



Common Council

Regular Meeting

335 South Broadway
De Pere, WI 54115
www.deperewi.gov

Agenda

Tuesday, June 3, 2025

7:30 PM

Council Chambers and Virtual

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **Common Council** of the City of De Pere will be held on **June 3, 2025 at 7:30 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

The Public or Members of the Common Council, which may count toward an official quorum, may attend the meeting either in person in the Council Chambers or telephonically or electronically via video conferencing or other appropriate technological means. Telephonic or electronic access to the meeting is provided below:

Computer/smart phone accessing <https://www.gotomeet.me/DePere>

OR

You can also dial in using your phone.

United States (Toll Free): [1 866 899 4679](tel:18668994679)

United States: [+1 \(312\) 757-3117](tel:+13127573117)

Access Code: 154-883-285

This meeting may also be rebroadcast on TV throughout the week and available on demand at <https://deperewi.portal.civicclerk.com/>.

- I. Call to Order
 1. Roll Call
 2. Pledge of Allegiance to the Flag.
 3. Approval of the minutes of the May 20, 2025 Common Council meeting.
 4. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the Common Council. §6-3(f) DPMC
 5. Consideration and possible action regarding litigation action *Walgreens Co. v. City of De Pere*.

PLEASE TAKE NOTICE that the Council may convene in closed session pursuant to Wis. Stats. §19.85(1) for agenda item 5:

(g) Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved. The Council may then reconvene

thereafter in open session pursuant to Wis. Stat §19.85(2) to take action on any matter discussed in closed session or for such other purposes as are allowed by law.

6. Pollinator Week Proclamation.
7. Recommendation from Plan Commission to approve a 3-lot extraterritorial CSM at 2609 Lawrence DR in Lawrence (Parcel L-480-2).
8. Recommendation from the Board of Park Commissioners to accept a \$7,500 donation from an anonymous donor for chairs for Community Center meeting rooms.
9. Recommendation from the Board of Park Commissioners to approve the bid from Bluemels for \$57,460.00 for Project 25-12 Rainbow Park Playground Surfacing.
10. Recommendation from the Board of Park Commissioners to redirect \$30,000 from the Voyageur Park Dumpster Funds to purchase a garbage picking unit.
11. Recommendation from the License Committee on an application for special permit allowing consumption of alcohol beverages on public ways, submitted by Definitely De Pere for Downtown De Pere Art Nite on Friday, June 13, July 11, and August 8 from 4:00 pm - 8:00 pm.
12. Recommendation from the License Committee on renewal applications for the licensing period of July 1, 2025 through June 30, 2026.
 - A. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.
 - B. Class "B" Fermented Malt Beverage License.
 - C. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.
 - D. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Reserve License.
13. Recommendation from Finance/Personnel Committee to approve Cedar Corporation to perform environmental services for 100 Block S. Broadway St. BRRTS Site Investigation.
14. Resolution #25-64 Awarding Official City Newspaper Contract.
15. Resolution #25-65 Authorizing Intergovernmental Agreement with Brown County regarding Local Health Department Inspection of the Brown County Fairgrounds
16. Consideration and Possible Action for a Site Assessment Grant from Wisconsin Economic Development Corporation.
17. Consideration and Possible Action on the Purchase of Property for Public Purposes in connection with the Shopko Development Project regarding Public Parking.

PLEASE TAKE NOTICE that the Council may convene in closed session pursuant to Wis. Stat. §19.85(1) for agenda item 17:

(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or

bargaining reasons require a closed session. The Council may then reconvene thereafter in open session pursuant to Wis. Stat. §19.85(2) to take action on any matter discussed in closed session or for such other purposes as are allowed by law.

18. Consideration and Possible Action on the Purchase of Property for Public Purposes regarding the Main Avenue Corridor west of the Railroad Track.

PLEASE TAKE NOTICE that the Council may convene in closed session pursuant to Wis. Stat. §19.85(1) for agenda item 18:

(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session. The Council may then reconvene thereafter in open session pursuant to Wis. Stat. §19.85(2) to take action on any matter discussed in closed session or for such other purposes as are allowed by law.

II. Future Agenda Items

III. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:

Alderspersons

City Manager

Mayor

Department Heads

TV, Newspapers & Radio Stations

Kress Family Library

De Pere Chamber of Commerce

Definitely De Pere

Devendra Tiwari, Broadway BP

Michael Haasch, Aldi

Steven Zutz, De Pere Country Store

Kathleen Schmaltz, The Day Spa

Robert Gartzke, Kwik Trip

Daniel Schmidt, Kwik Trip

Emraj Sen, Fairground BP

Michelle Knox, True North

Kendra Charlier, CVS Pharmacy

Vicki Radue, De Pere Cinema

Gail Kozlovsky, Drift Inn

Leslie Conard, Pub 338 & McGeorge's

Bryan Vander Bloomen, Replay Sports Bar & Grill

Carol Kedzior, Mulva Cultural Center

Fe Montalvo, El Maya Mexican Restaurant

Raymond Hoffman, Old No. 7

Jacob Vieau, Jake's Place
Eric Hunsader, Oakley's
Kelly Qualley, Orsetta
Gretchen Trowbridge, Scotty Dog's Pub
Joshua Smits, Cycling Brews Taproom
Alicia Birder Bakken, Dudley Birder Theatre



City of De Pere, Wisconsin

I.3

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Approval of the minutes of the May 20, 2025 Common Council meeting.
RECOMMENDED ACTION:

ATTACHMENTS:
5-20-25 License Committee minutes draft



License Committee

Regular Meeting

Draft Minutes

335 South Broadway
De Pere, WI 54115
www.deperewi.gov

Tuesday, May 20, 2025

7:00 PM

City Hall, Council Chambers 335 S.
Broadway

I. Call to Order

Present: Dan Carpenter, Pamela Gantz, Devin Perock

Also Present: City Attorney Joanne Bungert and City Clerk Carey Danen.

1. Approval of the minutes of the May 6, 2025 License Committee meeting.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dan Carpenter
SECONDER:	Pamela Gantz
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

2. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee §6-3(f) DPMC

None.

3. Applications for Special Permits allowing consumption of alcohol beverages on public ways, submitted by Definitely De Pere for the following events:

A. Downtown De Pere Farmers Market on Thursday evenings beginning June 5 through September 25, from 3:00 pm - 8:00 pm (3:00 pm - 7:00 pm in September).*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dan Carpenter
SECONDER:	Devin Perock
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

B. Downtown De Pere Art Nite on Friday, June 13, July 11, and August 8 from 4:00 pm - 8:00 pm.*

This event has been cancelled.

C. Tour De Pere on Sunday, June 22 and Monday, June 23 from 11:00 am - 9:00 pm.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dan Carpenter

SECONDER:	Pamela Gantz
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

4. Renewal applications for the licensing period of July 1, 2025 through June 30, 2026.

A. Class "A" Fermented Malt Beverage License.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dan Carpenter
SECONDER:	Devin Perock
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

B. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dan Carpenter
SECONDER:	Pamela Gantz
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

C. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dan Carpenter
SECONDER:	Devin Perock
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

II. Future Agenda Items

None.

III. Adjournment

Alderpersion Carpenter moved, seconded by Alderpersion Gantz to adjourn the meeting at 7:04 PM.
Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk



City of De Pere, Wisconsin

L5

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Attorney
FROM: Joanne Bungert, City Attorney
SUBJECT: Consideration and possible action regarding litigation action *Walgreens Co. v. City of De Pere*.
RECOMMENDED ACTION:

ATTACHMENTS:
None



City of De Pere, Wisconsin

I.6

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Public Works
FROM: Betty Marovich, Administrative Assistant
SUBJECT: Pollinator Week Proclamation.
RECOMMENDED ACTION:

ATTACHMENTS:
Pollinator Week 2025-Signed

PROCLAMATION

POLLINATOR WEEK JUNE 16-22, 2025

***WHEREAS**, pollinator species such as birds and insects are essential partners of farmers and ranchers in producing much of our food supply; and*

***WHEREAS**, pollination plays a vital role in the health of our woodlands and grasslands, which provide forage, fish and wildlife, timber, water, mineral resources, and recreational opportunities as well as enhanced economic development opportunities for communities; and*

***WHEREAS**, pollinator species provide significant environmental benefits that are necessary for maintaining healthy, biodiverse ecosystems; and*

***WHEREAS**, pollinator populations are declining due to pesticide use, spread of invasive species, habitat loss, and climate change; and*

***NOW, THEREFORE**, I, James G. Boyd, Mayor of the City of De Pere, do hereby proclaim the week of June 16-22, 2025 as*

“Pollinator Week”

Throughout the City of De Pere and urge residents and others to learn about and protect pollinators in our environment.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the City of De Pere, Wisconsin, this 2nd day of June, 2025.

CITY OF DE PERE, WISCONSIN

James G. Boyd, Mayor





City of De Pere, Wisconsin

I.7

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Development Services
FROM: Peter Schleinz, City Planner/Zoning Administrator
SUBJECT: Recommendation from Plan Commission to approve a 3-lot extraterritorial CSM at 2609 Lawrence DR in Lawrence (Parcel L-480-2).
RECOMMENDED ACTION: Approval with conditions.

