ N/A – Owner of the Wastewater treatment facility does not own and operate a sanitary sewage collection system

0

3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- ☒ One or more additional certified operators on staff

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☐ An arrangement with another certified operator ☒ An arrangement with another community with a certified operator ☐ An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year ☐ A consultant to serve as your certified operator ☐ None of the above (20 points) If "None of the above" is selected, please explain:	**0**
4. Continuing Education Credits 4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates? OIT and Basic Certification: ● Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. Advanced Certification: ○ Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Financial Management

1. Provider of Financial Information

Name: Andrea Otto

Telephone: 715-247-3395 (XXX) XXX-XXXX

E-Mail Address (optional): aotto@villageofsomerset.us

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- ● Yes (0 points) ☐☐
- ○ No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year: 2025

- ● 0-2 years ago (0 points) ☐☐
- ○ 3 or more years ago (20 points)☐☐
- ○ N/A (private facility)

2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- ● Yes (0 points)
- ○ No (40 points)

0

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year: 2025

- ● 1-2 years ago (0 points)☐☐
- ○ 3 or more years ago (20 points)☐☐
- ○ N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		$ 763,842.40
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		$ 0.00
3.2.3 Adjusted January 1st Beginning Balance		$ 763,842.40
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$ 131,327.58

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - $ 38,794.78

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year $ 856,375.20

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

Pump replacement

3.3 What amount should be in your Replacement Fund? $ 856,375.00

0

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- ● Yes
- ○ No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- ● Yes - If Yes, please provide major project information, if not already listed below.☐☐
- ○ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Phase 1 of WWTP upgrades: Sludge Storage, Chemical Feed System, SBR upgrades, Larger Headworks building, Generator, updated SCADA.	$4,195,000	2023
2	Phase 2 of WWTP upgrades: Larger influent pumps, second grit chamber, Larger Blowers, replace river crossing line.	$1,942,000	2026

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 5

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	2,449	8
February	3,143	12
March	2,789	18
April	2,241	22
May	1,943	18
June	1,940	19
July	1,986	38
August	1,762	18
September	1,701	23
October	1,745	18
November	2,685	18
December	3,024	8
Total	**27,408**	**220**
Average	**2,284**	**18**

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- ☐ Comminution or Screening
- ☐ Extended Shaft Pumps
- ☐ Flow Metering and Recording
- ☐ Pneumatic Pumping
- ☒ SCADA System
- ☐ Self-Priming Pumps
- ☒ Submersible Pumps
- ☒ Variable Speed Drives
- ☐ Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

- ● No
- ○ Yes

Year:

By Whom:

Describe and Comment:

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

none at this time

7. Treatment Facility

7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/ Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/ Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	47,836	5.28	9,060	12.25	3,905	1,172
February	44,325	4.84	9,158	10.84	4,089	882
March	41,256	5.64	7,315	10.29	4,009	633
April	40,001	6.02	6,645	13.23	3,024	431
May	41,971	6.55	6,408	12.96	3,239	167
June	39,100	6.93	5,642	10.98	3,561	51
July	38,309	6.70	5,718	9.70	3,949	81
August	38,257	6.95	5,505	10.14	3,773	41
September	36,521	6.80	5,371	10.98	3,326	135
October	34,766	6.39	5,441	10.20	3,408	355
November	41,591	5.81	7,159	12.63	3,293	927
December	46,987	6.30	7,458	11.75	3,999	1,523
Total	**490,920**	**74.21**		**135.95**		**6,398**
Average	**40,910**	**6.18**	**6,740**	**11.33**	**3,631**	**533**

7.1.2 Comments:

7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- ☒ Aerobic Digestion
- ☐ Anaerobic Digestion
- ☒ Biological Phosphorus Removal
- ☒ Coarse Bubble Diffusers
- ☒ Dissolved O2 Monitoring and Aeration Control
- ☒ Effluent Pumping
- ☒ Fine Bubble Diffusers
- ☒ Influent Pumping
- ☐ Mechanical Sludge Processing
- ☐ Nitrification
- ☒ SCADA System
- ☒ UV Disinfection
- ☒ Variable Speed Drives
- ☐ Other:

7.2.2 Comments:

7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

none at this time

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

- ● No
- ○ Yes

If Yes, how is the biogas used (Check all that apply):

- ☐ Flared Off
- ☐ Building Heat
- ☐ Process Heat
- ☐ Generate Electricity
- ☐ Other:

9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

- ● No
- ○ Yes

☐ Entire facility

Year:

By Whom:

Describe and Comment:

☐ Part of the facility

Year:

By Whom:

Describe and Comment:

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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Reporting For: **2025**

Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- ● Yes
- ○ No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- ● Yes
- ○ No (30 points)
- ○ N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

☒ Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Clean 20% of the system, televise 10% of the system, clean lift stations, help and encourage more employees to finish their certifications, Get estimated to fix a sag in the interceptor found while televising, update GIS with more laterals from televising, find missing manholes from the GIS system, Continue marking test manholes in the GIS located int he industrial park.

Did you accomplish them?

- ● Yes
- ○ No

If No, explain:

☒ Organization [NR 210.23 (4) (b)]☐☐

Does this chapter of your CMOM include:

- ☒ Organizational structure and positions (eg. organizational chart and position descriptions)
- ☒ Internal and external lines of communication responsibilities
- ☒ Person(s) responsible for reporting overflow events to the department and the public

☒ Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Sewer Use Ordinance (Title 9, Chapter 2, Article A)

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2010-11-11

Does your sewer use ordinance or other legally binding document address the following:

- ☒ Private property inflow and infiltration
- ☒ New sewer and building sewer design, construction, installation, testing and inspection
- ☒ Rehabilitated sewer and lift station installation, testing and inspection
- ☒ Sewage flows satellite system and large private users are monitored and controlled, as necessary
- ☒ Fat, oil and grease control
- ☒ Enforcement procedures for sewer use non-compliance

☒ Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- ☒ Equipment and replacement part inventories

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☒ Up-to-date sewer system map
☒A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
☒ A description of routine operation and maintenance activities (see question 2 below)
☒ Capacity assessment program
☒ Basement back assessment and correction
☒ Regular O&M training
☒ Design and Performance Provisions [NR 210.23 (4) (e)]☐☐
What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?
☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
☒ Construction, Inspection, and Testing
☐ Others:

☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)]☐☐ **0**
Does your emergency response capability include:
☒ Responsible personnel communication procedures
☒ Response order, timing and clean-up
☒ Public notification protocols
☒ Training
☒ Emergency operation protocols and implementation procedures
☒ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]☐☐
☒ Special Studies Last Year (check only those that apply):
☐ Infiltration/Inflow (I/I) Analysis
☐ Sewer System Evaluation Survey (SSES)
☐ Sewer Evaluation and Capacity Managment Plan (SECAP)
☒ Lift Station Evaluation Report
☐ Others:

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	15	% of system/year
Root removal	3	% of system/year
Flow monitoring	00	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	10	% of system/year
Manhole inspections	20	% of system/year
Lift station O&M	1	# per L.S./year
Manhole rehabilitation	0	% of manholes rehabbed
Mainline rehabilitation	0	% of sewer lines rehabbed
Private sewer inspections		

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	0	% of system/year
Private sewer I/I removal	0	% of private services
River or water crossings	100	% of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

A 5th lift station was added to our system to handle a new area to be developed.

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

33.25	Total actual amount of precipitation last year in inches
32	Annual average precipitation (for your location)
20	Miles of sanitary sewer
5	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
0	Number of basement backup occurrences
0	Number of complaints
.203	Average daily flow in MGD (if available)
.254	Peak monthly flow in MGD (if available)
	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.00	Basement backups (number/sewer mile)
0.00	Complaints (number/sewer mile)
1.3	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
0.0	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **

	Date	Location	Cause	Estimated Volume
None reported				

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

○ Yes

● No

If Yes, please describe:

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5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

○ Yes

● No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

no changes

5.4 What is being done to address infiltration/inflow in your collection system?

nothing at this time

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

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Grading Summary

WPDES No: 0030252

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			**32**	**128**
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:
A = Voluntary Range (Response Optional)
B = Voluntary Range (Response Optional)
C = Recommendation Range (Response Required)
D = Action Range (Response Required)
F = Action Range (Response Required)

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Resolution or Owner's Statement

Name of Governing Body or Owner:

Date of Resolution or Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A
(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS
(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)
G.P.A. = 4.00

Issue Statement

Replat Application from Citywide Development Inc.

Submitted By: Jessica Lehman

June 11, 2026

Issue:

The Plan Commission has recommended denial of the proposed Winesap Prairie replat. In reaching this recommendation, the Commission considered the overall density of the neighborhood and the importance of preserving open green space within the development.

During its review of the concept plan on February 22, 2021, the Plan Commission specifically requested that additional green space be incorporated into the development to provide opportunities for walking paths, recreational areas, seating, and other neighborhood amenities. The Commission expressed concerns that the neighborhood was already being developed at a relatively high density and emphasized the value of maintaining open areas for residents' use and enjoyment.

The proposed replat would reduce the amount of open space available within the development, which is inconsistent with the Commission's previously stated expectations and recommendations. As a result, the Plan Commission determined that preserving the existing green space better aligns with the goals discussed during the concept plan review and supports the long-term character and livability of the neighborhood.

Based on these considerations, the Plan Commission has forwarded a recommendation of denial to the Village Board for its consideration.

Motion from June 4, 2026 Plan Commission Meeting:

Motion by Belter, second by Forrest, to deny the replat application, PID 181-4110-43-400 located at 455 Bruce Larson Way; Applicant: Citywide Development Inc.

Motion passed on a roll call vote of 6-1 (Kern-aye, Plourde-nay, Belter-aye, Forrest-aye, Putz-aye, Stanley-aye, Vanasse-aye).

Village of Somerset

PLAN COMMISSION APPLICATION

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

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 Citywide Development Inc.

APPLICANT ADDRESS 494 LaGrandeur Road, Somerset, WI 54025

PHONE 715-247-1944 **EMAIL** brian@hrhhcompanies.com

John Anderson - 612-598-4987 - johnbrandersom@aol.com

LOT SIZE: FRONTAGE _____ DEPTH _____ TOTAL SQ FT _____

PARCEL NUMBER AND LEGAL DESCRIPTION OF PROPERTY 181-4110-43-400

~~Original~~ Outlot 4 Wineagp Prairie, Village of Somerset, St. Croix County, Wisconsin.

- ☐ REZONING - Complete Application to Rezone (Fee $250.00)
- ☐ CONDITIONAL USE PERMIT - Complete Conditional Use Permit Application (Fee $250.00)
- ☒ REPLAT OF LAND - Attach 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. (Fee - see Sec. 14.1.90) There is a $200.00 deposit required.
- ☐ EXTRA TERRITORIAL PLAT REVIEW - Attach 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 Checklist

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.

Andrew P Kociscak — 04/17/2026

SIGNATURE OF APPLICANT — DATE SIGNED

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

_____ Accept your application

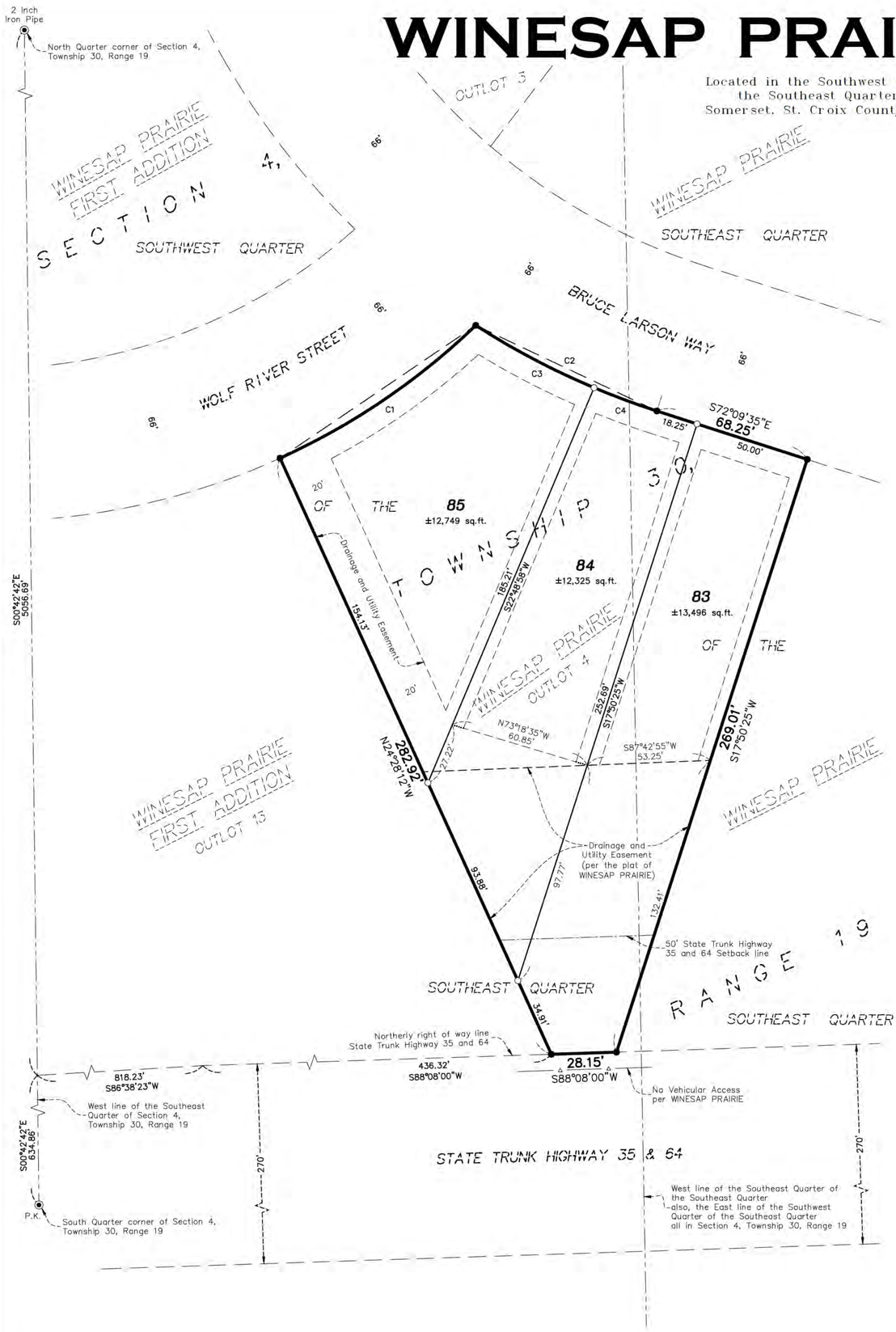
_____ Reject your application

_____ _____

SIGNATURE OF VILLAGE PRESIDENT DATE SIGNED

WINESAP PRAIRIE SECOND ADDITION

Located in the Southwest Quarter of the Southeast Quarter and the Southeast Quarter of the Southeast Quarter of Section 4, Township 30 North, Range 19 West, Village of Somerset, St. Croix County Wisconsin, being all of Outlot 4 in the plat of WINESAP PRAIRIE



SURVEYORS CERTIFICATE:

I, Thomas R. Balluff, a Wisconsin Registered Land Surveyor, hereby certify:
That I have surveyed, divided, and mapped the plat of WINESAP PRAIRIE SECOND ADDITION, located in the Southwest Quarter of the Southeast Quarter, and the Southeast Quarter of the Southeast Quarter of Section 4, Township 30 North, Range 19 West, Village of Somerset, St. Croix County, Wisconsin being further described as:

Outlot 4 in the plat of WINESAP PRAIRIE, St. Croix County, Wisconsin

That I have surveyed, divided, and mapped said plat by direction of Citywide Development, Inc.;
That this plat is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof;
That I have fully complied with the provisions of Chapter 236 of the Wisconsin Statutes, AE-7 of the Wisconsin Administrative Code and the subdivision regulations of the Village of Somerset, and by direction from Citywide Development, Inc.