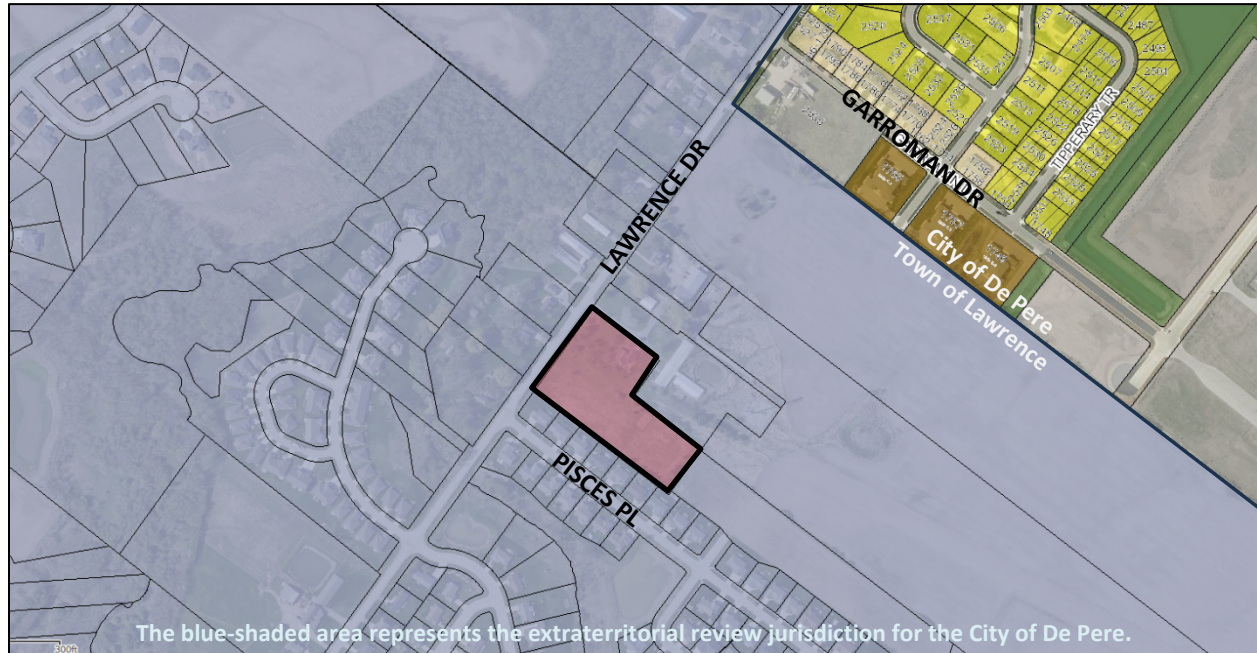
On May 27, 2025, Plan Commission unanimously recommended approval by a vote of 6-0.

ATTACHMENTS:

PC Report, Application and Preliminary CSM - 28 Apr 2025

Consideration and possible action for a 3-lot extraterritorial CSM at 2609 Lawrence DR in Lawrence (Parcel L-480-2).*

SITE MAP



REQUESTED ACTION:	Certified Survey Map Approval (File ECSM 25-03).	
COMMON DESCRIPTION:	2609 Lawrence DR in Lawrence, 5220 BLK CTH X, located south from the Lawrence DR and Garroman DR intersection.	
ZONING:	A-1:Agricultural in Lawrence. In process of being rezoned to R-1 Residential District in Lawrence.	
SURROUNDING LAND USES:	Agricultural and developing residential to the north and east. Residential to the south and west.	
COMPREHENSIVE PLAN:	Residential in Lawrence.	
APPLICANT / OWNERS:	<u>Authorized Representative</u> Troy E Hewitt, PLS Robert E Lee & Associates INC 1250 Centennial Centre BL Hobart, WI 54155	<u>Property Owner</u> Turrieff Scott P & Janelle R Revocable Trust 2609 Lawrence DR De Pere, WI 54115-9198
LAND USE HISTORY:	After a review of air photographs, the site has been an agricultural use since 1938, with one residence added in the 1990's.	
STAFF REVIEW:	When reviewing a Certified Survey Map, staff considers State Statutes 236, Section 46-8 of the De Pere Platting and Division of Land Code, the future land use recommendation of the Comprehensive Plan,	

surrounding land uses, and desired development patterns.

- Lots 1-3 are proposed residential lots.
- Future developments to the east of proposed Lots 1-2 include a future street connecting to Lawrence DR. It is suggested that a future street be shown on the CSM.
- The Lawrence minimum acreage and frontage requirements are 0.28 acres and 100 feet. The De Pere minimum acreage and frontage requirements are 0.18 acres and 75 feet.

All conditions of approval are listed at the end of the report. The conditions are technical and can be overseen by staff.

The Certified Survey Map meets the criteria of State Statutes 236 and Section 46-8 of the De Pere Platting and Division of Land Code. The proposed land division provides development opportunities and does not impact the Comprehensive Plan negatively. The proposed lot sizes, street frontages, and setbacks meet City requirements.

STAFF RECOMMENDATION: Staff recommends APPROVAL of the certified survey map, subject to:

1. Meeting all other state and local regulations, including the Town of Lawrence, City of De Pere, and Brown County Planning Commission.
2. Future developments to the east of proposed Lots 1-2 include a future street connecting to Lawrence DR. It is suggested that a future street be shown on the CSM.
3. Update the utility easement along Lawrence Drive to include language allowing all public utilities to use the easement.



Planning/Zoning Application

Planning & Zoning Department

Submitted On:

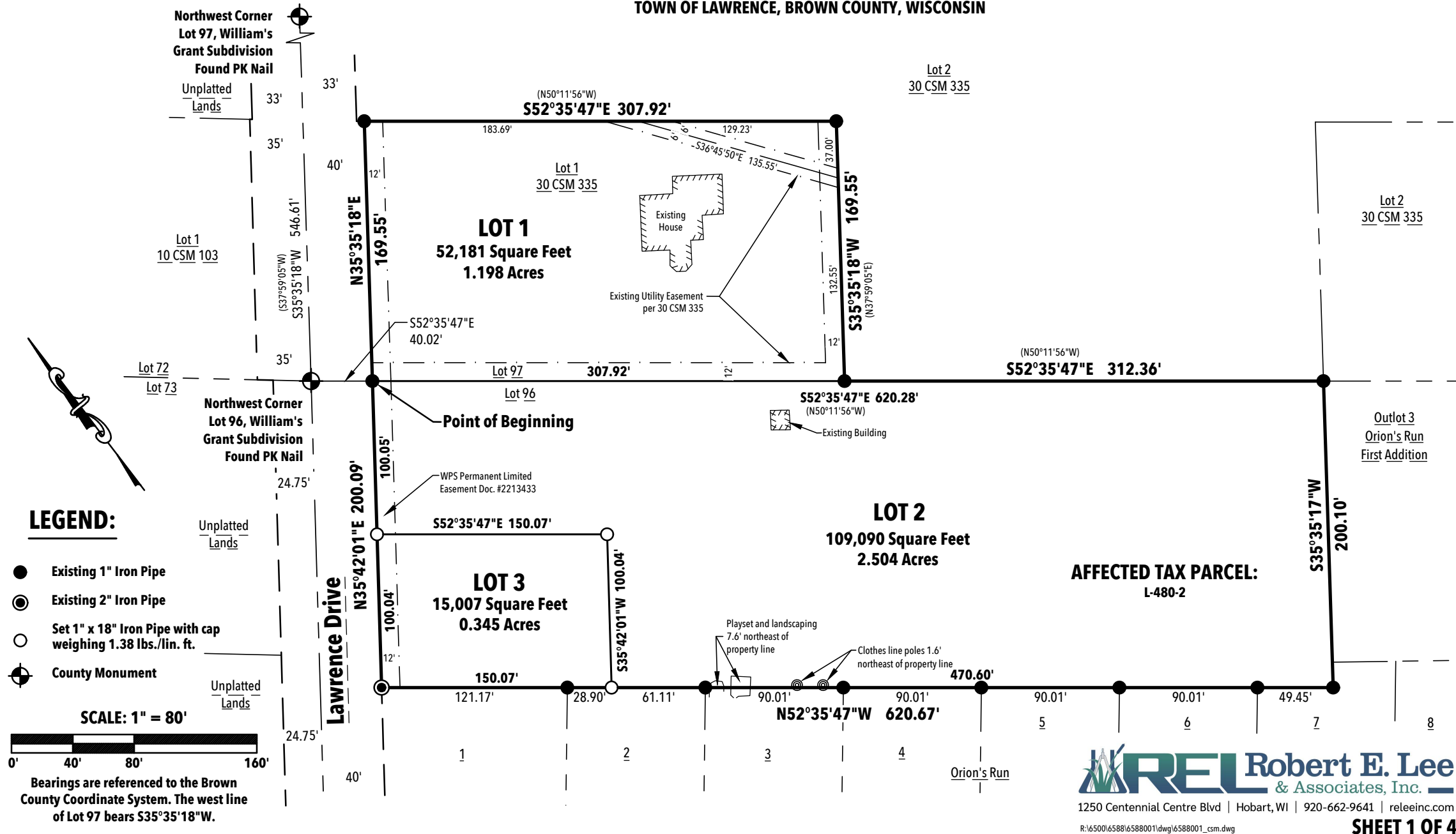
Apr 28, 2025, 12:20PM EDT

Parcel Number: (Include ALL parcels)	L-480-2
Nearest property address to the project site:	Street Address: 2609 LAWRENCE DR City: DE PERE State: W Zip: 54115-9198
Check each project type that is being applied for:	CSM
Number of lots in the CSM:	3
Number of outlots in the CSM:	0
Current De Pere Zoning Districts:	Not in De Pere
Extraterritorial Zoning Districts:	Town of Lawrence
Existing Site Land Uses:	Undeveloped/Vacant/Agricultural Residential
Proposed Site Land Uses:	Undeveloped/Vacant/Agricultural Residential
Does the project comply with the Comprehensive Plan?	Yes
Has City Staff been contacted for a preapplication meeting?	Yes
Property Owner:	First Name: Madeline Last Name: Buhrandt
Is the property owner's address the same as the nearest property address?	Yes
Property Owner's Phone Number:	920-217-9601
Property Owner's Email Address:	turriffm24@gmail.com
Is someone processing the project for the property owner as their authorized representative?	Yes
Authorized Representative's Name:	First Name: Troy Last Name: Hewitt
Authorized Representative's	

Business Name:		Robert E Lee & Associates, Inc
Authorized Representative's Phone Number:		920-662-9641
Authorized Representative's Email Address:		thewitt@releeinc.com
Please attach 1 PDF copy of the CSM.		Preliminary CSM_4-23-25.pdf
How do you plan on paying for your application?		Mail a check
Total Due:		\$375.00
Signature Data	First Name: Troy Last Name: Hewitt Email Address: thewitt@releeinc.com	
		
		Signed at: April 28, 2025 12:19pm America/New_York
User's Session Information		IP Address: 24.106.22.82 Referrer URL:

CERTIFIED SURVEY MAP

PART OF LOT 1, VOLUME 30 OF CERTIFIED SURVEY MAPS, PAGE 335, MAP NUMBER 4776, DOCUMENT NUMBER 1418683,
BROWN COUNTY RECORDS, BEING PART OF LOT 97, WILLIAM'S GRANT SUBDIVISION AND PART OF LOT 96, WILLIAM'S GRANT SUBDIVISION,
TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN



REL Robert E. Lee & Associates, Inc.

1250 Centennial Centre Blvd | Hobart, WI | 920-662-9641 | releecinc.com

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SHEET 1 OF 4

CERTIFIED SURVEY MAP

PART OF LOT 1, VOLUME 30 OF CERTIFIED SURVEY MAPS, PAGE 335, MAP NUMBER 4776, DOCUMENT NUMBER 1418683, BROWN COUNTY RECORDS, BEING PART OF LOT 97, WILLIAM'S GRANT SUBDIVISION AND PART OF LOT 96, WILLIAM'S GRANT SUBDIVISION, TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN

SURVEYOR'S CERTIFICATE

I, Troy E. Hewitt, Professional Land Surveyor, do hereby certify that by the order and under the direction of the owners listed hereon, I have surveyed, mapped and divided part of Lot 1, Volume 30 of Certified Survey Maps, Page 335, Map Number 4776, Document Number 1418683, Brown County Records, being part of Lot 97, William's Grant Subdivision and part of Lot 96, William's Grant Subdivision, Town of Lawrence, Brown County, Wisconsin, more fully described as follows:

Commencing at the northwest corner of said Lot 97; thence S35°35'18"W, 546.61 feet on the west line of said Lot 97 to the northwest corner of said Lot 96; thence S52°35'47"E, 40.02 feet on the north line of said Lot 96 to the east right of way of Lawrence Drive, the POINT OF BEGINNING; thence N35°35'18"E, 169.55 feet on said east right of way to the north line of said Lot 1; thence S52°35'47"E, 307.92 feet on said north line to the northeast corner of said Lot 1; thence S35°35'18"W, 169.55 feet on the east line of said Lot 1 to the southeast corner thereof; thence S52°35'47"E, 312.36 feet on said north line of Lot 96; thence S35°35'17"W, 200.10 feet on the west line of Outlot 3, Orion's Run First Addition, Volume 23 of Plats, Page 98, Document Number 2661337, Brown County Records and continuing on a west line of Lot 7, Orion's Run, Volume 23 of Plats, Page 49, Document Number 2569645 to a north line of said Lot 7; thence N52°35'47"W, 620.67 feet on the north line of said Lot 7 and continuing on the north line of Lot's 6, 5, 4, 3, 2 and 1 of said Orion's Run to said east right of way; thence N35°42'01"E, 200.09 feet on said east right of way to the Point of Beginning.

Said parcel contains 176,278 Square Feet (4.047 Acres) of land more or less.

That the within map is a true and correct representation of the exterior boundaries of the land surveyed and the division of that land and that I have fully complied with the provisions of Chapter 236.34 of the Wisconsin Statutes, Chapter 267 of the Town of Lawrence Municipal Code and Brown County Planning Commission in the surveying, mapping and dividing of the same.

Dated this _____ day of _____, 2025.

Troy E. Hewitt PLS #2831
ROBERT E. LEE & ASSOCIATES, INC.

RESTRICTIVE COVENANTS

The land on all side and rear lot lines of all lots shall be graded by the property owner and maintained by the abutting property owners to provide for adequate drainage of surface water.

No poles, pedestals or buried cable are to be placed so as to disturb any survey stake or obstruct vision along any lot lines or street line, a disturbance of a survey stake by anyone is a violation of section 236.32 of the Wisconsin Statutes.

EROSION CONTROL NOTE

The property owners, at the time of construction, shall implement the appropriate soil erosion control methods outlined in the Wisconsin Construction Site Erosion and Sediment Control Technical Standards (available from the Wisconsin Department of Natural Resources) to prevent soil erosion. However, if at the time of construction the Town has an adopted soil erosion control ordinance, it shall govern over this requirement. This provision applies to any grading, construction, or installation-related activities.

CERTIFIED SURVEY MAP

PART OF LOT 1, VOLUME 30 OF CERTIFIED SURVEY MAPS, PAGE 335, MAP NUMBER 4776, DOCUMENT NUMBER 1418683,
BROWN COUNTY RECORDS, BEING PART OF LOT 97, WILLIAM'S GRANT SUBDIVISION AND PART OF LOT 96, WILLIAM'S GRANT
SUBDIVISION, TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN

OWNERS CERTIFICATE

As Owner's, we hereby certify that we caused the land described on this certified survey map to be surveyed, divided and mapped as represented on this map. We also do further certify that this Certified Survey Map is required by s-236.34 to be submitted to the following for approval or objection:

TOWN OF LAWRENCE
CITY OF DE PERE
BROWN COUNTY PLANNING COMMISSION

Scott P. Turriff

Date

Janelle R. Turrif

Date

as Trustees of the Scott P. Turriff and Janelle R. Turriff Revocable Trust dated September 15, 2014

STATE OF WISCONSIN)
_____ COUNTY) SS

Personally came before me this _____ day of _____, 2025, the above named Scott P. & Janelle R. Turriff, to me known to be the same person who executed the foregoing instrument and acknowledged the same.

Notary Public, State of Wisconsin

(print name)_____

My commission expires:_____

CERTIFIED SURVEY MAP

PART OF LOT 1, VOLUME 30 OF CERTIFIED SURVEY MAPS, PAGE 335, MAP NUMBER 4776, DOCUMENT NUMBER 1418683,
BROWN COUNTY RECORDS, BEING PART OF LOT 97, WILLIAM'S GRANT SUBDIVISION AND PART OF LOT 96, WILLIAM'S GRANT
SUBDIVISION, TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN

CERTIFICATE OF THE BROWN COUNTY PLANNING COMMISSION

Approved for the Brown County Planning Commission this _____ day of _____, 2025.

Devin Yoder
Senior Planner

TOWN BOARD APPROVAL CERTIFICATE

Approved by the Town of Lawrence this _____ day of _____, 2025.

Cindy Kocken, Clerk-Treasurer

CITY OF DE PERE EXTRA TERRITORIAL APPROVAL CERTIFICATE

Approved by the City of De Pere Common Council on _____ day of _____, 2025.

Carey E. Danen, City Clerk

Date

TREASURER'S CERTIFICATE

As Brown County Deputy Treasurer, I hereby certify that the records in our office show no unredeemed taxes and no unpaid or special assessments affecting any of the lands included in this Certified Survey Map (L-480-2) as of the date listed below.

Raymond Suennen
Brown County Treasurer

Date



Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Parks, Recreation & Forestry
FROM: Paula Rahn, Recreation Superintendent
SUBJECT: Recommendation from the Board of Park Commissioners to accept a \$7,500 donation from an anonymous donor for chairs for Community Center meeting rooms.
RECOMMENDED ACTION: Staff recommends accepting the donation

The Board of Park Commissioners, at the May 15, 2025 meeting, approved accepting a \$7,500 donation from an anonymous donor for chairs for the Community Center meeting rooms. The motion was approved unanimously with a 5-0 vote.

ATTACHMENTS:
Anonymous Donation - Replacement of Chairs 5.25

CITY OF DE PERE

Community Center

600 Grant Street, De Pere, WI 54115 | 920-339-4097 | www.de-pere.org



TO: Board of Park Commissioners
FROM: Paula Rahn, Recreation Superintendent
DATE: May 5, 2025
RE: Consideration & Possible Action to Approve \$7,500 from an Anonymous Donor for chairs for Community Center meeting rooms

Staff is requesting the Board of Park Commissioner's approval to accept a very generous donation of \$7,500 towards the replacement of chairs in our upper-level meeting rooms at the Community Center. This donation, coupled with past donations, will now allow us to pursue the acquisition of these chairs. Our donor, who prefers to remain anonymous, has been a huge supporter of our department, and, for that, we are extremely grateful! We can't thank them enough for all the contributions they have made to our department for the betterment of our community.

Thank you for your time and consideration.

Donation Information:

From: Anonymous
To: De Pere Community Center
For: Replacement of Chairs in Meeting Rms. at Community Center
Amount: \$7,500



City of De Pere, Wisconsin

I.9

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Parks, Recreation & Forestry
FROM: Marty Kosobucki, Parks, Recreation and Forestry Director
SUBJECT: Recommendation from the Board of Park Commissioners to approve the bid from Bluemels for \$57,460.00 for Project 25-12 Rainbow Park Playground Surfacing.
RECOMMENDED ACTION: Staff recommends approval

The Board of Park Commissioners, at the May 15, 2025 meeting, approved the bid from Bluemels, in the amount of \$57,460 for project 25-12 Rainbow Park playground surfacing. The motion passed unanimously with a 5-0 vote.

ATTACHMENTS:

Memo.Rainbow Poured in Place, 2025 0424 CE_Project 25-12_Bid Tab

CITY OF DE PERE MEMO



To: Board of Park Commissioners
From: Marty Kosobucki
Director of Parks, Recreation and Forestry
Date: May 15, 2025

RE: Bid approval for poured in place surfacing

Our engineering department sent out bids on poured in place surfacing for the new playground coming this summer at Rainbow Park. We received two bids (can be seen on the following document), of which we recommend accepting the bid from Bluemels in the amount of \$57,460.

Based on our projected cost of \$60,000 for poured in place, we are currently in line with our overall budget of \$150,000.

Staff Recommendation: Approve bid from Bluemels in the amount of \$57,460.