_____
Thomas R. Balluff P.L.S. No. S-2859

Dated this _____ day of _____, 20____

OWNER'S CERTIFICATE:

Citywide Development, Inc., a Minnesota corporation, does hereby certify that we caused the land described on this plat to be surveyed, divided, mapped and dedicated as represented on this plat. We further certify that this plat is required by s.236.10 or s.236.12 to be submitted to the following for approval; the Village of Somerset, St. Croix County, the Department of Transportation, and the Department of Administration.

WITNESS, the said Citywide Development, Inc., a Minnesota corporation, has caused these presents to be signed by Andrew P. Kociscak, its President, this _____ day of _____, 20____.

Citywide Development, Inc., in the presence of _____
Witness

By: _____
Andrew P. Kociscak, President

STATE OF _____
COUNTY OF _____

This Instrument was acknowledged before me on_____ by Andrew P. Kociscak, President of Citywide Development, Inc., a Minnesota corporation, on behalf of the corporation.

_____
_____
Notary Public, _____
My commission expires _____

TRANS 233.05
All lots and blocks are hereby restricted so that no owner, possessor, user, licensee or other person may have any right of direct vehicular ingress from or egress to any highway lying within the right-of-way of S.T.H. 35 or S.T.H. 64; it is expressly intended that this restriction constitute a restriction for the benefit of the public as provided in s. 236.293, Stats., and shall be enforceable by the department or its assigns. Any access shall be allowed only by special exception. Any access allowed by special exception shall be confirmed and granted only through the driveway permitting process and all permits are revocable.

TRANS 233.08
No improvements or structures are allowed between the right-of-way line and the highway setback line. Improvements and structures include, but are not limited to, signs, parking areas, driveways, wells, septic systems, drainage facilities, buildings and retaining walls. It is expressly intended that this restriction is for the benefit of the public as provided in section 236.293, Wisconsin Statutes, and shall be enforceable by the Wisconsin Department of Transportation or its assigns. Contact the Wisconsin Department of Transportation for more information. The phone number may be obtained by contacting the County Highway Department.

TRANS 233.105
The lots of this land division may experience noise at levels exceeding the levels in s. Trans 405.04, Table I. These levels are based on federal standards. The department of transportation is not responsible for abating noise from existing state trunk highways or connecting highways, in the absence of any increase by the department to the highway's through-lane capacity.

VILLAGE TREASURER'S CERTIFICATE:
STATE OF WISCONSIN
COUNTY OF ST. CROIX

I,_____, being the duly elected, qualified and acting Village Treasurer of the Village of Somerset, do hereby certify that the records in my office show no unredeemed tax sales and no unpaid taxed or special assessments as owner as of this _____ day _____, 20____ affecting the lands included in the Plat of WINESAP PRAIRIE SECOND ADDITION.

_____ _____
Village Treasurer Date

VILLAGE BOARD RESOLUTION:

Resolved, that the Plat of WINESAP PRAIRIE SECOND ADDITION in the Village of Somerset, is hereby approved by the Village Board.

_____ _____
Village Chairman Date Approved

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

_____ _____
Village Clerk Date Signed

COUNTY TREASURER'S CERTIFICATE:
STATE OF WISCONSIN
COUNTY OF ST. CROIX

I,_____, being the duly elected, qualified and acting treasurer of St. Croix County, do hereby certify that in accordance with the records in my office, there are no unpaid taxes or special assessments as of this _____ day _____, 20____ affecting the lands included in the Plat of WINESAP PRAIRIE SECOND ADDITION.

_____ _____
St. Croix County Treasurer Date

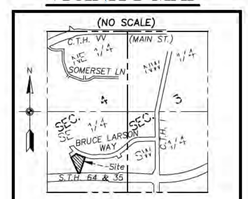
CURVE DATA

CURVE	LENGTH	RADIUS	CENTRAL ANGLE	CHORD LENGTH	CHORD BEARING	TANGENT IN	TANGENT OUT
C1	102.67'	303.36'	19°23'27"	102.18'	N55°50'04"E	N65°31'48"E	N46°08'21"E
C2	86.78'	333.00'	14°55'50"	86.53'	S64°41'40"E	S57°13'45"E	S72°09'35"E
C3	57.86'	333.00'	09°57'18"	57.78'	S62°12'23"E	S57°13'45"E	S67°11'02"E
C4	28.92'	333.00'	04°58'33"	28.91'	S69°40'19"E	S67°11'02"E	S72°09'35"E

Surveyor:
Thomas R. Balluff
Carlson Engineering, LLC
3890 Pheasant Ridge NE
Drive NE, Suite 100
Blaine, MN 55449

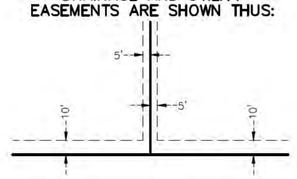
Prepared For:
Citywide Development, Inc.
494 Lagrandeur Road
Somerset, WI 54025

VICINITY MAP



Village of Somerset
St. Croix County, WI
Section 4, Township 30N, Range 19W

DRAINAGE AND UTILITY EASEMENTS ARE SHOWN THUS:



Being 5 feet in width, and adjoining side lot lines, and 10 feet in width and adjoining right of way lines and rear lot lines unless otherwise shown on this plat.

LEGEND

- ◉ Denotes Found St. Croix County Section Monument, as noted
- ● Denotes Found 2" Outside Diameter by 18" Long Iron Pipe, Weighing 3.65 LBS. per Linear Foot
- ○ Denotes Set 1" Outside Diameter by 18" Long Iron Pipe, Weighing 1.13 LBS. per Linear Foot
- —— △ —— Denotes no vehicular access

NOTICE TO ALL UTILITY COMPANIES:

To preserve all Lot Corner Monumentation, ALL UTILITY COMPANIES SHALL MAINTAIN A 5 FOOT DISTANCE FROM ALL LOT AND RIGHT OF WAY CORNERS. Any monumentation being disturbed may subject to remonumentation fees.

GENERAL NOTICE STATEMENT:
The parcels shown on this plat are subject to State, County, Township, and Village laws, rules, and regulations (i.e. wetlands, minimum lot size, access to parcel, setbacks, etc.) Before purchasing or developing any parcel, contact the Village of Somerset and the appropriate Town Board for advice.

Bearing shown are based on the West line of the Southeast Quarter of Section 4, Township 30, Range 19, St. Croix County, Wisconsin, which is assumed to have a bearing of South 00 degrees 42 minutes 42 seconds East.

N

GRAPHIC SCALE
0 15 30 60
(SCALE IN FEET)

CARLSON ENGINEERING
ENGINEERING \ SURVEYING \ PLANNING

MONARCH PAVING COMPANY

A DIVISION OF MATHY CONSTRUCTION CO. • AMERY, WI

768 U.S. Highway 8
Amery, WI 54001
(715) 268-2687
www.monarchpaving.com
EOE, including disability / vets

To:	Village Of Somerset	**Contact:**	Robert Gunther
Address:	110 Spring St, PO Box 356 Somerset, WI 54025	**Phone:** **Fax:**	(715) 247-3395
Project Name:	Somerset, Village Of - 2026 Mill & Overlay	**Bid Number:**	18427-2026
Project Location:	Main St, Somerset, WI	**Bid Date:**	5/11/2026
Attachments:	WI Back.pdf		

Line #	Item Description	Estimated Quantity	Unit	Unit Price	Total Price
10	**Main Street Mill & Overlay *** Mill 2" Off Existing Asphaltic Surface And Dispose. Pave 2" Average Compacted Depth Asphalt. Road Pavement Markings Included In Price. Traffic Control Signage Included In Price. 12,700 SY Included In Proposal.	1.00	LS	$193,500.00	$193,500.00

Notes:

- A signed contract is required prior to the start of work.
- This proposal shall be included in contract. Progress payments shall be invoiced and paid monthly.
- Final price will be determined by Unit(s) Used & Unit Price(s) listed above.
- After signing, please retain one copy and forward a copy to our office on or before the cancellation date.
- This proposal shall be automatically cancelled if written acceptance has not been received by Contractor with in 30 days of the Proposal Date and/or at any time before performance of the work hereunder upon CONTRACTOR'S determination that there is inadequate assurance of payment.
- Base course shall be supplied & installed by others to +/- .10 ft of finished base elevation prior to fine grading.
- Minimum of 1% drainage required. (2+% preferred)
- All private utilities shall be located & marked by customer. Not responsible for repairs if not marked.
- Not responsible for damage to any concrete and/or asphalt that equipment is required to cross to access work area.
- Due to harsh winter weather, future cracking of the asphalt pavement is not covered by warranty.
- Customer shall be responsible for backfilling asphalt edges as desired. Lawn restoration not included.
- Customer shall obtain all required permits and approvals prior to the start of work.
- Pricing is based on work being completed in the current construction season. If work goes into next season, pricing may need to be adjusted.
- Circle and initial option(s) that apply, if applicable.

Payment Terms:

Payment is due upon receipt of invoice.
By my signature herein I authorize CONTRACTOR to review personal OR business Credit Reports to evaluate financial readiness to pay amounts set forth in this Proposal/Contract.

ACCEPTED:

The above prices, specifications and conditions are satisfactory and hereby accepted.

Buyer: _____

Signature: _____

Date of Acceptance: _____

CONFIRMED:

Monarch Paving Company

Cole Eckholm

Authorized Signature:

Estimator: Cole Eckholm
630-853-0258 cole.eckholm@monarchpaving.com

Contractor's Application for Payment

Owner:	Village of Somerset	**Owner's Project No.:**	8938-00-71
Engineer:	MSA Professional Services, Inc.	**Engineer's Project No.:**	08783127
Contractor:	Total Excavating & Grading LLC	**Contractor's Project No.:**	
Project:	Village of Somerset - Somerset Trail		
Contract:			

Application No.: 2 **Application Date:** 5/28/2026

Application Period: **From** 5/1/2026 **to** 5/28/2026

1. Original Contract Price					$ 1,217,315.99
2. Net change by Change Orders					$ -
3. Current Contract Price (Line 1 + Line 2)					$ 1,217,315.99
4. Total Work completed and materials stored to date (Sum of Column G Lump Sum Total and Column J Unit Price Total)					$ 465,482.14
5. Retainage					
a.	5%	X	$ 465,482.14	Work Completed	$ 23,274.11
b.		X	$ -	Stored Materials	$ -
c. Total Retainage (Line 5.a + Line 5.b)					$ 23,274.11
6. Amount eligible to date (Line 4 - Line 5.c)					$ 442,208.03
7. Less previous payments (Line 6 from prior application)					$ 88,552.47
8. Amount due this application					$ 353,655.56
9. Balance to finish, including retainage (Line 3 - Line 4, plus 5c)					$ 775,107.96

Contractor's Certification

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

Contractor: _____

Signature: _____ **Date:** _____

Payment of: **$ 353,655.56**

(line 8 or other - attached explaination of the other amount)

Recommended by Engineer	**Approved by Owner**
By: _____	**By:** _____
Title: _____	**Title:** _____
Date: _____	**Date:** _____
Approved by Funding Agency	
By: _____	**By:** _____
Title: _____	**Title:** _____
Date: _____	**Date:** _____

Progress Estimate - Unit Price Work

Contractor's Application for Payment

Owner:	Village of Somerset	**Owner's Project No.:**	8938-00-71
Engineer:	MSA Professional Services, Inc.	**Engineer's Project No.:**	08783127
Contractor:	Total Excavating & Grading LLC	**Contractor's Project No.:**	
Project:	Village of Somerset - Somerset Trail		
Contract:			

Application No.: 2 **Application Period: From** 05/01/26 **to** 05/28/26 **Application Date:** 05/28/26