Project 25-12
Rainbow Park Playground Surfacing

				BIDDER NO. 1		BIDDER NO. 2	
				Bluemels		Minnesota Wisconsin Playground, Inc.	
ITEM	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT BID	UNIT PRICE	AMOUNT BID
PC-01	Playground Surface Installation	SF	3200	\$17.30	\$55,360.00	\$20.13	\$64,418.50
PC-02	Playground Surface Testing	LS	1	\$2,100.00	\$2,100.00	\$2,750.00	\$2,750.00
TOTAL AMOUNT BID:				\$57,460.00		\$67,168.50	



Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Parks, Recreation & Forestry
FROM: Marty Kosobucki, Parks, Recreation and Forestry Director
SUBJECT: Recommendation from the Board of Park Commissioners to redirect \$30,000 from the Voyageur Park Dumpster Funds to purchase a garbage picking unit.
RECOMMENDED ACTION: Staff recommends approval of redirecting the Voyageur Park dumpster funds to purchase a garbage picking unit.

The Board of Park Commissioners, at the May 15, 2025 meeting, approved redirecting the Voyageur Park dumpster funds to purchase a garbage picking unit. The above motion passed unanimously with a 5-0 vote.

ATTACHMENTS:
Memo.Garbage Collection, Brochure

CITY OF DE PERE MEMO



To: Board of Park Commissioners
From: Marty Kosobucki
Director of Parks, Recreation and Forestry
Date: May 15, 2025

RE: Consideration and Possible Action to Redirect Voyageur Dumpster Funds to Purchase a Garbage Picking Unit

At last month's Park Board meeting you agreed to postpone the Voyageur Dumpster Project. This was because staff recommended pursuing a different tactic in removing garbage from the parks. This tactic is purchasing a unit that fits in the back of a pickup truck and would likely nullify the need to have a dumpster and/or to effectively use a dumpster. I have proposed funding in the 2026 Capital Improvement Budget, but if that gets approved, we are likely looking into 2027 before we can decide to move forward with a dumpster or not. Being two years removed from determining if this idea works or not, I would propose a different course of action.

- I would recommend that we redirect a portion of the funding from the Voyageur dumpster project (\$75,000) to purchasing this garbage collection device in 2025. (See included brochure).
 - o Funding for this unit is approximately \$30,000.
- I would then propose rolling the remaining funds/balance of the Voyageur Dumpster project to 2026.
 - o If the garbage unit works as we suspect, we would then propose purchasing an additional unit with the remaining funds and eliminating the dumpster project all together.

Features and Benefits

The Perkins Satellite offers users the ability to collect refuse from hard to reach places full-size garbage trucks cannot access.

- ◆ Allows collection in parks, beaches, trails, off-road, warehouses and other facilities, throughways, temporary events, and remote locations
- ◆ Available in regular and 50/50 split-body configurations
Limited customization available.
- ◆ Dual side-access doors standard on 6 yard sizes
- ◆ Your choice of lifter for hook style carts or barrels
- ◆ 6yd body dumps into standard rearloader
- ◆ Heavy Duty 1" mounting bolts for security
- ◆ Bumper system protects lifter
- ◆ Optional Tarp system
- ◆ ISO 9001 manufacturer

Specifications

- Available in 3, 6 & 8 cubic yard sizes, bed or chassis mount
- Heavy duty construction for years of use
- 45 degree dump angle
- Operates on 12vdc power standard, PTO options are available.
- High visibility powder-coated finish
- Push button controls
- Many cart lifter types to select from for handling your bins.
- Optional hard-top for food waste collection
- Optional Sweep Lid (shoves trash deeper inside, making way for next load)
- 1 year limited warranty

Perkins Manufacturing Company

380 Veterans Parkway #110 Bolingbrook, IL 60440
(708) 482-9500 Fax: (708) 354-5878
Email: tuckaway@perkinsmfg.com
www.Perkinsmfg.com TOLL FREE 800-882-5292



This 6 yard SAT is equipped with a sweep lid and grabber lifter.

Model SAT SERIES Lifter. An ISO 9001:2000 Company





ACCESSORIES |

Perkins

| AUTOMATED SYSTEMS | HYDRAULIC

ACCESSORIES

PERKINS SATELLITE LIFTER SYSTEMS

Mount a Perkins Satellite Lifter System to the rear bed of any standard 8' pick-up truck and you have yourself a powerful tool for collecting refuse where a typical garbage truck cannot go. Areas including rough terrain, small alleys, remote locations, beaches, parks, and other areas having limited or restricted access. Available in a variety of configurations to fit any of your needs.





City of De Pere, Wisconsin

I.11

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Recommendation from the License Committee on an application for special permit allowing consumption of alcohol beverages on public ways, submitted by Definitely De Pere for Downtown De Pere Art Nite on Friday, June 13, July 11, and August 8 from 4:00 pm - 8:00 pm.
RECOMMENDED ACTION: Recommend approval of request

ATTACHMENTS:
Art Nite Open Intox Letter 2025, Art Nite Map



Thursday, April 17, 2025

City of De Pere
335 S Broadway
De Pere WI 54114

Dear Mayor Boyd, Members of the License Committee, and De Pere Alderpersons:

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer during Downtown De Pere Art Nite on Friday, June 13, July 11, and August 8 from 4:00 pm - 8:00 pm.

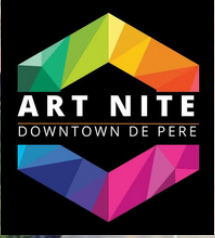
We have submitted the necessary special event permit and will obtain a temporary liquor license for this event. We are working with the Department of Public Works to coordinate the required street closure and site plan. Also, we will invite surrounding businesses along with other downtown restaurants, shops and galleries to participate in the event.

On the second Friday of each month this summer, original music performances from regional artists will be featured at the Michael J Walsh Plaza. The Plaza will be transformed into an outdoor dining space allowing attendees to order takeout from their favorite downtown restaurant or on-site food vendor while taking in live music and enjoying craft beers and hard seltzers. Artists will set up at downtown businesses on both sides of the river showcasing their original artwork.

We look forward to Art Nite and our partnership with the City of De Pere. If you have any questions please do not hesitate to contact me.

Best Regards,

Tina Quigley, Executive Director



N Broadway



Michael J. Walsh Plaza

Michael J Walsh Plaza

N Wisconsin St

James St





Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Recommendation from the License Committee on renewal applications for the licensing period of July 1, 2025 through June 30, 2026.
RECOMMENDED ACTION: motion to approve

The Police Department conducts background checks twice a month for all applications received during the previous two weeks. Due to the timing of this practice, some results have not been received as of the agenda publication deadline. If approved, the Clerk's office will not renew the licenses until the background check results have been confirmed.

ATTACHMENTS:

None



City of De Pere, Wisconsin

I.12.A

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.
RECOMMENDED ACTION: Recommend approval of the applications

1. AANR LLC (DBA Broadway BP), 302 N. Broadway. Agent: Devendra Tiwari, Abrams WI.
2. Aldi, Inc. Wisconsin (DBA Aldi #53), 1100 Main Av. Agent: Michael Haasch, De Pere WI.
3. Country Visions Cooperative (DBA De Pere Country Store), 1221 Grant St. Agent: Steven Zutz, Brillion WI.
4. The Day Spa Ltd (DBA The Day Spa), 600 N. 10th St. Agent: Kathleen Schmaltz, Green Bay WI.
5. Kwik Trip Inc. (DBA Kwik Trip 127), 746 Main Av. Agent: Robert Gartzke, Green Bay WI.
6. Kwik Trip Inc. (DBA Kwik Trip 1060), 1620 Lawrence Dr. Agent: Daniel Schmidt, Wrightstown WI.
7. Trackside Fort LLC (DBA Fairground BP), 1605A Fort Howard Av. Agent: Emraj Sen, De Pere WI.
8. Wisconsin CVS Pharmacy, LLC (DBA CVS Pharmacy #2214), 800 Main Av. Agent: Kendra Charlier, De Pere WI.

ATTACHMENTS:

Class A Combo renewal applications_6-3-25 mtg, Class A Combo agent forms_6-3-25 mtg

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period 2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30.00
Total Fees	\$

PH
201630

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) AANR LLC			
2. Business Trade Name or DBA Broadway BP			
3. FEIN 33-3892127		4. Wisconsin Seller's Permit Number 456-1031979954-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 04/15/2025	
8. Wisconsin DFI Registration Number A115730			
9. Premises Address 302 N Broadway			
10. City De Pere		11. State WI	
12. Zip Code 54115		13. County Brown	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere		15. Aldermanic District	
16. Premises Phone 920-336-4275		17. Premises Email AANRLLC25@gmail.com	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Gas station with Convenience Store.			
20. Mailing Address (if different from premises address)			
21. City		22. State	
23. Zip Code			

Part B: Questions

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Tiwari	Devendra	Member	312-647-1036
Hama	Rajkumar	Member	920-809-0064

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 Tiwari	First Name Devendra	M.I.
Title member	Email HANE LLC 2500@gmail.com	Phone 3126475036
Signature 		Date 05/19/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/19/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

OAK #53

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

- ☒ Class "A" Beer \$ 255 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 325 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 580
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$ 610

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) ALDI, INC. (WISCONSIN)			
2. Business Trade Name or DBA ALDI #53			
3. FEIN 36-3498392		4. Wisconsin Seller's Permit Number 4560000089014-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 12/02/1986	
8. Wisconsin DFI Registration Number A025780			
9. Premises Address 1100 N MAIN AVE			
10. City DE PERE		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DE PERE	
15. Aldermanic District			
16. Premises Phone (920) 278-0232		17. Premises Email christine.fischer@aldi.us	
18. Website N/A			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. SINGLE STORY BRICK BUILDING. ALCOHOL WILL BE SOLD ON THE SALES FLOOR AND STORED IN THE BACKROOM. ALCOHOL SALES RECORDS WILL BE KEPT IN THE OFFICE AT THE STORE.			
20. Mailing Address (if different from premises address) 9342 S 13th Street			
21. City Oak Creek		22. State WI	23. Zip Code 53154

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 N/A	Location	Trial Date
Penalty Imposed N/A		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated N/A	Location	Trial Date
Penalty Imposed N/A		Was sentence completed? ☐ Yes ☐ No

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

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

N/A

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

N/A

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

4a. Name of Business Entity ALDI INC. (BATAVIA, IL)	4b. Business Entity FEIN 42-1051659
--	--

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
BEHM	DAVID K.	CFO	(630) 761-2486
BEATTIE	PHILIP J.	ASST. TREASURER	(630) 761-2775
HAASCH	MICHAEL J.	MANAGER	(920) 980-4352

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 BEATTIE	First Name PHILIP	M.I. J
Title ASSISTANT TREASURER	Email nfavpasst@aldi.us	Phone (630) 761-2775
Signature 		Date 4/21/2025

Part E: For Clerk Use Only

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

- ☒ Class "A" Beer \$ 522 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 522
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$ 552

Part A: Premises/Business Information

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

COUNTRY VISIONS COOPERATIVE

2. Business Trade Name or DBA

De Pere Country Store

3. FEIN

39-0562160

4. Wisconsin Seller's Permit Number

456-0000251631-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

04/23/1923

8. Wisconsin DFI Registration Number

R001797

9. Premises Address

1221 GRANT STREET

10. City

DEPERE

11. State

WI

12. Zip Code

54115

13. County

Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: DEPERE

15. Aldermanic District

DISTRICT 3/WARD 1

16. Premises Phone

(920) 336-6449

17. Premises Email

mike.zittlow@cvcoop.com

18. Website

countryvisionscoop.com

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

BEERCAVE AND STORE SHELVES

20. Mailing Address (if different from premises address)

1010 W RYAN STREET

21. City

BRILLION

22. State

WI

23. Zip Code

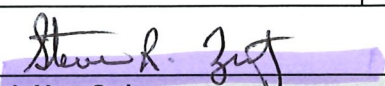
54110

Part B: Questions

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

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?. ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
SEE ATTACHED			
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 ZUTZ		First Name STEVEN	M.I. R
Title CEO	Email steve.zutz@cvcoop.com		Phone (920) 754-4321
Signature 		Date 4-28-25	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30 -
Total Fees	\$ 30 -

201312

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) The Day Spa Ltd		
2. Business Trade Name or DBA The Day Spa		
3. FEIN 456-0000091613-03	4. Wisconsin Seller's Permit Number 456-0000091613-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 1992	8. Wisconsin DFI Registration Number B034386
9. Premises Address 600 N. 10th Str		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	15. Aldermanic District
16. Premises Phone 920 339 5250	17. Premises Email Kathy.Day.Spa@Escapes.com	18. Website DaySpaEscapes.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Building - Except for N. & S. 10 doors		
20. Mailing Address (if different from premises address) 600 N. 10th St.		
21. City De Pere	22. State WI	23. Zip Code 54115

Part B: Questions

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Schmaltz	Kathy	Owner	920 819 5753

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 Schmaltz		First Name Kathy		M.I. F
Title Owner	Email Kathy.Dan.Sp@Escaped@gmail.com	Phone 920 819 5753		
Signature Kathy Schmaltz		Date May 7 / 2025		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/7/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality
De Pere City of

License Period
July 1, 2025 – June 30, 2026

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

- ☒ Class "A" Beer \$ 100⁻ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 422⁻ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ <u>522⁻</u>
Background Check Fee	\$ -
Publication Fee	\$ <u>30⁻</u>
Total Fees	\$ <u>552⁻</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 127

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-000028761403

5. Entity Type (check one)

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

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
1K04801

9. Premises Address
746 Main Ave

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: De Pere City of

15. Aldermanic District

16. Premises Phone
920-336-0312

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.com

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

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

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

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

Part B: Questions

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

Law/Ordinance Violated
**Please see enclosed list of retail store violations.

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Gartzke	Robert	Agent	920-328-3503

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385 608-793-4741

Signature <i>Scott P. Zietlow</i>	Date March 1, 2025
-----------------------------------	-----------------------

Part E: For Clerk Use Only

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality De Pere City of
License Period July 1, 2025 – June 30, 2026

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

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 422 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>522</u>
Background Check Fee	\$ -
Publication Fee	\$ <u>30</u>
Total Fees	\$ <u>552</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 1060			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization October 7, 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address 1620 Lawrence Dr			
10. City De Pere		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere City of	
15. Aldermanic District -----			
16. Premises Phone 920-339-8417		17. Premises Email LicensingDept@kwiktrip.com	
18. Website www.KwikTrip.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.			
20. Mailing Address (if different from premises address) Kwik Trip – Legal Dept., P.O. Box 2107			
21. City La Crosse		22. State WI	23. Zip Code 54602-2107

Part B: Questions

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Schmidt	Daniel	Agent	920-606-0777

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385 608-793-4741
Signature <i>Scott P. Zietlow</i>		Date March 1, 2025

Part E: For Clerk Use Only

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2025-2026

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

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

Fees	
License Fees	We will invoice you separately.
Background Check Fee	
Publication Fee	\$30.00
Total Fees	\$30

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Trackside Fort LLC		
2. Business Trade Name or DBA Fairground BP		
3. FEIN 863194710	4. Wisconsin Seller's Permit Number 4561030669768	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization 05/03/2021	8. Wisconsin DFI Registration Number T090389
9. Premises Address 1605A Fort Howard Ave		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	15. Aldermanic District
16. Premises Phone 9206322048	17. Premises Email rajadhi17@gmail.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. It is a gas station selling BP branded gas. The beer and liquor are sold inside the convenience store. It have 1 aisle for liquor and three door cooler for beer sale.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

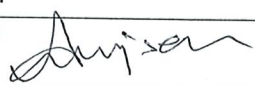
Last Name	First Name	Title	Phone
Sen	Emraj	Member	6189670744

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 Sen		First Name Emraj		M.I.
Title Member		Email rajadhi17@gmail.com	Phone 6189670744	
Signature 			Date 05/05/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/6/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$ 30

R# 200863

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) WISCONSIN CVS PHARMACY, L.L.C.			
2. Business Trade Name or DBA CVS/pharmacy # 2214			
3. FEIN 20-4281269		4. Wisconsin Seller's Permit Number 456102003938304	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 02/07/2006	
8. Wisconsin DFI Registration Number W 049598			
9. Premises Address 800 Main Avenue			
10. City DePere		11. State WI	12. Zip Code 54115
13. County Wood	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____		15. Aldermanic District
16. Premises Phone (920) 336-6373		17. Premises Email nonpharmacypersmits@cvshealt	
18. Website N/A			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. sales floor and storage room			
20. Mailing Address (if different from premises address) One CVS Drive MC 1160			
21. City Woonsocket		22. State RI	23. Zip Code 02895
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	

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

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

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

4a. Name of Business Entity CVS Pharmacy, Inc.	4b. Business Entity FEIN 05-0340626
---	--

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

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

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

Part C: Individual Information

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

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

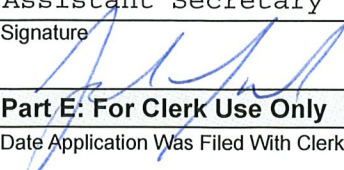
Last Name	First Name	Title	Phone
See attached list			

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 Smith	First Name Joshua	M.I. J.
Title Assistant Secretary	Email nonpharmacypermits@cvshealth.co	Phone (401) 765-1500
Signature 		Date 2/18/25

Part E: For Clerk Use Only

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



City of De Pere, Wisconsin

I.12.B

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Class "B" Fermented Malt Beverage License.
RECOMMENDED ACTION:

1. Radue Cinemas Inc. (DBA De Pere Cinema), 417 George St. Agent: Vicki Radue, Green Bay WI.

ATTACHMENTS:

Class B Beer renewal application_6-3-25 mtg, Class B Beer agent form_6-3-25 mtg

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2025-2026

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

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

Fees	
License Fees	We will invoice you separately.
Background Check Fee	
Publication Fee	\$30.00
Total Fees	\$30

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Radue Cinemas Inc		
2. Business Trade Name or DBA De Pere Cinema		
3. FEIN 81-0893692	4. Wisconsin Seller's Permit Number 456-1028920965-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/01/2016	8. Wisconsin DFI Registration Number 600-1028920965-03
9. Premises Address 417 George St		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	15. Aldermanic District
16. Premises Phone 920-336-4971	17. Premises Email getreelcinemas1@gmail.com	18. Website www.getreelcinemas.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Beer is stored in coolers in the concession area and in the kitchen. Extra inventory is stored in an upstairs storage area. Beer is served in the concession area and consumed in the theater auditorium.		
20. Mailing Address (if different from premises address) 905 George St #191		
21. City De Pere	22. State WI	23. Zip Code 54115

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

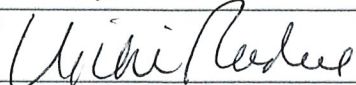
Last Name	First Name	Title	Phone
Radue	Michael	Owner - president	920-371-1583
Radue	Vicki	Owner - Sec/Treas	920-371-1585

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 Radue		First Name Vicki	M.I. L
Title Owner - secretary/treasurer	Email getreelcinemas1@gmail.com		Phone 920-371-1585
Signature 		Date 4-28-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-19-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of De Pere, Wisconsin

I.12.C

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.
RECOMMENDED ACTION: Recommend approval of applications

1. Alchris LLC (DBA Drift Inn), 1535 N. Ashland Av. Agent: Gail Kozlovsky, De Pere WI.
2. Bullseye 708 LLC (DBA Pub 338), 338 Main Av. Agent: Leslie Conard, De Pere WI.
3. Bryan Vander Bloomen (DBA Replay Sports Bar & Grill), 1731 Fort Howard Av. Agent: Bryan Vander Bloomen, De Pere WI.
4. De Pere Cultural Foundation Inc. (DBA Mulva Cultural Center), 221 S. Broadway. Agent: Carol Kedzior, Suamico WI.
5. George Street Bar LLC (DBA McGeorge's Pub), 415 George St. Agent: Leslie Conard, De Pere WI.
6. Hoffman Investments (DBA Old No. 7), 121 N 10th St. Agent: Raymond Hoffman, De Pere WI.
7. Jacob P. Vieau LLC (DBA Jake's Place), 600 George St. Agent: Jacob Vieau, De Pere WI.
8. Oakley's (DBA Oakley's), 614 George St. Agent: Eric Hunsader, Green Bay WI.
9. Orsa Hospitality LLC (DBA Orsetta), 109 N. Broadway. Agent: Kelly Qualley, De Pere WI.
10. Scotty Dog's Pub (DBA Scotty Dog's Pub), 127 N. Broadway. Agent: Gretchen Trowbridge, De Pere WI.
11. Smeckett Adventures LLC (DBA Cycling Brews Taproom), 1109 Honey Ct Suite B. Agent: Joshua Smits, Wrightstown WI.