A						B	C	D	E	F	G	H	I		J
			Contract Information					Work Completed							
Bid Item No.	WisDOT No.	Description	Units	Item Quantity	Unit Price ($)	Value of Bid Item (D X E) ($)	Quantities from Previous Pay Applications	Estimated Quantity Incorporated in the Work	Value of Work Installed this Pay Period (E X H) ($)	Total Estimated Quantity Installed	Value of Work Installed to Date	Materials Currently Stored (not in F) ($)	Work Completed and Materials Stored to Date (J + K) ($)	% of Value of Item (K / F) (%)	Balance to Finish (F - K) ($)
								Original Contract							
BASE BID															
1	201.0105	Clearing	STA	14	$1,068.86	$ 14,964.04	14		$ -	14	$ 14,964.04	$0.00	$ 14,964.04	100%	$ -
2	201.0205	Grubbing	STA	14	$534.43	$ 7,482.02	14		$ -	14	$ 7,482.02	$0.00	$ 7,482.02	100%	$ -
3	204.0110	Removing Asphaltic Surface	SY	319	$6.63	$ 2,114.97			$ -	-	$ -	$0.00	$ -	0%	$ 2,114.97
4	204.0150	Removing Curb & Gutter	LF	478	$6.70	$ 3,202.60			$ -	-	$ -	$0.00	$ -	0%	$ 3,202.60
5	204.0155	Removing Concrete Sidewalk	SY	84	$17.23	$ 1,447.32			$ -	-	$ -	$0.00	$ -	0%	$ 1,447.32
6	204.0190	Removing Surface Drains	EACH	1	$1,003.06	$ 1,003.06			$ -	-	$ -	$0.00	$ -	0%	$ 1,003.06
7	205.0100	Excavation Common	CY	3906	$17.81	$ 69,565.86		3680	$ 65,540.80	3,680	$ 65,540.80	$0.00	$ 65,540.80	94%	$ 4,025.06
8	208.0100	Borrow	CY	1905	$25.79	$ 49,129.95		1522	$ 39,252.38	1,522	$ 39,252.38	$0.00	$ 39,252.38	80%	$ 9,877.57
9	305.0120	Base Aggregate Dense 1 1/4-inch	TON	4480	$23.73	$ 106,310.40		1212.04	$ 28,761.71	1,212	$ 28,761.71	$0.00	$ 28,761.71	27%	$ 77,548.69
10	465.0105	Asphaltic Surface	TON	1630	$163.73	$ 266,879.90			$ -	-	$ -	$0.00	$ -	0%	$ 266,879.90
11	520.1024	Apron Endwalls for Culvert Pipe 24-inch	EACH	1	$753.02	$ 753.02			$ -	-	$ -	$0.00	$ -	0%	$ 753.02
12	520.8000	Concrete Collars for Pipe	EACH	2	$2,334.68	$ 4,669.36		1	$ 2,334.68	1	$ 2,334.68	$0.00	$ 2,334.68	50%	$ 2,334.68
13	521.1012	Apron Endwalls for Culvert Pipe Steel 12-inch	EACH	1	$423.51	$ 423.51			$ -	-	$ -	$0.00	$ -	0%	$ 423.51
14	521.1024	Apron Endwalls for Culvert Pipe Steel 24-inch	EACH	1	$753.02	$ 753.02		1	$ 753.02	1	$ 753.02	$0.00	$ 753.02	100%	$ -
15	521.3112	Culvert Pipe Corrugated Steel 12-inch	LF	36	$37.11	$ 1,335.96			$ -	-	$ -	$0.00	$ -	0%	$ 1,335.96
16	521.3124	Culvert Pipe Corrugated Steel 24-inch	LF	17	$53.33	$ 906.61		17	$ 906.61	17	$ 906.61	$0.00	$ 906.61	100%	$ -
17	522.0124	Culvert Pipe Reinforced Concrete Class III24-inch	LF	17	$137.45	$ 2,336.65			$ -	-	$ -	$0.00	$ -	0%	$ 2,336.65
18	522.1024	Apron Endwalls for Culvert Pipe Reinforced Concrete 24-inch 24-inch	EACH	1	$4,528.39	$ 4,528.39			$ -	-	$ -	$0.00	$ -	0%	$ 4,528.39
19	601.0407	Concrete Curb & Gutter 18-inch Type D	LF	73	$41.89	$ 3,057.97			$ -	-	$ -	$0.00	$ -	0%	$ 3,057.97
20	601.0411	Concrete Curb & Gutter 30-inch Type D	LF	92	$52.98	$ 4,874.16			$ -	-	$ -	$0.00	$ -	0%	$ 4,874.16
21	601.0557	Concrete Curb & Gutter 6-inch Sloped 36-inch Type D	LF	96	$60.78	$ 5,834.88			$ -	-	$ -	$0.00	$ -	0%	$ 5,834.88
22	602.0410	Concrete Sidewalk 5-inch	SF	2826	$14.43	$ 40,779.18			$ -	-	$ -	$0.00	$ -	0%	$ 40,779.18
23	602.0505	Curb Ramp Detectable Warning Field Yellow	SF	170	$77.99	$ 13,258.30			$ -	-	$ -	$0.00	$ -	0%	$ 13,258.30
24	602.0605	Curb Ramp Detectable Warning Field RadialYellow	SF	112	$83.56	$ 9,358.72			$ -	-	$ -	$0.00	$ -	0%	$ 9,358.72
25	602.3010	Concrete Surface Drains	CY	2	$974.91	$ 1,949.82			$ -	-	$ -	$0.00	$ -	0%	$ 1,949.82
26	604.0500	Slope Paving Crushed Aggregate	SY	60	$13.81	$ 828.60			$ -	-	$ -	$0.00	$ -	0%	$ 828.60
27	606.0200	Riprap Medium	CY	4	$168.98	$ 675.92			$ -	-	$ -	$0.00	$ -	0%	$ 675.92
28	608.3018	Storm Sewer Pipe Class III-A 18-inch	LF	25	$82.09	$ 2,052.25			$ -	-	$ -	$0.00	$ -	0%	$ 2,052.25
29	611.0642	Inlet Covers Type MS	EACH	2	$1,474.09	$ 2,948.18			$ -	-	$ -	$0.00	$ -	0%	$ 2,948.18
30	611.3901	Inlets Median 1 Grate	EACH	2	$3,082.30	$ 6,164.60			$ -	-	$ -	$0.00	$ -	0%	$ 6,164.60
31	616.0204	Fence Chain Link 4-Feet	LF	235	$52.37	$ 12,306.95			$ -	-	$ -	$0.00	$ -	0%	$ 12,306.95
32	625.0500	Salvaged Topsoil	SY	10632	$2.86	$ 30,407.52		5316	$ 15,203.76	5,316	$ 15,203.76	$0.00	$ 15,203.76	50%	$ 15,203.76
33	627.0200	Mulching	SY	8085	$0.39	$ 3,153.15			$ -	-	$ -	$0.00	$ -	0%	$ 3,153.15
34	628.1504	Silt Fence	LF	4805	$2.50	$ 12,012.50	500	2630	$ 6,575.00	3,130	$ 7,825.00	$0.00	$ 7,825.00	65%	$ 4,187.50
35	628.1520	Silt Fence Maintenance	LF	9610	$0.87	$ 8,360.70			$ -	-	$ -	$0.00	$ -	0%	$ 8,360.70
36	628.1905	Mobilizations Erosion Control	EACH	5	$1,146.91	$ 5,734.55	1	1	$ 1,146.91	2	$ 2,293.82	$0.00	$ 2,293.82	40%	$ 3,440.73
37	628.1910	Mobilizations Emergency Erosion Control	EACH	3	$1,911.51	$ 5,734.53			$ -	-	$ -	$0.00	$ -	0%	$ 5,734.53
38	628.2008	Erosion Mat Urban Class I Type B	SY	8285	$1.44	$ 11,930.40			$ -	-	$ -	$0.00	$ -	0%	$ 11,930.40
39	628.2021	Erosion Mat Class II Type A	SY	369	$4.12	$ 1,520.28			$ -	-	$ -	$0.00	$ -	0%	$ 1,520.28
40	628.7005	Inlet Protection Type A	EACH	3	$249.73	$ 749.19			$ -	-	$ -	$0.00	$ -	0%	$ 749.19
41	628.7010	Inlet Protection Type B	EACH	2	$249.73	$ 499.46		1	$ 249.73	1	$ 249.73	$0.00	$ 249.73	50%	$ 249.73
42	628.7015	Inlet Protection Type C	EACH	22	$249.73	$ 5,494.06		16	$ 3,995.68	16	$ 3,995.68	$0.00	$ 3,995.68	73%	$ 1,498.38
43	628.7504	Temporary Ditch Checks	LF	163	$7.98	$ 1,300.74			$ -	-	$ -	$0.00	$ -	0%	$ 1,300.74
44	628.7555	Culvert Pipe Checks	EACH	3	$111.02	$ 333.06			$ -	-	$ -	$0.00	$ -	0%	$ 333.06
45	629.0210	Fertilizer Type B	CWT	11.8	$131.31	$ 1,549.46			$ -	-	$ -	$0.00	$ -	0%	$ 1,549.46
46	630.0120	Seeding Mixture No. 20	LB	114	$21.50	$ 2,451.00			$ -	-	$ -	$0.00	$ -	0%	$ 2,451.00
47	630.0140	Seeding Mixture No. 40	LB	193	$27.55	$ 5,317.15			$ -	-	$ -	$0.00	$ -	0%	$ 5,317.15
48	630.0200	Seeding Temporary	LB	457	$3.83	$ 1,750.31			$ -	-	$ -	$0.00	$ -	0%	$ 1,750.31
49	630.0500	Seed Water	MGAL	380	$1.70	$ 646.00			$ -	-	$ -	$0.00	$ -	0%	$ 646.00
50	634.0616	Posts Wood 4 by 6-inch by 16-feet	EACH	11	$417.82	$ 4,596.02			$ -	-	$ -	$0.00	$ -	0%	$ 4,596.02
51	634.0810	Posts Tubular Steel 2 by 2-inch by 10-feet	EACH	19	$272.97	$ 5,186.43			$ -	-	$ -	$0.00	$ -	0%	$ 5,186.43
52	634.0811	Posts Tubular Steel 2 by 2-inch by 11-feet	EACH	11	$278.55	$ 3,064.05			$ -	-	$ -	$0.00	$ -	0%	$ 3,064.05
53	637.2210	Signs Type II Reflective H	SF	62.79	$18.94	$ 1,189.24			$ -	-	$ -	$0.00	$ -	0%	$ 1,189.24
54	637.2230	Signs Type II Reflective F	SF	107.19	$22.28	$ 2,388.19			$ -	-	$ -	$0.00	$ -	0%	$ 2,388.19
55	638.2102	Moving Signs Type II	EACH	4	$55.71	$ 222.84			$ -	-	$ -	$0.00	$ -	0%	$ 222.84
56	642.5001	Field Office Type B	EACH	1	$113,950.26	$ 113,950.26	0.6	0.1	$ 11,395.03	1	$ 79,765.18	$0.00	$ 79,765.18	70%	$ 34,185.08

Progress Estimate - Unit Price Work

Contractor's Application for Payment

Owner:	Village of Somerset	**Owner's Project No.:**	8938-00-71
Engineer:	MSA Professional Services, Inc.	**Engineer's Project No.:**	08783127
Contractor:	Total Excavating & Grading LLC	**Contractor's Project No.:**	
Project:	Village of Somerset - Somerset Trail		
Contract:			

Application No.: 2 **Application Period: From** 05/01/26 **to** 05/28/26 **Application Date:** 05/28/26