ATTACHMENTS:

Class B Combo renewal applications_6-3-25 mtg, Class B Combo agent forms_6-3-25 mtg

Alcohol Beverage License
Application

For Municipal Use Only
Municipality
License Period 2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$

R#
201525

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Alchris LLC			
2. Business Trade Name or DBA Drift Inn			
3. FEIN 263925803		4. Wisconsin Seller's Permit Number 456-1026723768-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number A059314			
9. Premises Address 1535 N Ashland Ave			
10. City De Pere		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	
15. Aldermanic District			
16. Premises Phone (920) 336-5929		17. Premises Email driftinnchili@gmail.com	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. see attached			
20. Mailing Address (if different from premises address) 4900 Sportsman Dr			
21. City De Pere		22. State WI	23. Zip Code 54115
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kozlovsky	Gail	Owner	(920) 676-8549
Kozlovsky	Jamielee	Manager	(920) 676-8546
			-

Part D: Attestation

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

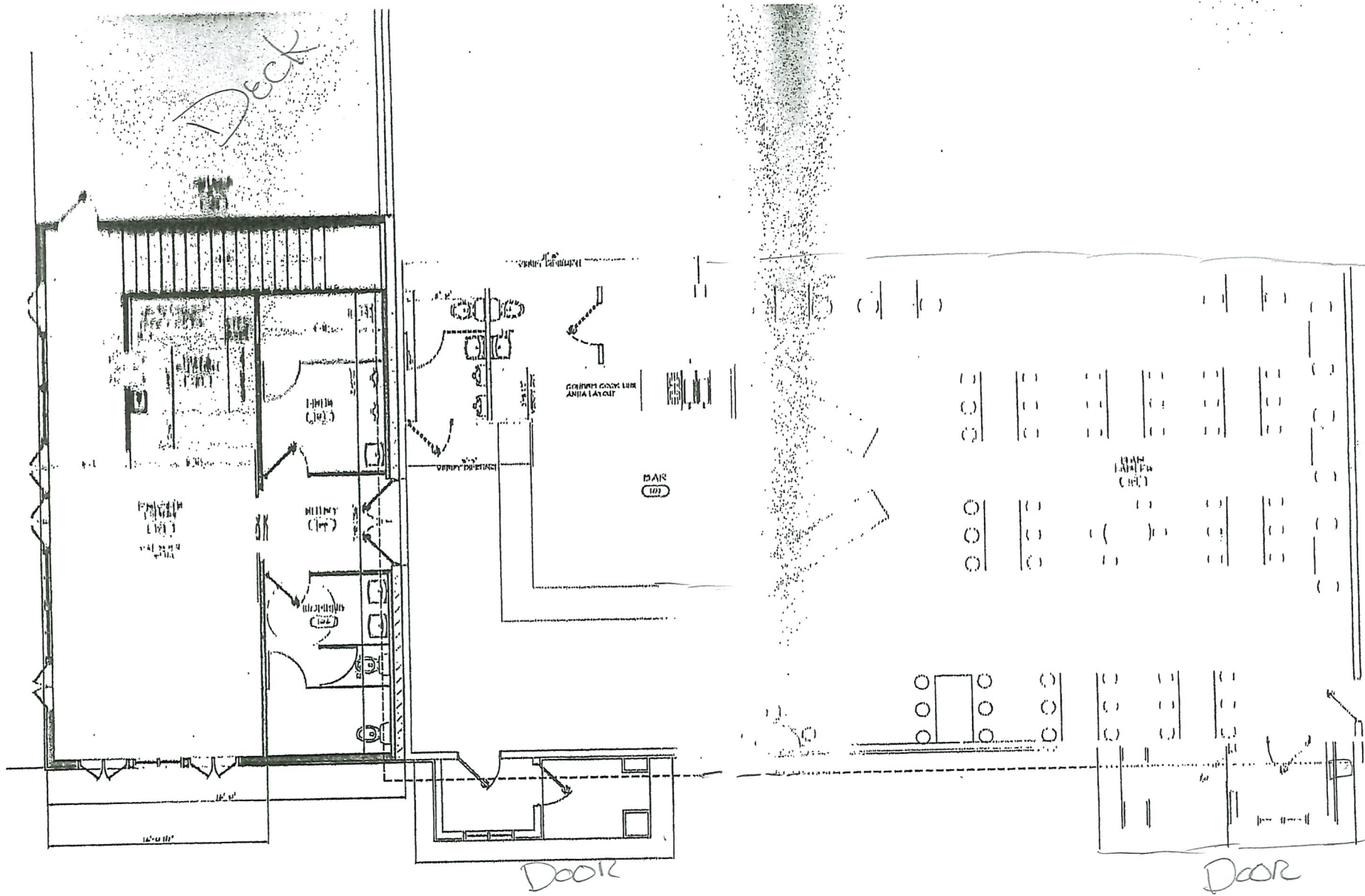
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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 Kozlovsky	First Name Gail	M.I. M
Title Owner	Email rk2525@sbcglobal.net	Phone (920) 676-8549
Signature 		Date 5/14/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/14/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



FLOOR PLAN © SCALE 1/4" = 1'-0"

Att. Sheet

337002

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

2025-2026

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

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

Fees

License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30.00
Total Fees	\$

Ptt
201421

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Bulls Eye 708 LLC			
2. Business Trade Name or DBA Pub 338			
3. FEIN 46-4513994		4. Wisconsin Seller's Permit Number 456-1028207966-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 4-1-2024	
8. Wisconsin DFI Registration Number B076814			
9. Premises Address 338 Main Ave			
10. City De Pere		11. State WI	
12. Zip Code 54115		13. County Brown	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere		15. Aldermanic District	
16. Premises Phone 920 346 0933		17. Premises Email leslieconard@yahoo.com	
18. Website —			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Bathroom, Kitchen, basement, bar area, Storage areas			
20. Mailing Address (if different from premises address) 2011 Dollar Rd			
21. City De Pere		22. State WI	
23. Zip Code 54115			

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Conard	Leslie	Owner	920 366 0933

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 Conard	First Name Leslie	M.I. M
Title owner	Email leslieconard@yahoo.com	Phone 920 366 0933
Signature Aconard	Date 5-7-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/12/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2025-2026

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

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

Fees	
License Fees	We will invoice you separately.
Background Check Fee	
Publication Fee	
Total Fees	\$30.00

R#
201303

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Bryan Vander Bloomen		
2. Business Trade Name or DBA DBA Replay Sports Bar & Grill		
3. FEIN 46-4196883	4. Wisconsin Seller's Permit Number 456-1024036650	
5. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization 12/1/2013	8. Wisconsin DFI Registration Number
9. Premises Address 1731 Ft Howard Ave.		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	15. Aldermanic District
16. Premises Phone 920-330-9011	17. Premises Email bryanvanderbloomen@yahoo.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Free standing building and entire fenced in back yard with tiki bar		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone

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 Vander Bloomen	First Name Bryan	M.I. M
Title Owner	Email Bryanvanderbloomen@yahoo.com	Phone 920-819-6431
Signature 		Date 4/30/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/2/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) De Pere Cultural Foundation, Inc.			
2. Business Trade Name or DBA Dba Mulva Cultural Center			
3. FEIN 47-5484726		4. Wisconsin Seller's Permit Number 456-1029479008-05	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization			
6. State of Organization WI	7. Date of Organization 10/30/2015	8. Wisconsin DFI Registration Number D056048	
9. Premises Address 221 South Broadway Street			
10. City De Pere	11. State WI	12. Zip Code 54115	
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere		15. Aldermanic District
16. Premises Phone (920) 309-8200	17. Premises Email		18. Website mulvacenter.org
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Upper Level - Board Room, outdoor patio, exhibition hall, storage room Main Level - Restaurant, Atrium, outdoor patios, auditorium Lower Level - Liquor storage, dry storage, walk-in cooler, green room			
20. Mailing Address (if different from premises address)			
21. City	22. State	23. Zip Code	

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity De Pere Cultural Foundation, Inc.		4b. Business Entity FEIN 47-5484726	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Wall	Marvin	Executive Director	(920) 278-0122
Kedzior	Carol	General Manager	(920) 366-7493
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.	
Wall	Marvin	A	
Title	Email	Phone	
Executive Director	mwall@mulvacenter.org	(920) 309-8200	
Signature 		Date <u>5/2/25</u>	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

2025-2026

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

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

Fees

License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30.00
Total Fees	\$

201421

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) George Street Bar LLC			
2. Business Trade Name or DBA McGeorge's Pub			
3. FEIN 45-3029105		4. Wisconsin Seller's Permit Number 456-1026204228-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 9-2011	
8. Wisconsin DFI Registration Number G 044 224			
9. Premises Address 415 George Street			
10. City De Pere		11. State WI	
12. Zip Code 54115		13. County Brown	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere		15. Aldermanic District	
16. Premises Phone 920 676-7677		17. Premises Email leslieconard@yahoo.com	
18. Website -		19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Kitchen, basement, closets, hallway, bar area, back room, bathrooms upstairs, coolers	
20. Mailing Address (if different from premises address) 2011 Dollar Rd			
21. City De Pere		22. State WI	
23. Zip Code 54115			

Part B: Questions

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- 4a. Name of Business Entity
- 4b. Business Entity FEIN
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Conard	Leslie	owner	920 366 0933

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	Conard	First Name	Leslie	M.I.	M
Title	owner	Email	leslieconard@yahoo.com	Phone	920 366 0933
Signature	Leslie Conard	Date	5-7-25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	5/12/25	License Number		Date License Granted		Date License Issued	
Signature of Clerk/Deputy Clerk				Date Provisional License Issued (if applicable)			

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period 2025-2026	

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$

#R
201680
5/20/25

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Hoffman Investments			
2. Business Trade Name or DBA Old No 7			
3. FEIN 391384255		4. Wisconsin Seller's Permit Number 456-0000509612-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 12/13/1989	
8. Wisconsin DFI Registration Number 1H10894			
9. Premises Address 121 N 10th Street			
10. City De Pere		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	
15. Aldermanic District			
16. Premises Phone (920) 337-6369		17. Premises Email	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Bar room 30x40, 26x30, Patio 10x10, Basement 40x48, 32x30			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- | | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

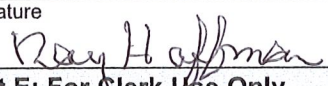
Last Name	First Name	Title	Phone
Hoffman	Raymond	President	
Hoffman	Fred	Vice President	

Part D: Attestation

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

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

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

Last Name Hoffman		First Name Raymond		M.I. J
Title Owner		Email		Phone (920) 336-7399
Signature 			Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/20/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$ 30

PA#201309

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) JACOB P. VIEAU, LLC			
2. Business Trade Name or DBA JAKE'S PLACE			
3. FEIN 88-1952078		4. Wisconsin Seller's Permit Number 456-1031037989-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 04/25/2022	
8. Wisconsin DFI Registration Number J057387			
9. Premises Address 600 GEORGE ST.			
10. City DE PERE		11. State WI	12. Zip Code 54115
13. County BROWN		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DE PERE	
15. Aldermanic District			
16. Premises Phone (920) 425-4153		17. Premises Email jacobvieu@yahoo.com	
18. Website N/A			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. KITCHEN, GARAGE, BASEMENT, REAR LOT & BAR AREA.			
20. Mailing Address (if different from premises address) 600 N. ADAMS ST.			
21. City DE PERE		22. State WI	23. Zip Code 54115

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

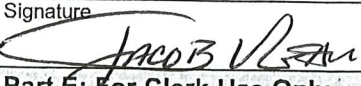
Last Name	First Name	Title	Phone
VIEAU	JACOB	OWNER	(920) 362-8270

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 VIEAU		First Name JACOB		M.I. P.
Title OWNER		Email jacobvieu@yahoo.com		Phone (920) 362-8270
Signature 			Date 05/07/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/7/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 35.00
Total Fees	\$

R#
201417

Part A: Premises/Business Information

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

Oakley's

2. Business Trade Name or DBA

Oakley's

3. FEIN

93-2735590

4. Wisconsin Seller's Permit Number

242001 454-1031464481-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8-4-2023

8. Wisconsin DFI Registration Number

0043350

9. Premises Address

614 George Street

10. City

De Pere

11. State

WI

12. Zip Code

53115

13. County

Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: De Pere

15. Aldermanic District

Fourth

16. Premises Phone

920-425-4039

17. Premises Email

Hunsadelo@outlook.com

18. Website

Branchattheoaks.com

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

Alcohol served in bar + dining rooms. All liquor + Beer
locked away in storage closet w/ padlock

20. Mailing Address (if different from premises address)

21. City

De Pere

22. State

WI

23. Zip Code

53115

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone

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 <u>Hunsader</u>		First Name <u>Eric</u>		M.I. <u>T</u>
Title <u>Owner</u>	Email <u>Hunsade 10 @ outlook.com</u>		Phone <u>920 639 4401</u>	
Signature 			Date <u>5-12-2025</u>	

Part E: For Clerk Use Only

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$ 30

R# 201362

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Orsa Hospitality LLC		
2. Business Trade Name or DBA Orsetta		
3. FEIN 93-3973523	4. Wisconsin Seller's Permit Number 456-1031546342-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number 0043710
9. Premises Address 109 N Broadway		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	
15. Aldermanic District		
16. Premises Phone (920) 425-3166	17. Premises Email orsettadepere@gmail.com	18. Website orsettadepere.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Full service restaurant. 3 dining rooms with a bar. Beer cooler in basement, Kitchen in the back, liquor room with a lock.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

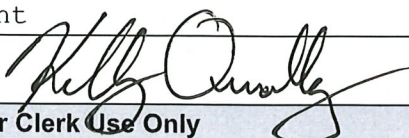
Last Name	First Name	Title	Phone
Qualley	Kelly	President	920-366-6549

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 Qualley	First Name Kelly	M.I. P
Title President	Email orsettadepere@gmail.com	Phone (920) 366-6549
Signature 		Date 05-08-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/8/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

R#201270

For Municipal Use Only

Municipality

License Period

2025-2026

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

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

Fees

License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$

Part A: Premises/Business Information

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

SLUTTY DOG'S PUB

2. Business Trade Name or DBA

SLUTTY DOG'S PUB

3. FEIN

99-2316933

4. Wisconsin Seller's Permit Number

450-1031818364-64

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

03.22.24

8. Wisconsin DFI Registration Number

S153400

9. Premises Address

127 N BROADWAY

10. City

DE PERE

11. State

WI

12. Zip Code

54115

13. County

BROWN

14. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

15. Aldermanic District

16. Premises Phone

612.702.6612

17. Premises Email

grnayesmn@hotmail.com

18. Website

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

Main bar area, 3500 SF - Locked storage cage in basement - walk-in freezer/cooler.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
TROWBRIDGE	ERETCHEN	OWNER	612.702.6612
TROWBRIDGE	SLOTT	OWNER	612.481.9266

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.
TROWBRIDGE	ERETCHEN	R
Title	Email	Phone
OWNER	grnaye@smn@hotmail.com	612.702.6612
Signature	Date	
	05.06.2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/6/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2025-2026

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

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

Fees	
License Fees	We will invoice you separately.
Background Check Fee	
Publication Fee	
Total Fees	\$30.00

Rec'd
201568

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Smeckett Adventures LLC		
2. Business Trade Name or DBA Cycling Brews Taproom		
3. FEIN 88-1425670	4. Wisconsin Seller's Permit Number 456-1031302598-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number 5140271
9. Premises Address 1109 Honey Court Ste B		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere	15. Aldermanic District
16. Premises Phone (920) 425-3064	17. Premises Email josh.smits@cyclingbrews.com	18. Website Cyclingbrews.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Retail space just off of S. Broadway, running adjacent to Fox River Trail. Main area with 36 taps and bar area. "Conference room" for sitting and open area with stage for additional sitting space.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Beckett	Stephen	Owner	(920) 819-3093
Smits	Joshua	Owner	(920) 246-8981

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 Smits		First Name Joshua	M.I. J
Title Owner		Email josh.smits@cyclingbrews.com	Phone (920) 246-8981
Signature  eSigned via SeamlessDocs.com		Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/15/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of De Pere, Wisconsin

I.12.D

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Reserve License.
RECOMMENDED ACTION:

1. Birder Studio of Performing Arts, Inc. (DBA Dudley Birder Theatre), 123 S. Broadway.
Agent: Alicia Birder Bakken, De Pere WI.

ATTACHMENTS:

Class B Combo Reserve renewal application_6-3-25 mtg, Class B Combo Reserve agent form_6-3-25 mtg

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period 2025-2026

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

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

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30.00 + 201570
Total Fees	\$

Part A: Premises/Business Information

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

Birder Studio of Performing Arts, Inc.

2. Business Trade Name or DBA

* Duplex Birder Theatre

3. FEIN

27-1785643

4. Wisconsin Seller's Permit Number

456-1027403965-05

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

Jan 25, 2010

8. Wisconsin DFI Registration Number

3066084

9. Premises Address

123 S. Broadway

10. City

De Pere

11. State

WI

12. Zip Code

54115

13. County

Brown

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

16. Premises Phone 920 445 5669
920.339.9999

17. Premises Email

alicia@birderstudio.org

18. Website

birderonbroadway.com

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

Duplex Birder Theatre - 124 seat black box theatre w/ small lobby and bar
Building shop - space we create sets and props
Upstairs unit - used as dressing rooms
Downstairs studio - used as rehearsal space Sidewalk Cafe

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
BAKKEN	Alicia	Executive Director	920.419.3303
BAKKEN	Paul	Manager	541.632.4477

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.
BAKKEN	Alicia	B
Title	Email	Phone
Executive Director/Agent	alicia@birdystudio.org	920.419.3303
Signature	Date	
<i>Alicia Bender</i>	5.15.25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of De Pere, Wisconsin

I.13

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Development Services
FROM: Quasan Shaw, Community & Economic Development Specialist
SUBJECT: Recommendation from Finance/Personnel Committee to approve Cedar Corporation to perform environmental services for 100 Block S. Broadway St. BRRTS Site Investigation.
RECOMMENDED ACTION: Approve subject to City Attorney review and approval

ATTACHMENTS:

CC Memo 06032025 Cedar Cross Section Scope, De Pere Environmental Services Agreement_rev_Cross Section Diagrams 2025

CITY OF DE PERE MEMO



To: De Pere Common Council
From: Quasan Shaw, Economic Development Planner
Date: June 3, 2025

RE: Consideration and Possible Action for environmental services for 100 Block S. Broadway St.
BRRTS Site Investigation.

Background: Cedar Corporation (Cedar) is providing the committee with this proposal for environmental services for the City of De Pere (City) site located at 100 Block South Broadway (Site). This proposal is presented to address additional requests by the Wisconsin Department of Natural Resources (DNR) to provide cross-section diagrams for the site. This scope of work is in addition to the previously approved Phase 2 environmental assessment, additional soil borings, groundwater monitoring wells, and sampling work that has been completed at the project site.

Proposed Scope of Work: Cedar is recommending the following scope of work to satisfy the DNR's site investigation requirements based on the data collected, to date. Cedar will complete two (2) cross-section diagrams requested by the DNR.

Uses of Funds Cost Summary: The total cost for environmental services is \$2,500.00. Funding for the environmental services will be assigned to TID No. 7.

Recommendation: Staff recommends approval of the environmental services scope of work with contract approval contingent on final review and approval by City Attorney.

Project No. _____

Date: April 28, 2025

**Confirmation of Client Request for Services
between Cedar Corporation (ENGINEER)
and City of De Pere Development Services (CLIENT)**

Authorization to Perform Professional Engineering Services

ENGINEER is hereby authorized to proceed with the project listed below. The services are to be completed in a timely manner mutually agreeable with the CLIENT and ENGINEER.