A						B	C	D	E	F	G	H	I		J
			Contract Information					Work Completed							
Bid Item No.	WisDOT No.	Description	Units	Item Quantity	Unit Price ($)	Value of Bid Item (D X E) ($)	Quantities from Previous Pay Applications	Estimated Quantity Incorporated in the Work	Value of Work Installed this Pay Period (E X H) ($)	Total Estimated Quantity Installed	Value of Work Installed to Date	Materials Currently Stored (not in F) ($)	Work Completed and Materials Stored to Date (J + K) ($)	% of Value of Item (K / F) (%)	Balance to Finish (F - K) ($)
57	643.0300	Traffic Control Drums	DAY	6787	$0.17	$ 1,153.79		960	$ 163.20	960	$ 163.20	$0.00	$ 163.20	14%	$ 990.59
58	643.0900	Traffic Control Signs	DAY	438	$0.56	$ 245.28		96	$ 53.76	96	$ 53.76	$0.00	$ 53.76	22%	$ 191.52
59	643.3350	Temporary Marking Crosswalk Removable Tape 6-inch	LF	72	$2.79	$ 200.88			$ -	-	$ -	$0.00	$ -	0%	$ 200.88
60	644.1430	Temporary Pedestrian Surface Plate	SF	81	$20.06	$ 1,624.86			$ -	-	$ -	$0.00	$ -	0%	$ 1,624.86
61	644.1601	Temporary Pedestrian Curb Ramp	DAY	14	$100.28	$ 1,403.92			$ -	-	$ -	$0.00	$ -	0%	$ 1,403.92
62	644.1605	Temporary Pedestrian Detectable Warning Field	SF	20	$24.51	$ 490.20			$ -	-	$ -	$0.00	$ -	0%	$ 490.20
63	644.1810	Temporary Pedestrian Barricade	LF	175	$8.91	$ 1,559.25			$ -	-	$ -	$0.00	$ -	0%	$ 1,559.25
64	644.1900.S	Temporary Audible Message Devices	DAY	14	$13.37	$ 187.18			$ -	-	$ -	$0.00	$ -	0%	$ 187.18
65	645.0130	Geotextile Type R	SY	71	$4.65	$ 330.15			$ -	-	$ -	$0.00	$ -	0%	$ 330.15
66	646.6120	Marking Stop Line Epoxy 18-inch	LF	26	$20.06	$ 521.56			$ -	-	$ -	$0.00	$ -	0%	$ 521.56
67	646.7420	Marking Crosswalk Epoxy Transverse Line 6-inch	LF	444	$33.43	$ 14,842.92			$ -	-	$ -	$0.00	$ -	0%	$ 14,842.92
68	646.7520	Marking Crosswalk Epoxy Ladder Pattern 24-inch	LF	120	$55.71	$ 6,685.20			$ -	-	$ -	$0.00	$ -	0%	$ 6,685.20
69	650.4000	Construction Staking Storm Sewer	EACH	4	$334.25	$ 1,337.00			$ -	-	$ -	$0.00	$ -	0%	$ 1,337.00
70	650.4500	Construction Staking Subgrade	LF	8753	$0.56	$ 4,901.68		8753	$ 4,901.68	8,753	$ 4,901.68	$0.00	$ 4,901.68	100%	$ -
71	650.5000	Construction Staking Base	LF	8753	$0.56	$ 4,901.68			$ -	-	$ -	$0.00	$ -	0%	$ 4,901.68
72	650.5500	Construction Staking Curb Gutter and Curb & Gutter	LF	478	$2.23	$ 1,065.94			$ -	-	$ -	$0.00	$ -	0%	$ 1,065.94
73	650.6000	Construction Staking Pipe Culverts	EACH	3	$334.25	$ 1,002.75		1	$ 334.25	1	$ 334.25	$0.00	$ 334.25	33%	$ 668.50
74	650.6501	Construction Staking Structure Layout (structure) (STA 103+50)	EACH	1	$1,894.11	$ 1,894.11		1	$ 1,894.11	1	$ 1,894.11	$0.00	$ 1,894.11	100%	$ -
75	650.6501	Construction Staking Structure Layout (structure) (STA 45+25)	EACH	1	$1,894.11	$ 1,894.11			$ -	-	$ -	$0.00	$ -	0%	$ 1,894.11
76	650.6501	Construction Staking Structure Layout (structure) (STA 50+78)	EACH	1	$1,894.11	$ 1,894.11			$ -	-	$ -	$0.00	$ -	0%	$ 1,894.11
77	650.6501	Construction Staking Structure Layout (structure) (STA 58+97)	EACH	1	$1,894.11	$ 1,894.11			$ -	-	$ -	$0.00	$ -	0%	$ 1,894.11
78	650.6501	Construction Staking Structure Layout (structure) (STA 85+97)	EACH	1	$1,894.11	$ 1,894.11		1	$ 1,894.11	1	$ 1,894.11	$0.00	$ 1,894.11	100%	$ -
79	650.9000	Construction Staking Curb Ramps	EACH	13	$167.13	$ 2,172.69			$ -	-	$ -	$0.00	$ -	0%	$ 2,172.69
80	650.9500	Construction Staking Sidewalk 01.8938-00-71	EACH	1	$1,114.18	$ 1,114.18			$ -	-	$ -	$0.00	$ -	0%	$ 1,114.18
81	650.9911	Construction Staking Supplemental Control 01. 8938-00-71	EACH	1	$4,902.39	$ 4,902.39			$ -	-	$ -	$0.00	$ -	0%	$ 4,902.39
82	650.9920	Construction Staking Slope Stakes	LF	8753	$1.67	$ 14,617.51			$ -	-	$ -	$0.00	$ -	0%	$ 14,617.51
83	690.0150	Sawing Asphalt	LF	767	$5.37	$ 4,118.79			$ -	-	$ -	$0.00	$ -	0%	$ 4,118.79
84	690.0250	Sawing Concrete	LF	112	$5.37	$ 601.44			$ -	-	$ -	$0.00	$ -	0%	$ 601.44
85	SPV.0035	Special 01. Wall Cast-in-Place Cantilever Landscape	CY	16	$2,284.07	$ 36,545.12			$ -	-	$ -	$0.00	$ -	0%	$ 36,545.12
86	SPV.0090	Special 01. Concrete Curb & Gutter 24-inch	LF	217	$43.12	$ 9,357.04			$ -	-	$ -	$0.00	$ -	0%	$ 9,357.04
87	SPV.0165	Special 01. Wall Modular Block Gravity Landscape (STA 103+50)	SF	1064	$80.22	$ 85,354.08		1064	$ 85,354.08	1,064	$ 85,354.08	$0.00	$ 85,354.08	100%	$ -
88	SPV.0165	Special 02. Wall Modular Block Gravity Landscape (STA 45+25)	SF	265	$80.22	$ 21,258.30			$ -	-	$ -	$0.00	$ -	0%	$ 21,258.30
89	SPV.0165	Special 03. Wall Modular Block Gravity Landscape (STA 58+97)	SF	154	$80.22	$ 12,353.88			$ -	-	$ -	$0.00	$ -	0%	$ 12,353.88
90	SPV.0165	Special 04. Wall Modular Block Gravity Lanscape(STA 85+50)	SF	1266	$80.22	$ 101,558.52		1266	$ 101,558.52	1,266	$ 101,558.52	$0.00	$ 101,558.52	100%	$ -
					Original Contract Totals	$ 1,217,315.99			$ 372,269.02			$ -	$ 465,482.14	38%	$ 751,833.85
							Change Orders								
						-			-				-		-
						-			-				-		-
					Change Order Totals	$ -			$ -			$ -	$ -		$ -
							Original Contract and Change Orders								
					Project Totals	$ 1,217,315.99			$ 372,269.02			$ -	$ 465,482.14	38%	$ 751,833.85

Stored Materials Summary | **Contractor's Application for Payment**

Owner:	Village of Somerset	**Owner's Project No.:**	8938-00-71
Engineer:	MSA Professional Services, Inc.	**Engineer's Project No.:**	08783127
Contractor:	Total Excavating & Grading LLC	**Contractor's Project No.:**	
Project:	Village of Somerset - Somerset Trail		
Contract:			

Application No.: 2 **Application Period:** From 05/01/26 to 05/28/26 **Application Date:** 05/28/26

A	B	C	D	E	F	G	H	I	J	K	L	M
						Materials Stored			Incorporated in Work			
Item No. (Lump Sum Tab) or Bid Item No. (Unit Price Tab)	Supplier Invoice No.	Submittal No. (with Specification Section No.)	Description of Materials or Equipment Stored	Storage Location	Application No. When Materials Placed in Storage	Previous Amount Stored ($)	Amount Stored this Period ($)	Amount Stored to Date (G+H) ($)	Amount Previously Incorporated in the Work ($)	Amount Incorporated in the Work this Period ($)	Total Amount Incorporated in the Work (J+K) ($)	Materials Remaining in Storage (I-L) ($)
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					Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -

ESTIMATE

Hummingbird Environmental, LLC
522 Concord St N
South St Paul, MN 55075 1159

jlarson303001@hbenviro.com
+1 (651) 457 4699

Robert Gunther:302 and 272 Main St Sommerset WI 54025

Bill to
Robert Gunther
Robert Gunther

Estimate details
Estimate no.: 5587
Estimate date: 05/15/2026

#	Date	Product or service	Description	Qty	Rate	Amount
1.		**Asbestos-Demo**	Residential. Removal and disposal of all ACM materials specified in the survey done by San Air Technologies Lab. This project will follow all WI DNR rules and guidelines. Project location is 302 Main St Somerset WI 54025	1	$12,999.00	$12,999.00
2.		**Asbestos-Demo**	Residential. Removal and disposal of all ACM materials Listed in the survey done by SanAir Technologies Lab. This project will follow all WI DNR rules and guidelines. project located at 272 Main St Somerset WI 54025	1	$1,048.00	$1,048.00

Total **$14,047.00**

Note to customer

I agree by accepting this proposal that I will pay the entire bill upon completion.

***If Payment is not received within 30 days, 5% will be added to your invoice automatically. Another $100.00 will be added to your invoice daily, until payment is received. If payment is not received within 45 days of the date on the invoice, a LIEN will be put on the property. ***

Please Note: 5% of the total estimate will be added to the final invoice if you choose to pay with a card.

Accepted date **Accepted by**

Proposal

Date: May 26, 2026

Proposal #: 2678

Environmental Contracting Services Since 1987

Work Description: Asbestos Abatement

PROPOSAL SUBMITTED TO:	Village of Somerset WI	SITE LOCATION:	Demo Houses
ADDRESS:	110 Spring St. PO Box 356	ADDRESS:	270 & 302 Main Street
CITY, STATE, ZIP:	Somerset WI 54025	CITY, STATE, ZIP:	Somerset, WI 54025
ATTENTION:	Robert Gunther	PHONE NO:	(715) 760-0884
E-MAIL ADDRESS:	rgunther@villageofsomerset.us	FAX NO:	

VCI Environmental, Inc. proposes the following scope of work:

Scope of Work

VCI Environmental proposes to provide labor, materials & equipment to properly remove and dispose of Asbestos materials from two demo sites (270 Main street & 302 Main Street). No ACM identified in 272 Main Street Site.
Note: Proposal based on quantities and information provided in NCIS Asbestos Reports dated 5/12/26.
Note: Air monitoring not required and not included in proposal
Note: DHS and WI DNR permits for 270 & 302 site included.
Note: Asbestos materials to be removed by non friable hand removal methods.
Note: Asbestos flooring and mastic to be removed with subflooring in 270 Main Street Site.
Note: ACM TSI to be wrapped and cut from 302 Main street site.
Note: Others to collect and dispose of regulated waste items.

Breakdown

-$560.00	Mobilization & De Mobilization
-$980.00	Asbestos removal, disposal, documentation - 270 Main street Site.
-$6,860.00	Asbestos removal, disposal, documentation - 302 Main street Site.
-$55.00	WI DHS asbestos notification - 270 Main street Site.
-$400.00	WI DNR asbestos notification - 302 Main street Site.

Notes:

1. Prices based on straight time M-F.
2. Price includes one mobilization.
3. Temporary power and water needed for abatement included.

We propose to furnish material and labor - complete in accordance with above Scope of Work, for the sum of:

dollars **$8,855.00**

Terms of Payment: Net 30 days

Payment(s) to be made as follows:
In the event payment are not made as outlined herein, the undersigned agrees to pay all costs of collection and attorney's fees incurred by VCI Environmental, Inc. All material is guaranteed to be specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration of deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. Owner agrees to supply VCI Environmental, Inc. with 110 volt power and potable water to complete the cleaning process.

Authorized Signature Garrett Nustvold Garrett Nustvold

Note: This proposal may be withdrawn by us if not accepted within 60 days

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined.

Signature _____

Date of Acceptance:

VCI Environmental., Inc.
7094 Lake Dr. Suite 200
Lino Lakes, MN 55014

OFFICE NO.: (651) 784-7077
FAX NO.: (651) 784-7979
Cell: (651) 328-3757

E-MAIL ADDRESS Garrett@vci-environmental.com

Land Surveying Agreement

MSA Project Number: 08783135

This AGREEMENT (Agreement) is made effective 6/5/2026 by and between

MSA PROFESSIONAL SERVICES, INC (MSA)
Address: 60 Plato Blvd East, St. Paul, MN 55107-1835
Phone: (612) 548-3132
Representative: Curt Schley, PLS Email: cschley@msa-ps.com

VILLAGE OF SOMERSET (OWNER)
Address: 110 Spring Street, PO Box 356, Somerset, WI 54025
Phone: 715-247-5555
Representative: Robert Gunther Email: rgunther@villageofsomerset.us

Project Name: TID 7 ALTA/NSPS Survey

LOCATION OF PROJECT: ¼ - ¼ : NE & NW Section: 25 T: 31N R: 19W

Lot No.: Lot Number Block: Block Subdivision: Subdivision

Township or Municipality: Somerset County: St. Croix

The scope of the work authorized is: See Attachment A: Scope of Services
The schedule to perform the work is: Approximate Start Date: 6/15/2026
Approximate Completion Date: TBD
The lump sum fee for the work is: $21,000.00
All services shall be performed in accordance with the General Terms and Conditions of MSA, which is attached and made part of this Agreement. Any attachments or exhibits referenced in this Agreement are made part of this Agreement. Payment for these services will be on a lump sum basis.

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

VILLAGE OF SOMERSET

_____
Robert Gunther
DPW And Economic Development Director
Date:_____

MSA PROFESSIONAL SERVICES, INC.

_____
Curt Schley, PLS
Team leader
Date:_____

OWNER ATTEST: (optional, delete lines if not applicable)

_____
Owner Attest Name
Title
Date:_____

1. **Scope and Fee.** The scope of Owner's Project (the "Project"), scope of MSA's services (the "Work"), for those services are defined in Attachment A. The scope and fee constitute a good faith estimate of the tasks and associated fees required to perform the services defined in Attachment A. This agreement upon execution by both parties hereto, can be amended only by written instrument signed by both parties. For those projects involving conceptual or process development service or involve renovation of an existing building or structure, activities often cannot be fully defined during initial planning. As the Project progresses, facts uncovered may reveal a change in direction which may alter the Work. MSA will promptly inform the OWNER in writing of such situations so that changes in this agreement can be made as required.

2. **Owner's Responsibilities**.

(a) Project Scope and Budget

The OWNER shall define the scope and budget of the Project and, when applicable, periodically update the Project budget, including that portion allocated for the cost of the Work. The Project budget shall include contingencies for design, development, and, when required by the scope of the Project, construction of the Project. The OWNER shall not significantly increase or decrease the overall Project scope or schedule, the portion of the budget allocated for the cost of the Work, or contingencies included in the overall budget or a portion of the budget, without the agreement of MSA to a corresponding change in the Project scope, quality, schedule, and compensation of MSA.

(b) Designated Owner Representative

The OWNER shall identify a Designated Representative who shall be authorized to act on behalf of the OWNER with respect to the Project. OWNER's Designated Representative shall render related decisions in a timely manner so as to avoid unreasonable delay in the orderly and sequential progress of MSA's services. MSA shall not be liable for any error or omission made by OWNER, OWNER's Designated Representative, or OWNER's consultant.

(c) Tests, Inspections, and Reports

When required by the scope of the Project, the OWNER shall furnish tests, inspections, and reports required by law or the Contract Documents, such as planning studies; preliminary designs; structural, mechanical, or chemical tests; tests for air, water, or soil pollution; and tests for hazardous materials.

(d) Additional Consultants

MSA's consultants shall be identified in Attachment A. The OWNER shall furnish the services of other consultants other than those designated in Attachment A, including such legal, financial, accounting, and insurance counseling services as may be required for the Project.

(e) OWNER Provided Services and Information

MSA shall be entitled to rely on the accuracy and completeness of services and information furnished by the OWNER, Designated OWNER Representative, or Consultant. MSA shall use reasonable efforts to provide prompt written notice to the OWNER if MSA becomes aware of any errors, omissions, or inconsistencies in such services or information.

3. **Billing.** MSA will bill the OWNER monthly with net payment due upon receipt. Balances due past thirty (30) days shall be subject to an interest charge at a rate of 18% per year from said thirtieth day. In addition, MSA may, after giving seven days written notice, suspend service under any agreement until the OWNER has paid in full all amounts due for services rendered and expenses incurred, including the interest charge on past due invoices.

4. **Costs and Schedules.** Costs (including MSA's fees and reimbursable expenses) and schedule commitments shall be subject to change for delays caused by the OWNER's failure to provide specified facilities or information or for delays caused by unpredictable occurrences including, without limitation, fires, floods, riots, strikes, unavailability of labor or materials, delays or defaults, by suppliers of materials or services, process shutdowns, pandemics, acts of God or the public enemy, or acts of regulations of any governmental agency. Temporary delays of services caused by any of the above which result in additional costs beyond those outlined may require renegotiation of this agreement.

5. **Access to Site.** Owner shall furnish right-of-entry on the Project site for MSA and, if the site is not owned by Owner, warrants that permission has been granted to make planned explorations pursuant to the scope of

services. MSA will take reasonable precautions to minimize damage to the site from use of equipment, but has not included costs for restoration of damage that may result and shall not be responsible for such costs.

6. **Location of Utilities.** Owner shall supply MSA with the location of all pre-existent utilities and MSA has the right to reasonably rely on all Owner supplied information. In those instances where the scope of services require MSA to locate any buried utilities, MSA shall use reasonable means to identify the location of buried utilities in the areas of subsurface exploration and shall take reasonable precautions to avoid any damage to the utilities noted. However, Owner agrees to indemnify and defend MSA in the event of damage or injury arising from damage to or interference with subsurface structures or utilities which result from inaccuracies in information of instructions which have been furnished to MSA by others.

7. **Professional Representative.** MSA intends to serve as the OWNER's professional representative for those services as defined in this agreement, and to provide advice and consultation to the OWNER as a professional. Any opinions of probable project costs, reviews and observations, and other recommendations made by MSA for the OWNER are rendered on the basis of experience and qualifications and represents the professional judgment of MSA. However, MSA cannot and does not warrant or represent that proposals, bid or actual project or construction costs will not vary from the opinion of probable cost prepared by it.

8. **Construction.** When applicable to the scope of the Project, the OWNER shall contract with a licensed and qualified Contractor for implementation of construction work utilizing a construction contract based on an EJCDC construction contract and general conditions appropriate for the scope of the Project and for the delivery method. In the construction contract, the OWNER shall use reasonable commercial efforts to require the Contractor to (1) obtain Commercial General Liability Insurance with contractual liability coverage insuring the obligation of the Contractor, and name the OWNER, MSA and its employees and consultants as additionally insureds of that policy; (2) indemnify and hold harmless the OWNER, MSA and its employees and consultants from and against any and all claims, damages, losses, and expenses ("Claims"), including but not limited to reasonable attorney's fees and economic or consequential damages arising in whole or in part out of the negligent act or omission of the contractor, and Subcontractor or anyone directly or indirectly employed by any of them. This agreement shall not be construed as giving MSA, the responsibility or authority to direct or supervise construction means, methods, techniques, sequence, or procedures of construction selected by the contractors or subcontractors or the safety precautions and programs incident to the work, the same being the sole and exclusive responsibility of the contractors or subcontractors.

9. **Standard of Care.** In conducting the services, MSA will apply present professional, engineering and/or scientific judgment, which is known as the "standard of care". The standard of care is defined as that level of skill and care ordinarily exercised by members of the same profession practicing at the same point in time and in the same or similar locality under similar circumstances in performing the Services. The OWNER acknowledges that "current professional standards" shall mean the standard for professional services, measured as of the time those services are rendered, and not according to later standards, if such later standards purport to impose a higher degree of care upon MSA.

MSA does not make any warranty or guarantee, expressed or implied, nor have any agreement or contract for services subject to the provisions of any uniform commercial code. Similarly, MSA will not accept those terms and conditions offered by the OWNER in its purchase order, requisition, or notice of authorization to proceed, except as set forth herein or expressly agreed to in writing. Written acknowledgement of receipt, or the actual performance of services subsequent to receipt of such purchase order, requisition, or notice of authorization to proceed is specifically deemed not to constitute acceptance of any terms or conditions contrary to those set forth herein.

10. **Municipal Advisor**. MSA Professional Services, Inc. is not acting as a 'Municipal Advisor' to the owner pursuant to Section 15B of the Exchange Act. For financial advice related to the corresponding project, the client is encouraged to discuss their finances with internal and/or external advisors and experts before making decisions incurring debt and/or supporting those obligations. MSA desires to serve each client well by providing the best information publicly available and is providing information as part of its engineering responsibilities to inform client options. The information is not intended to provide financial advice or recommendations and is not bound by the formal Municipal Advisor fiduciary duty.

11. **Conduct Expectations.** Owner and MSA understand their respective obligations to provide a safe, respectful work environment for their employees. Both parties agree that harassment on the job (unwelcome verbal, physical or other behavior that is related to sex, race, age, or protected class status) will not be tolerated and will be addressed timely and in compliance with anti-harassment laws.

12. **Electronic Documents and Transmittals**. Owner and MSA agree to transmit and accept project related correspondence, documents, text, data, drawings and the like in digital format in accordance with MSA's Electronic Data Transmittal policy. Each party is responsible for its own cybersecurity, and both parties waive the right to pursue liability against the other for any damages that occur as a direct result of electronic data sharing.

13. **Building Information Modelling (BIM).** For any projects, and not limited to building projects, utilizing BIM, OWNER and MSA shall agree on the appropriate level of modelling required by the project, as well as the degree to which the BIM files may be made available to any party using the Electronic Document Transmittal provisions of section 12 of this Agreement.

14. **Construction Site Visits.** If the scope of services includes services during the Construction Phase, MSA shall make visits to the site as specified in Attachment A– Scope of Services. MSA shall not, during such visits or as a result of such observations of Contractor's work in progress, supervise, direct or have control over Contractor's work nor shall MSA have authority over or responsibility for the means, methods, techniques, sequences or procedures of construction selected by Contractor, for safety precautions and programs incident to the work of Contractor or for any failure of Contractor to comply with laws, rules, regulations, ordinances, codes or orders applicable to Contractor's furnishing and performing the work. Accordingly, MSA neither guarantees the performance of any Contractor nor assumes responsibility for any Contractor's failure to furnish and perform its work in accordance with the Contract Documents.

15. **Termination.** This Agreement shall commence upon execution and shall remain in effect until terminated by either party, at such party's discretion, on not less than thirty (30) days' advance written notice. The effective date of the termination is the thirtieth day after the non-terminating party's receipt of the notice of termination. If MSA terminates the Agreement, the OWNER may, at its option, extend the terms of this Agreement to the extent necessary for MSA to complete any services that were ordered prior to the effective date of termination. If OWNER terminates this Agreement, OWNER shall pay MSA for all services performed prior to MSA's receipt of the notice of termination and for all work performed and/or expenses incurred by MSA in terminating Services begun after MSA's receipt of the termination notice. Termination hereunder shall operate to discharge only those obligations which are executory by either party on and after the effective date of termination. These General Terms and Conditions shall survive the completion of the services performed hereunder or the Termination of this Agreement for any cause.

This agreement cannot be changed or terminated orally. No waiver of compliance with any provision or condition hereof should be effective unless agreed in writing and duly executed by the parties hereto.

16. **Betterment.** If, due to MSA's error, any required or necessary item or component of the Project is omitted from the construction documents, MSA's liability shall be limited to the reasonable costs of correction of the construction, less what OWNER'S cost of including the omitted item or component in the original construction would have been had the item or component not been omitted. It is intended by this provision that MSA will not be responsible for any cost or expense that provides betterment, upgrade, or enhancement of the Project.

17. **Hazardous Substances.** OWNER acknowledges and agrees that MSA has had no role in identifying, generating, treating, storing, or disposing of hazardous substances or materials which may be present at the Project site, and MSA has not benefited from the processes that produced such hazardous substances or materials. Any hazardous substances or materials encountered by or associated with Services provided by MSA on the Project shall at no time be or become the property of MSA. MSA shall not be deemed to possess or control any hazardous substance or material at any time; arrangements for the treatment, storage, transport, or disposal of any hazardous substances or materials, which shall be made by MSA, are made solely and exclusively on OWNER's behalf for OWNER's benefit and at OWNER's direction. Nothing contained within this Agreement shall be construed or interpreted as requiring MSA to assume the status of a generator, storer, treater, or disposal facility as defined in any federal, state, or local statute, regulation, or rule governing treatment, storage, transport, and/or disposal of hazardous substances or materials.

All samples of hazardous substances, materials or contaminants are the property and responsibility of OWNER and shall be returned to OWNER at the end of a project for proper disposal. Alternate arrangements to ship such samples directly to a licensed disposal facility may be made at OWNER's request and expense and subject to this subparagraph.

18. **Insurance.** MSA will maintain insurance coverage for: Worker's Compensation, General Liability, and Professional Liability. MSA will provide information as to specific limits upon written request. If the OWNER requires coverages or limits in addition to those in effect as of the date of the agreement, premiums for additional

insurance shall be paid by the OWNER. The liability of MSA to the OWNER for any indemnity commitments, or for any damages arising in any way out of performance of this contract is limited to such insurance coverages and amount which MSA has in effect.

19. **Reuse of Documents.** Reuse of any documents and/or services pertaining to this Project by the OWNER or extensions of this Project or on any other project shall be at the OWNER's sole risk. The OWNER agrees to defend, indemnify, and hold harmless MSA for all claims, damages, and expenses including attorneys' fees and costs arising out of such reuse of the documents and/or services by the OWNER or by others acting through the OWNER.

20. **Indemnification.** To the fullest extent permitted by law, MSA shall indemnify and hold harmless, OWNER, and OWNER's officers, directors, members, partners, consultants, and employees (hereinafter "OWNER") from reasonable claims, costs, losses, and damages arising out of or relating to the PROJECT, provided that any such claim, cost, loss, or damage is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom but only to the extent caused by any negligent act or omission of MSA or MSA's officers, directors, members, partners, employees, or Consultants (hereinafter "MSA"). In no event shall this indemnity agreement apply to claims between the OWNER and MSA. This indemnity agreement applies solely to claims of third parties. Furthermore, in no event shall this indemnity agreement apply to claims that MSA is responsible for attorneys' fees. This agreement does not give rise to any duty on the part of MSA to defend the OWNER on any claim arising under this agreement.

To the fullest extent permitted by law, OWNER shall indemnify and hold harmless, MSA, and MSA's officers, directors, members, partners, consultants, and employees (hereinafter "MSA") from reasonable claims, costs, losses, and damages arising out of or relating to the PROJECT, provided that any such claim, cost, loss, or damage is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom but only to the extent caused by any negligent act or omission of the OWNER or the OWNER's officers, directors, members, partners, employees, or Consultants (hereinafter "OWNER"). In no event shall this indemnity agreement apply to claims between MSA and the OWNER. This indemnity agreement applies solely to claims of third parties. Furthermore, in no event shall this indemnity agreement apply to claims that the OWNER is responsible for attorneys' fees. This agreement does not give rise to any duty on the part of the OWNER to defend MSA on any claim arising under this agreement.

To the fullest extent permitted by law, MSA's total liability to OWNER and anyone claiming by, through, or under OWNER for any cost, loss or damages caused in part or by the negligence of MSA and in part by the negligence of OWNER or any other negligent entity or individual, shall not exceed the percentage share that MSA's negligence bears to the total negligence of OWNER, MSA, and all other negligent entities and individuals.

21**. Accrual of Claims**. To the fullest extent permitted by Laws and Regulations, all causes of action arising under this Agreement will be deemed to have accrued, and all statutory periods of limitation will commence, no later than the date of Substantial Completion; or, if MSA's services do not include Construction Phase services, or the Project is not completed, then no later than the date of Owner's last payment to MSA.

22. **Dispute Resolution.** OWNER and MSA desire to resolve any disputes or areas of disagreement involving the subject matter of this Agreement by a mechanism that facilitates resolution of disputes by negotiation rather than by litigation. OWNER and MSA also acknowledge that issues and problems may arise after execution of this Agreement which were not anticipated or are not resolved by specific provisions in this Agreement. Accordingly, both OWNER and MSA will endeavor to settle all controversies, claims, counterclaims, disputes, and other matters thru mediation with a mutually agreed upon mediator. A demand for mediation shall be made within a reasonable time after the claim, dispute or other matter in question has arisen. In no event shall the demand for mediation be made after the date when institution of legal or equitable proceedings based on such claim, dispute or other matter in question would be barred by the applicable statute of limitations. Neither demand for mediation nor any term of this Dispute Resolution clause shall prevent the filing of a legal action where failing to do so may bar the action because of the applicable statute of limitations. If despite the good faith efforts of OWNER and MSA any controversy, claim, counterclaim, dispute, or other matter is not resolved through negotiation or mediation, OWNER and MSA agree and consent that such matter may be resolved through legal action in the court having jurisdiction as specified in this Agreement.

23. **Exclusion of Special, Indirect, Consequential and Liquidated Damages.** MSA shall not be liable, in contract or tort or otherwise, for any special, indirect, consequential, or liquidated damages including specifically,

but without limitation, loss of profit or revenue, loss of capital, delay damages, loss of goodwill, claim of third parties, or similar damages arising out of or connected in any way to the Project or this contract.

24. **Limitation of Liability.** Neither MSA, its Consultants (if any), nor their employees shall be jointly, severally, or individually liable to the OWNER in excess of the amount of the insurance proceeds available.

25. **Successors and Assigns**. The successors, executors, administrators, and legal representatives of Owner and MSA are hereby bound to the other party to this Agreement and to the successors, executors, administrators and legal representatives (and said assigns) of such other party, in respect of all covenants, agreements, and obligations of this Agreement. Neither party may assign, sublet, or transfer any rights under or interest (including, but without limitation, claims arising out of this Agreement or money that is due or may become due) in this Agreement without the written consent of the other party, which shall not be unreasonable withheld, except to the extent that any assignment, subletting, or transfer is mandated by law.

26. **Notices**. Any notice required under this Agreement will be in writing, and delivered: in person (by commercial courier or otherwise); by registered or certified mail; or by e-mail to the recipient, with the words "Formal Notice" or similar in the e-mail's subject line. All such notices are effective upon the date of receipt.

27. **Survival.** Subject to applicable Laws and Regulations, all express representations, waivers, indemnifications, and limitations of liability included in this Agreement will survive its completion or termination for any reason.

28. **Severability**. Any provision or part of the Agreement held to be void or unenforceable under any Laws or Regulations will be deemed stricken, and all remaining provisions will continue to be valid and binding upon Owner and MSA.

29. **No Waiver**. A party's non-enforcement of any provision will not constitute a waiver of that provision, nor will it affect the enforceability of that provision or of the remainder of this Agreement.

30. **State Law.** This agreement shall be construed and interpreted in accordance with the laws of the State of Wisconsin.

31. **Jurisdiction.** OWNER hereby irrevocably submits to the jurisdiction of the state courts of the State of Wisconsin for the purpose of any suit, action or other proceeding arising out of or based upon this Agreement. OWNER further consents that the venue for any legal proceedings related to this Agreement shall be Sauk County, Wisconsin.

32. **Understanding.** This agreement contains the entire understanding between the parties on the subject matter hereof and no representations. Inducements, promises or agreements not embodied herein (unless agreed in writing duly executed) shall be of any force or effect, and this agreement supersedes any other prior understanding entered into between the parties on the subject matter hereto.

ATTACHMENT A:
SCOPE OF SERVICES

MSA will prepare an ALTA/NSPS survey for the parcels identified as 032-1068-40-000, 032-1068-70-000, 032-1068-90-001, 032-1068-60-000, 032-1068-50-000, 032-1069-30-000, and 032-1068-95-000; Table A items of the 2026 Minimum Standard Detail Requirements to be shown on the survey will include items 1, 2, 3, 4, 10, 11(b), 13, 18, and 20.

Deliverables:

- ALTA / NSPS Survey (.pdf)

Assumptions/Exclusions:

- Owner to provide (or coordinate) access to the site and adjacent properties.
- A private utility locate is not included within this scope and fees are not included in this proposal.
- Title report is not included in the scope of our work. The Owner will provide, or coordinate with their attorney to provide, a current title commitment covering all parcels.
- Poor weather conditions may impact the project schedule.
- MSA will conduct research at the County Surveyor's office for current boundary survey data.
- No new subdivision is included as part of this proposal.
- Owner to provide as-built information from the City for utilities.
- A benchmark is available within a 1,000-foot radius to tie into.
- Geotechnical, archaeological or wetland studies/services are not included as part of this scope (we will depict the results of such studies by others on the survey if so provided.)
    - Somerset has provided a wetland drawing and MSA will reference that into the graphics and note accordingly.
- Design, construction inspection, staking or material testing is not included as part of this scope.
- Title defects, or resolutions thereof are not included as part of this scope.
    - If our field investigation uncovers a problem not previously known about, we will.

June 9, 2026

Village of Somerset
Attn: Bob Gunther
110 Spring Street
Somerset, WI 54025

Re: Irrevocable Letter of Credit #36354-40 Reduction Request for Winesap Prairie First Addition

To Whom it May Concern:

Citywide Development, Inc. is requesting a reduction to the letter of credit in place for the Winesap Prairie First Addition development. The current letter of credit amount is at $1,417,281.60 and the reduction request is for $1,091,449.40 based on the attached lien waivers for the work that had been completed. There is a total of nine lien waivers from Albrightson Excavating, Inc. for the work and this reduction would leave a balance of $325,832.20 on the letter of credit for the remaining work to be completed.

If you have any questions, please contact Citywide Development at 715-247-1944 or John Anderson at 612-598-4987 or email at johnbranderson@aol.com.

Sincerely,

John Anderson

John Anderson
Project Manager
Winesap Prairie First Addition

June 11, 2026

Citywide Development Inc.
494 LaGrandeur Road
Somerset, WI 54025

Winesap Prairie, Village of Somerset, WI
First Addition, Bruce Larson Way, England Street,
Harvest Court, Wolf River Street
MSA #8783085

GENERAL

1. Complete all property corner pin install.
2. Complete closing documentation per specifications.

STREETS & SIDEWALK:

1. Complete 5' concrete sidewalk installation per plan.
2. Complete wear course paving on all streets.
3. Repair (mill and overlay) the asphalt pavement separation from the curb on the north side of the roadway from 52+00 to 54+00.

EROSION CONTROL & GRADING:

1. ~~Riprap needs to be placed at the FES coming off STMH201.~~
2. ~~Severe storm erosion near STMH201 needs to be re-graded and seeded.~~
3. Complete topsoil and seeding.
4. Review turf restoration per Erosion Control plan in fall 2026.
5. Remove all silt fence and BMP's when the Village of Somerset Public Works Department accepts turf restoration

WATER MAIN

1. ~~Flush hydrants and collect water samples for bacteria testing.~~

Please call Sam Nelson, (952) 465-6449, MSA Professional Services, at least 48 hours prior to completion of these items to schedule an inspection of the work to be completed. All items listed above are subject to final compliance walk-through.

Sincerely,
MSA Professional Services
Samuel M. Nelson
Samuel M. Nelson, Civil Engineering Technician

Receipt and Full Waiver of Mechanic's Lien Rights

May 8, 2025

The undersigned hereby acknowledges receipt of the sum of **$185,592.40**

CHECK ONLY ONE:

1)__X__ as **partial** payment for labor, skill and material furnished

2)_____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3)_____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor**: .....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____
_____
(Title)

Phone Number 715-698-2768

File No: 693588-2 TW
Draw No: 1

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

June 11, 2025

The undersigned hereby acknowledges receipt of the sum of **$93,712.60**

CHECK ONLY ONE:

1) __X__ as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: Judy Vail
Controller
(Title)

Phone Number 715 6982768

File No: 693588-2 TW
Draw No: 2

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

June 26, 2025

The undersigned hereby acknowledges receipt of the sum of **$71,010.80**

CHECK ONLY ONE:

1) X as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____
_____
(Title)

Phone Number 715-698-2768

File No: 693588-2 TW
Draw No: 3

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

October 3, 2025

The undersigned hereby acknowledges receipt of the sum of **$36,199.26**

CHECK ONLY ONE:

1) X as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: Cindy Varhol

Controller
(Title)

Phone Number 715-698-2768

File No: 693588-2 TW
Draw No: 4

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

January 2, 2026

The undersigned hereby acknowledges receipt of the sum of **$64,150.35**

CHECK ONLY ONE:

1) ___X___ as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____
Controller
(Title)

Phone Number 715 698 2768

File No: 693588-2 TW
Draw No: 6

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

February 17, 2026

The undersigned hereby acknowledges receipt of the sum of **$280,179.01**

CHECK ONLY ONE:

1) X as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____

Controller
(Title)

Phone Number 715-698-2268

File No: 693588-2 TW
Draw No: 7

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

March 23, 2026

The undersigned hereby acknowledges receipt of the sum of **$169,127.20**

CHECK ONLY ONE:

1) X as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____
Controller
(Title)

Phone Number 715-698-2768

File No: 693588-2 TW
Draw No: 8

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

April 2, 2026

The undersigned hereby acknowledges receipt of the sum of **$30,374.82**

CHECK ONLY ONE:

1) X as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____
Controller
(Title)

Phone Number 715-698-2248

File No: 693588-2 TW
Draw No: 9

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

Receipt and Full Waiver of Mechanic's Lien Rights

May 8, 2026

The undersigned hereby acknowledges receipt of the sum of **$161,103.03**

CHECK ONLY ONE:

1) X as **partial** payment for labor, skill and material furnished

2) _____ as payment for labor, skill and material furnished or to be furnished (except the sum of $_____ **retainage** or holdback)

3) _____ as **full and final** payment for all labor, skill and material furnished or to be furnished to the following described real property:

Owner Name: **CityWide Development, Inc.**
General Contractor: **.....**
Address: **Winesap Prairie 1st Addition, 0 Unassigned Somerset, WI 54025**
Legal Description: **Outlot 5, Winesap Prairie, Village of Somerset, St. Croix County, Wisconsin**

and for value received hereby waives any and all rights acquired by the undersigned to file or record mechanic's liens against said real property for labor, skill or material furnished to said real property (only for the amount paid if box 1 is checked, and except for retainage show if box 2 is checked). The undersigned affirms that all material furnished by the undersigned have been paid in full, EXCEPT:

Albrightson Excavating, Inc.
PO Box 181 / 345 Southside Drive
Woodville, WI 54028

By: _____
Controller
(Title)

Phone Number 715-698-2268

File No: 693588-2 TW
Draw No: 11

Please sign and return to:

Land Title, Inc.
2200 W County Road C
Suite 2205
Roseville, MN 55113
<Fax #: 651.287.2443>
disbursingdept@landtitleinc.com

From: johnbranderson@aol.com
To: Robert Gunther
Cc: Jessica Lehman; Andrea Otto; Brian A. Haas; Brian A. Haas
Subject: Re: Requests needed for Winesap agenda item requests.
Date: Tuesday, June 9, 2026 4:46:34 PM

Citywide Development, Inc, is requesting an amendment to the development agreement for Winesap Prairie First Addition for section 8 letter g as follows:

Upon completion of an all weather surface road sufficient to provide emergency vehicle access, Subdivider shall be allowed to construct up to 4 model homes provided that no homes shall be sold until such time as a certificate of occupancy has been issued for the structure. ~~Furthermore, Subdivider agrees that no undeveloped lot(s) on the Property shall be sold to a third party until such time as a completed home is constructed on the lot.~~ Notwithstanding the foregoing, undeveloped lots may be transferred to a related entity controlled by Subdivider prior to the completion of a home on the lot. Additionally, the Village consents to vacant lot sales to any other builder not associated or affiliated with Subdivider. ~~Capstone Homes or its affiliate.~~

Please verify receipt and please let me know if you have any questions or concerns.

John Anderson
612-598-4987

On Monday, June 8, 2026 at 11:43:59 AM CDT, Robert Gunther <rgunther@villageofsomerset.us> wrote:

> Hi John,
>
> I looked at the LOC reduction that I was working on and realized I don't have a formal request to reduce the LOC.
>
> *2. As work progresses on installation of Improvements constructed as part of the Agreement, the Municipal Engineer, upon written request from the Subdivider from time to time, is authorized to recommend a reduction in the amount of surety. When portions of construction (water, sanitary sewer, street, sidewalk, greenway, or other Improvements) are completed by the Subdivider, and determined acceptable by the Municipal Engineer, the Municipal Board at its sole discretion is authorized, upon submission of lien waivers by the Subdivider's contractors, to reduce the amount of surety.*
>
> I would also need you to complete the information on Exhibit K of the developer's agreement and include the amount that you are requesting to be reduced from the LOC.
>
> For the language change in the builder restriction in the developer's agreement, will you please provide a request to open the development and language you would like in place of what is currently limiting Preferred Builders from transferring those lots to a builder other than Capstone Homes.
>
> Once you have all of that done, please send it to the Clerk, Jessica Lehman, who is copied

on this email those two requests and she can have it placed on the agenda as long as everything is sufficient with the requests.

Thanks,
Bob

Robert Gunther
Village of Somerset
Public Works/Economic Development Director
110 Spring St.
Somerset, WI 54025
Office: (715) 247-3395
Cell: (715) 760-0884

Form
AB-200

Alcohol Beverage License Application

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

Application Type *(check one)*

☐ Initial (New) ☑ Renewal

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

☐ Class "A" Beer	$	☑ Class "B" Beer	$ 100
☑ ~~Class A Liquor~~	$ ~~500~~	☒ Regular "Class B" Liquor	$ 500
☐ "Class A" Liquor (cider only)	$	☐ Reserve "Class B" Liquor	$
☐ "Class C" Liquor (wine only)	$	☐ Above-Quota "Class B" Liquor	$

Fees	
License Fee(s)	$ 600
Background Check Fee	$ 0
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
456-1027503270-02

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

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

7. State of Organization
DE

8. Date of Organization
03/28/2011

9. Wisconsin DFI Registration Number

10. Premises Address
715 Spring Street

11. City
Somerset

12. State
WI

13. Zip Code
54025

14. County
St Croix

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

16. Aldermanic District

17. Premises Phone
(715) 334-9080

18. Premises Email
ejlallier@LiveNation.com

19. Website
www.somersetamp.com

20. Premises Description

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

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

21. Mailing Address (if different from premises address)
950 Wayzata Blvd E, Suite 104

22. City
Wayzata

23. State
MN

24. 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 beverages. ☐ Yes ☑ No

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Mithun	Raymond	M

Title	Email	Phone
Owner	matt@mithunent.com	(952) 473-6422

Signature	Date
R Matt Mithun	04/02/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/10/2026			

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

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*
☐ Initial (New) ☑ Renewal
License Period
7/1/26-6/30/27

Instructions

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

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

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

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

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

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

*Status Definitions

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

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

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

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

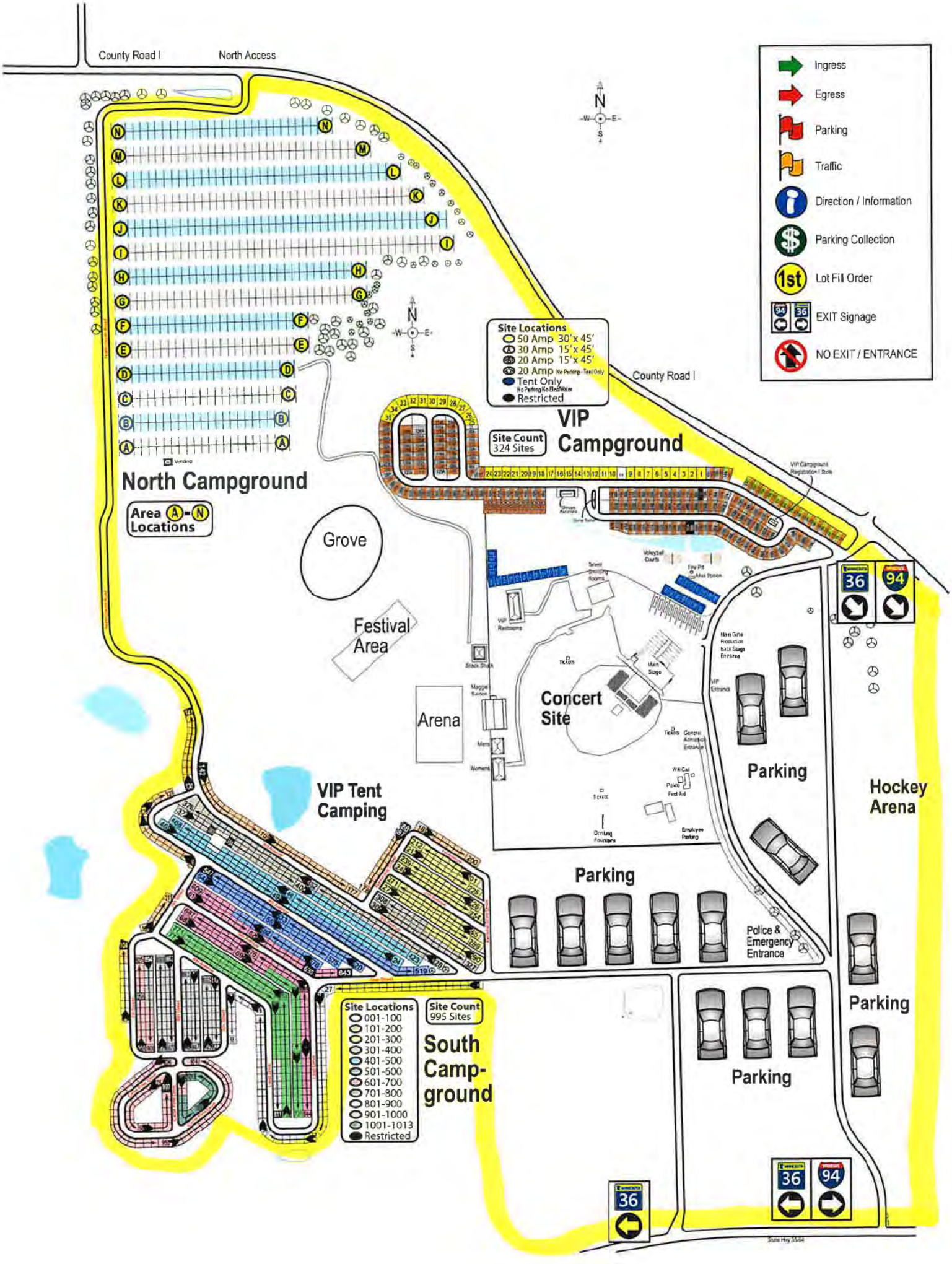
1. Legal Business Name (individual name if sole proprietorship)
Somerstar Entertainment, LLC

2. Business Trade Name or DBA
Somerset Amphitheater

3. FEIN
38-3839572

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Rayamond M	Mithun	Owner	952-473-6422	matt@mithunent.com	No Change
EUGENE J.	L'ALLIER	AGENT	612-889-5831	EJLALLIER@LIVENATION.COM	NO CHANGE


County Road I
North Access
Ingress
Egress
Parking
Traffic
Direction / Information
Parking Collection
1st
Lot Fill Order
EXIT Signage
NO EXIT / ENTRANCE
N
W
E
S
Site Locations
50 Amp 30'x 45'
30 Amp 15'x 45'
20 Amp 15'x 45'
20 Amp No Parking - Tent Only
Tent Only
No Parking No Electric/Water
Restricted
County Road I
Site Count
324 Sites
VIP Campground
North Campground
Area A-N Locations
Grove
Festival Area
Arena
Concert Site
Parking
Hockey Arena
VIP Tent Camping
Site Locations
001-100
101-200
201-300
301-400
401-500
501-600
601-700
701-800
801-900
901-1000
1001-1013
Restricted
Site Count
995 Sites
South Camp-ground
Police & Emergency Entrance
36
94

Form
AB-200

Alcohol Beverage License Application

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

Application Type *(check one)*

☐ Initial (New) ☑ Renewal

License(s) Requested: (up to two boxes may be checked) Beer Garden $30

☐ Class "A" Beer ..... $		☑ Class "B" Beer ..... $	100
☐ "Class A" Liquor ..... $		☑ Regular "Class B" Liquor $	500
☐ "Class A" Liquor (cider only) $		☐ Reserve "Class B" Liquor $	
☐ "Class C" Liquor (wine only) $		☐ Above-Quota "Class B" Liquor ..... $	

Fees	
License Fee(s)	$ ~~600~~ 620
Background Check Fee	$ 7
Publication Fee	$ 13
Total Fees	$ 640.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
GENERAL SAM'S INC

2. Business Trade Name or DBA
GENERAL SAM'S

3. FEIN	4. Wisconsin Seller's Permit Number
20-1373365	456-0000273978-03

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

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

7. State of Organization	8. Date of Organization	9. Wisconsin DFI Registration Number
WI		

10. Premises Address
710 SPRING STREET

11. City	12. State	13. Zip Code
SOMERSET	WI	54025

14. County	15. Governing Municipality: ☐ City ☐ Town ☑ Village	16. Aldermanic District
St Croix	of: SOMERSET	

17. Premises Phone	18. Premises Email	19. Website
(715) 760-0421	KMONTPETIT829@GMAIL.COM	

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐
SEE ATTACHED MAPS

21. Mailing Address (if different from premises address)
PO BOX 276

22. City	23. State	24. Zip Code
SOMERSET	WI	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 beverages. ☐ Yes ☑ No

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
MONTPETIT	JOHN	L

Title	Email	Phone
OWNER	KMONTPETIT829@GMAIL.COM	(715) 760-0421

Signature	Date
	04/13/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/13/2026			

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

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☐ Initial (New) ☑ Renewal

License Period

Instructions

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

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

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

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

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

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

*Status Definitions

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

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

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

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

1. Legal Business Name (individual name if sole proprietorship)
GENERAL SAM'S INC

2. Business Trade Name or DBA
GENERAL SAM'S

3. FEIN
20-1373365

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
JOHN L	MONTPETIT	OWNER	(715) 760-0421	KMONTPETIT829@GMAIL.COM	No Change

VILLAGE OF SOMERSET
BEER GARDEN APPLICATION
FEE $20.00

Office Use Only
Received 4/13/26
Fee Received $ 20

APPLICATIONT INFORMATION

Business Name: General Sam's
Contact Name: John Montpetit
Business Address: 710 Spring St
City, State, Zip: Somerset, WI 54025
Phone: 715.760.0421 Email: _____

PROPERTY INFORMATION

Description of Property to be used: Cement patio, trading post La Pointe Building
Date(s): Year round
Estimated Number of User(s), Participant(s), and Spectator(s): 5000
Hours of Operation: Week days 9am-2am Weekends: 8am-2:30am
Noise Control: Security
Plan for Maintaining Cleanliness: janitors & staff

SITE PLAN

Sketch of Beer Garden (include a separate sheet if more room is needed):

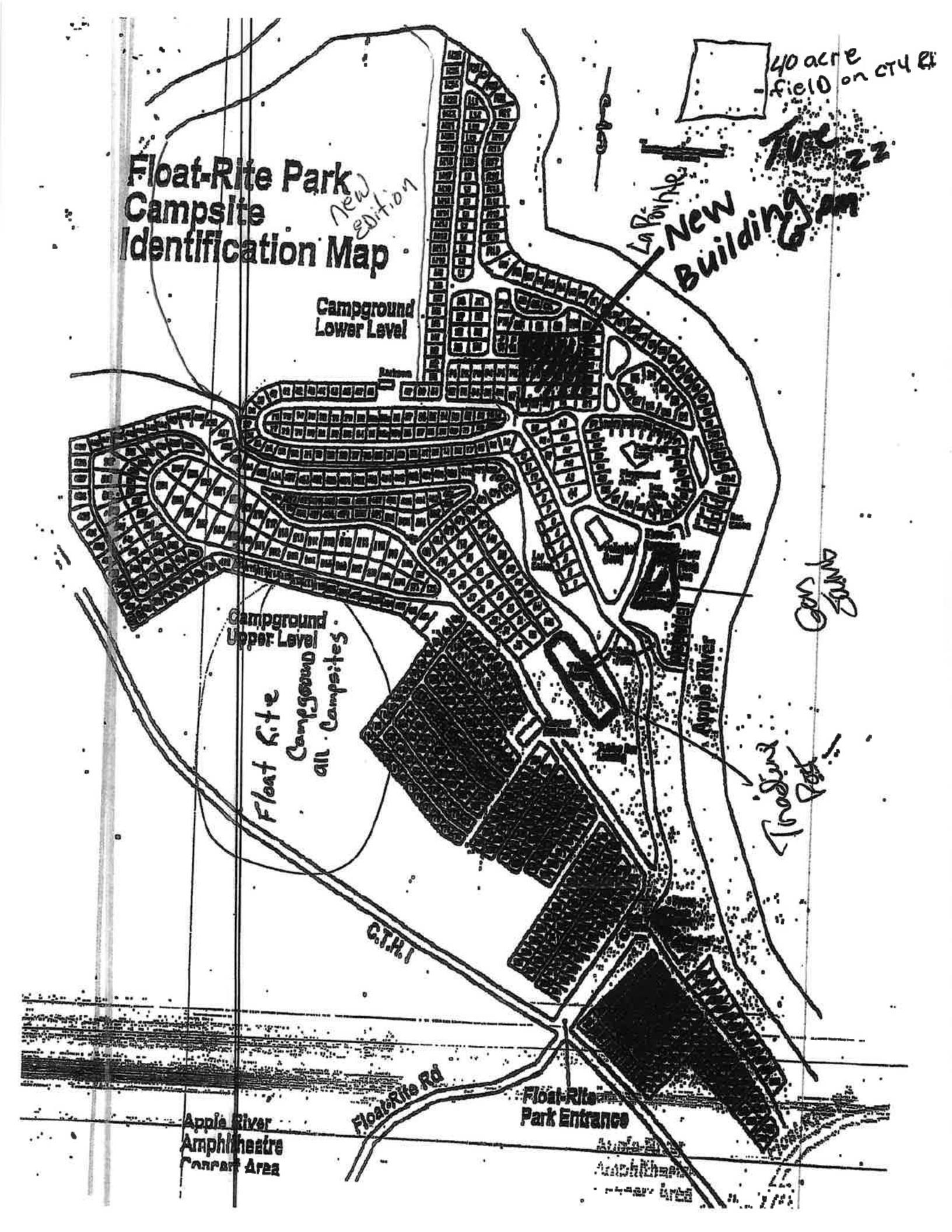
*40 acre field
*30 acres at Float Rite
*Black top on all 4 sides of Building
*24 acres new Float Rite property
- maps attached

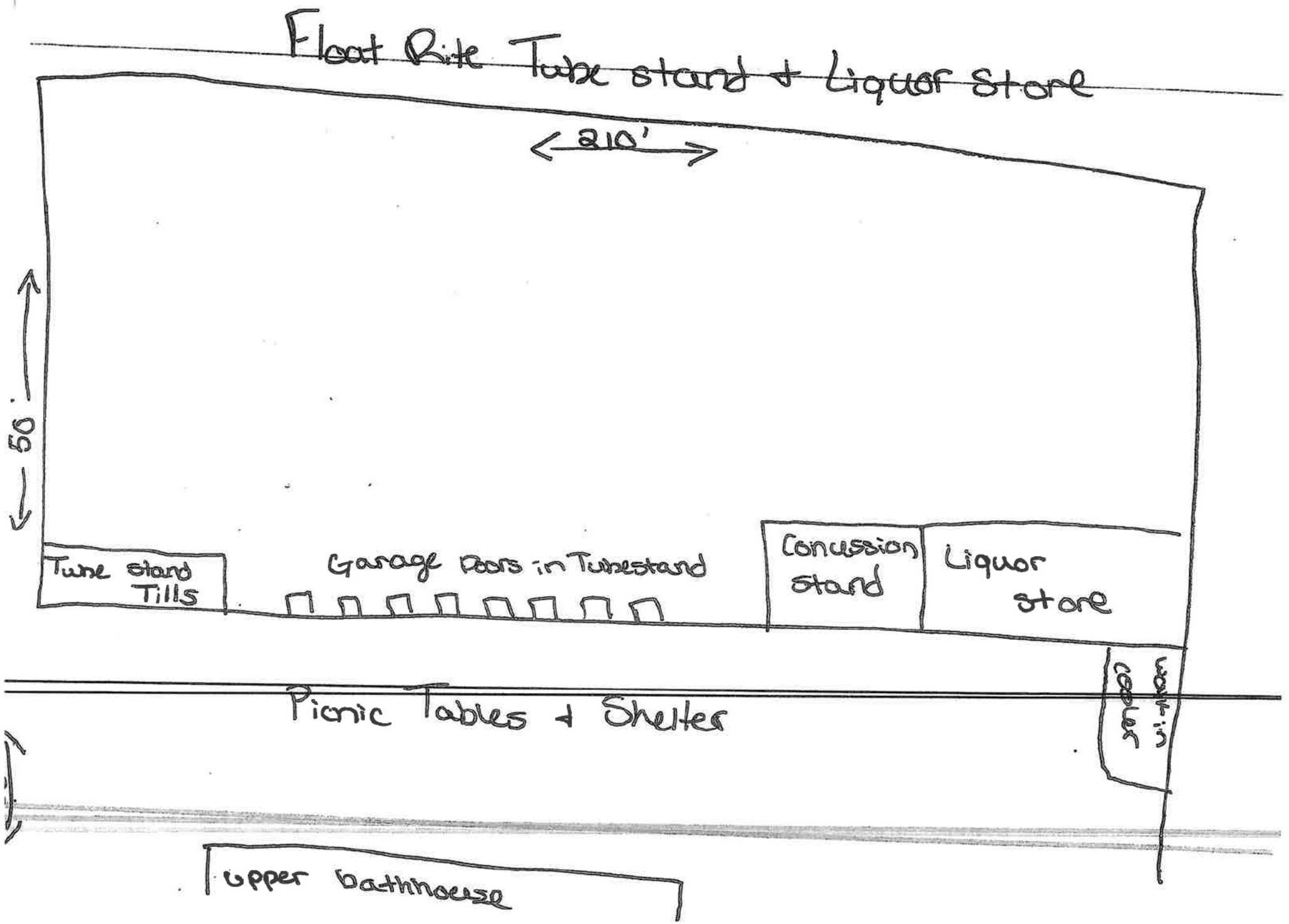
OFFICE USE ONLY

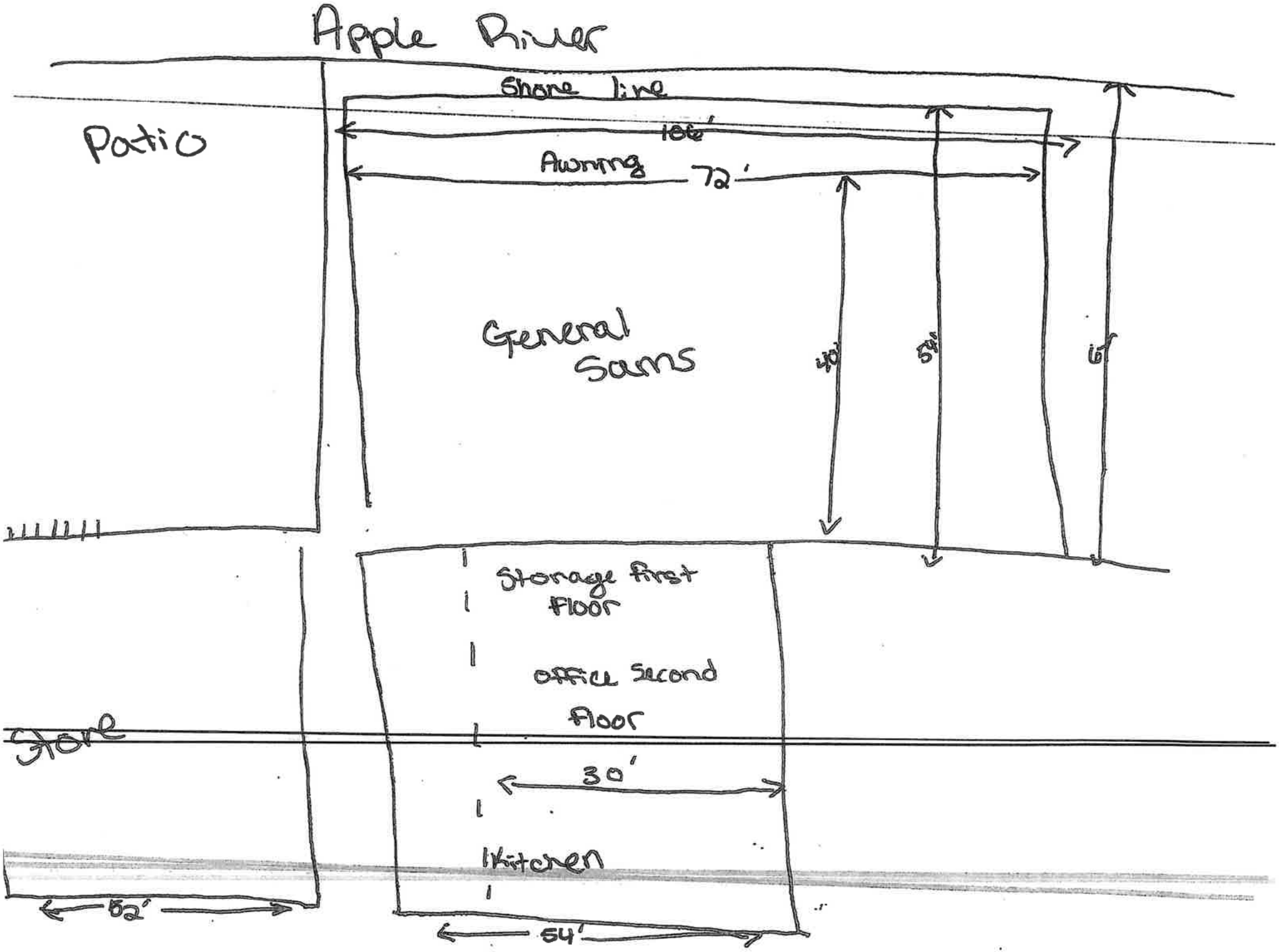
PUBLIC SAFETY Review Date ___/___/___ Approved/Disapproved
VILLAGE BOARD Review Date ___/___/___ Permit Expiration Date ___/___/___

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

715-247-3395
info@villageofsomerset.us
www.villageofsomerset.us


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


Float Rite Tube stand + Liquor Store
210'
50'
Tube stand Tills
Garage Doors in Tubestand
Concession stand
Liquor store
walk-in cooler
Picnic Tables + Shelter
Upper bathhouse


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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Somerset
License Period	07/01/2026 - 06/30/2027

Application Type *(check one)*

☒ Initial (New) ~~☑ Renewal~~

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

- ☐ Class "A" Beer ..... $ _____
- ☑ Class "B" Beer ..... $ 100
- ☐ "Class A" Liquor ..... $ _____
- ☑ Regular "Class B" Liquor $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☒ Reserve "Class B" Liquor $ 10K
- ☐ "Class C" Liquor (wine only) $ _____
- ☐ Above-Quota "Class B" Liquor ..... $ _____

Fees	
License Fee(s)	$ 620
Background Check Fee	$ 14 ~~0~~
Publication Fee	$ 13
Total Fees	$ ~~613~~

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
B & L Events LLC

2. Business Trade Name or DBA
La Pointe Events

3. FEIN
41-3773818

4. Wisconsin Seller's Permit Number
456-1032259818-02

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

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

7. State of Organization
WI

8. Date of Organization
01/22/2026

9. Wisconsin DFI Registration Number
B126095

10. Premises Address
900 Spring Street

11. City
Somerset

12. State
WI

13. Zip Code
54025

14. County
St Croix

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

16. Aldermanic District

17. Premises Phone
(715) 808-9188

18. Premises Email
lapointeevents@gmail.com

19. Website
lapointeevents.com

20. Premises Description

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

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

See Attachment of both venues, beer garden, cabins, patio.

21. Mailing Address (if different from premises address)
PO Box 449

22. City
Somerset

23. State
WI

24. 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 beverages. ☐ Yes ☑ No

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

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

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

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

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

Part C: Individual Information

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

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

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

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

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

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Montpetit	Lisabeth	F

Title	Email	Phone
Owner	lisabethmontpetit@gmail.com	(715) 808-9188

Signature	Date
Lisa Montpetit	

Part E: For Clerk Use Only

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

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

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☐ Initial (New) ☑ Renewal

License Period

Instructions

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

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

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

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

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

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

*Status Definitions

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

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

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

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

1. Legal Business Name (individual name if sole proprietorship)
B & L Events

2. Business Trade Name or DBA
La Pointe Events

3. FEIN
41-3773818

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Brock	Montpetit	Owner	(715) 222-1301		No Change
Lizabeth	Montpetit	Owner	(715) 808-9188		No Change


Hunt Map
Layers
ANDREW KOCISCAK
JULIE LANOUX
SOMERSET VILLAGE OF
REBECCA J LINKE
GARY D MARTELL
THAN ORSKI
Apple R
FLOAT-RITE INC
DUNGARVIN RECREATIONAL LLC
VILLAGE OF SOMERSET
SCOTT L NUDSON
MONDOR COMPANIES LLC
DAVID W JOHNSON
STAR PRAIRIE TROUT FARM LLC
JJ2 HOLDINGS LLC
MERSET ITHEATER LLC
RIVERWALK PROPERTIES LLC
SHAWN MAACK
Amphitheate

VILLAGE OF SOMERSET
BEER GARDEN APPLICATION
FEE $20.00

Office Use Only
Received 4/6/26
Fee Received $ 20

APPLICATIONT INFORMATION

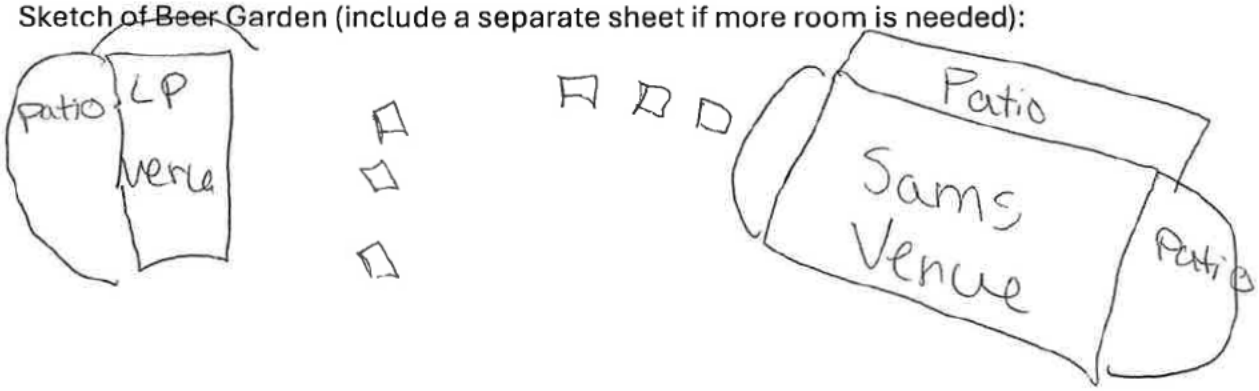
Business Name: B+L Events
Contact Name: Brock Montpetit
Business Address: 900 Spring St.
City, State, Zip: Somerset, WI 54025
Phone: 715.222.1301 Email: montpetit.brock@gmail.com

PROPERTY INFORMATION

Description of Property to be used: 26 acres 900 spring St. Two wedding venues
Date(s): Year round
Estimated Number of User(s), Participant(s), and Spectator(s): Varies max 350 per day.
Hours of Operation: 9-11:30pm
Noise Control: 11:00 everything moves to inside
Plan for Maintaining Cleanliness: Cleaning crew nightly.

SITE PLAN

Sketch ~~of Beer~~ Garden (include a separate sheet if more room is needed):



Parking Lot

Beer garden includes the patios on both venues

OFFICE USE ONLY

PUBLIC SAFETY Review Date ___/___/___ Approved/Disapproved
VILLAGE BOARD Review Date ___/___/___ Permit Expiration Date ___/___/___

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

715-247-3395
info@villageofsomerset.us
www.villageofsomerset.us

OK

Form **AB-101**

Alcohol Beverage Appointment of Agent

Date 04/02/2026

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	2. First Name	3. M.I.
Lallier	Eugene	J

4. Email	5. Phone
ejlallier@LiveNation.com	(612) 889-5831

6. Home Address
1330 157th Avenue

7. City	8. State	9. Zip Code	10. Date of Birth
New Richmond	WI	54017	[redacted]

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
[redacted]	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 →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Mithun	Raymond	M

Title	Email	Phone
Owner	matt@mithunent.com	(952) 473-6422

Signature	Date
R Mithun	04/02/20

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Lallier	Eugene	J

Signature	Date
E J Lallier	04/02/20

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)
GENERAL SAM'S INC

2. Business Trade Name or DBA
GENERAL SAM'S

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

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

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
MONTPETIT	JOHN	L

4. Email	5. Phone
KMONTPETIT829@GMAIL.COM	(715) 760-0421

6. Home Address
1868 COUNTY ROAD I

7. City	8. State	9. Zip Code	10. Date of Birth
SOMERSET	WI	54025	[redacted]

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
	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 →

Part D: Business Attestation

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

Last Name	First Name	M.I.
MONTPETIT	JOHN	L

Title	Email	Phone
OWNER	KMONTPETIT829@GMAIL.COM	(715) 760-0421

Signature	Date
	04/13/20

Part E: Agent Attestation

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

Last Name	First Name	M.I.

Signature	Date

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 4/6/26

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)
B+L Events

2. Business Trade Name or DBA
La Pointe Events

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

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

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Montpetit	Brock	A

4. Email	5. Phone
montpetit@gmail.com	715 222 1301

6. Home Address
1850 58th st

7. City	8. State	9. Zip Code	10. Date of Birth
Somerset	WI	54025	[redacted]

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
[redacted]	WISCONSIN

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (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 →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Montpetit	Brock	A

Title	Email	Phone
Owner	montpetit.brock@gmail.com	715 222 1301

Signature	Date
[signature]	3.31.26

Part E: Agent Attestation

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

Last Name	First Name	M.I.
Montpetit	Brock	A

Signature	Date
[signature]	3.31.26