Project: Environmental Services for South Broadway Street BRRS Site Investigation

Scope of Work: ENGINEER will complete two (2) cross-section diagrams requested by Wisconsin Department of Natural Resources (WDNR). The cross-sections will generally be in a north/south, and east/west orientation and will detail the subsurface features. The cross-sections will be amended to a revised Site Investigation Report and submitted to the WDNR for review.

Method of Compensation: Work will be completed on a Lump Sum basis for \$2,500.00.

Payments are due and payable thirty (30) days from the date of the ENGINEER's invoice. Amounts unpaid thirty (30) days after the invoice date shall bear interest at the rate of one percent (1%) per month from invoice date.

Timetable: Work will be completed within three weeks of signed agreement.

THIS AGREEMENT is hereby approved and executed this ____ day of _____, 2025.

CITY OF DE PERE DEVELOPMENT SERVICES

CEDAR CORPORATION

By: _____

By:  _____

Name: _____

Name: Matthew Taylor, PG

Title: _____

Title: Professional Geologist

By: _____

By:  _____

Name: _____

Name: Dan O'Connell, PG, CPG

Title: _____

Title: Environmental Services Director

Attachment A - Standard Conditions

PART I - DESCRIPTION OF SERVICES

- 1.1 CEDAR CORPORATION** agrees to provide professional services for the PROJECT as more completely described in this Agreement.
- 1.2 CEDAR CORPORATION** agrees to provide all professional services within a reasonable period of time following the date of authorization to proceed by OWNER. If a special time schedule must be met for a PROJECT, it shall be specifically set forth in this Agreement.

PART II - CLIENT'S RESPONSIBILITIES

Client, at its expense, shall do the following in a timely manner so as not to delay the services,

- 2.1 INFORMATION/REPORTS.** Furnish Cedar Corporation with all reports, studies, site characterizations, regulatory orders, and similar information in its possession relating to the Project. Unless otherwise specified in Part I, Cedar Corporation may rely upon Client-furnished information without independent verification in performing the Service.
- 2.2 REPRESENTATIVE.** Designate a representative for the project who shall have the authority to transmit instructions, receive information, interpret and define Client's policies, and make decisions with respect to the services.
- 2.3 GIVE NOTICE.** Give prompt written notice to Cedar Corporation whenever Client observes or otherwise becomes aware of any defect in the Project or other event which may substantially affect performance of services under this Agreement.

PART III - BILLING, AND PAYMENT

- 3.1** Cedar Corporation will periodically bill the client with net payment due in 30 days. Unless Client provides Cedar Corporation with a written objection to the bill within 15 days of receipt, Client shall be deemed to accept the bill as submitted.
- 3.2** Where Client disputes some portion of the charges contained

in Cedar Corporation's bill for services, he shall make payment of that portion of the bill which is undisputed. In no case may Client elect to withhold payment to Cedar Corporation of the entire amount due.

- 3.3** If Client fails to make any payment due Cedar Corporation for services and expenses after receipt of Cedar Corporation's bill therefore, the amounts due Cedar Corporation shall bear interest from invoice date at the rate set forth in this agreement, or in the absence thereof at the legal rate prevailing from time to time at the principal place of business of Cedar Corporation. In addition Cedar Corporation may, after giving ten (10) days written notice to Client, suspend services under this agreement until paid in full all amounts due under this agreement. In the event Client does not pay, or does not pay timely, Cedar Corporation shall be entitled to collect from Client all amounts due plus expenses, including but not limited to attorney fees, incurred by Cedar Corporation in connection with collection efforts, in addition, the reasonable value of Cedar Corporation's time spent in connection with collection efforts, computed at Cedar Corporation's prevailing fee schedule.

PART IV - STANDARD TERMS AND CONDITIONS

- 4.1 STANDARD OF CARE.** Services shall be performed in accordance with the standard of professional practice ordinarily exercised by the applicable profession at the time and within the locality where the services are performed. Professional services are not subject to, and Cedar Corporation cannot provide any warranty or guarantee, either express or implied. Any such warranties or guarantees contained in any purchase orders, Client action, requisitions or notices to proceed issued by Client are specifically objected to by Cedar Corporation.
- 4.2 CHANGE OF SCOPE.** The Scope of Services set forth in this Agreement and in any addenda to the Agreement is based on

facts known at the time of execution of this Agreement, including, if applicable, information supplied by Client. For some projects involving conceptual or process development services, scope may not be fully definable during initial phases. As the project progresses, facts discovered may indicate that scope must be redefined.

- 4.3 SAFETY.** Cedar Corporation has established and maintains corporate programs and procedures for the safety of its employees. Unless specifically included as a service to be provided under this Agreement, Cedar Corporation specifically disclaims any authority or responsibility for general job site safety and safety of persons other than Cedar Corporation employees.
- 4.4 DELAYS.** If events beyond the control of Client or Cedar Corporation, including, but not limited to, fire, flood, explosion, riot, strike, war, process shutdown, act of god or the public enemy, and act or regulation of any government agency, result in delay to any schedule established in this Agreement or in any Addenda to this Agreement, then such schedule shall be amended to the extent necessary to compensate for such delay. In the event such delay exceeds 60 days, Cedar Corporation shall be entitled to an equitable adjustment in compensation.

- 4.5 TERMINATION.** Either party may terminate this Agreement at the end of the term hereof, or any extension thereof, upon 30 days written notice to the other party as provided at PART I above.

Also, this Agreement may be terminated by either party if the other party fails to fulfill its obligations under this Agreement through no fault of the terminating party. No such termination may be effected unless the other party is given not less than ten calendar day's written notice of intent to terminate and an opportunity for correcting the default and for consultation with the terminating party before termination. If Cedar Corporation terminates as a

result of Client default or the Client terminates for cause, Cedar Corporation shall be paid for services performed to the termination date including reimbursable expenses due. Upon receipt of the terminating action, Cedar Corporation shall promptly discontinue all services unless the notice directs otherwise, and upon receipt of final compensation make available to Client all appropriate documents prepared under the Agreement whether completed or in process.

- 4.6 OPINIONS OF PROBABLE CONSTRUCTION COST.** Any opinion of probable construction costs prepared by Cedar Corporation is supplied for the general guidance of the Client only. Since Cedar Corporation has no control over competitive bidding or market conditions, Cedar Corporation cannot guarantee the accuracy of such opinions as compared to contract bids or actual costs to Client.
- 4.7 RELATIONSHIP WITH CONTRACTORS.** Cedar Corporation shall serve as Client's professional representative for the services, and may make recommendations to Client concerning action relating to Client's contractors. However, Cedar Corporation specifically disclaims any authority to direct or supervise the means, methods, techniques, sequences or procedures of construction selected by Client's contractors.
- 4.8 CONSTRUCTION REVIEW.** For projects involving construction, Client acknowledges that under generally accepted professional practice, interpretations of construction documents in the field are normally required, and that performance of construction-related services by the design professional for the municipal project permits errors or omissions to be identified and corrected at comparatively low cost. Client agrees to hold Cedar Corporation harmless from any claims resulting from performance of municipal services by persons other than Cedar Corporation.
- 4.9 INSURANCE.** Cedar Corporation will maintain insurance coverage

for Professional Liability, Comprehensive General, Automobile, Workers Compensation, and Employer's Liability in amounts in accordance with applicable legal requirements as well as Cedar Corporation's business requirements. Certificates evidencing such coverage will be provided to Client upon request.

4.10 ALLOCATION OF RISKS. To the fullest extent permitted by law, Cedar Corporation shall indemnify and hold harmless, Client, Client's officers, directors, partners, and employees from and against any and all costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals, and all court or arbitration or other dispute resolution costs) caused solely by the negligent acts or omissions of Cedar Corporation or Cedar Corporation's officers, directors, partners, employees, and Cedar Corporation's consultants in the performance and furnishing of Cedar Corporation's services under this Agreement.

To the fullest extent permitted by law, Client shall indemnify and hold harmless Cedar Corporation, Cedar Corporation's officers, directors, partners, employees, and Cedar Corporation's consultants from and against any and all costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals, and all court or arbitration or other dispute resolution costs) caused solely by the negligent acts or omissions of Client or Client's officers, directors, partners, employees, and Client's consultants with respect to this Agreement or the Project.

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

negligent entities and individuals.

4.11 HAZARDOUS MATERIAL.

Hazardous materials may exist at a site where there is no reason to believe they could or should be present. Cedar Corporation and Client agree that the discovery of unanticipated hazardous materials constitutes a changed condition mandating a renegotiation of the Project scope of work. Cedar Corporation agrees to notify Client as soon as practically possible should unanticipated hazardous materials or suspected hazardous materials be encountered. Client acknowledges and agrees that it retains title to all hazardous material existing on the site and shall report to the appropriate federal, state or local public agencies, as required, any conditions at the site may present a potential danger to the public health, safety or the environment. Client shall execute any manifests or forms in connection with transporting or storage and disposal of hazardous materials resulting from the site or work on the site or shall authorize Cedar Corporation to execute such documents as Client's agent. Client waives any claim against Cedar Corporation and agrees to defend, indemnify, and save Cedar Corporation harmless from any claim or liability for injury or loss arising from Cedar Corporation's discovery of unanticipated hazardous materials or suspected hazardous materials.

4.12 ACCESS. Client shall provide Cedar Corporation safe access to any premises necessary for Cedar Corporation to provide the services.

4.13 REUSE OF PROJECT DELIVERABLES. Reuse of any documents or other deliverables, including electronic media, pertaining to the project by Client for any purpose other than that for which such documents or deliverables were originally prepared, or alteration of such documents or deliverables without written verification or adaptation by Cedar Corporation for the specific purpose intended, shall be at the Client's risk. Further, all title blocks and the engineer's seal, if applicable, shall be removed if and when Client provides deliverables in

electronic media to another entity. Client agrees that relevant analyses, findings and reports provided in electronic media shall also be provided in "hard copy" and that the hard copy shall govern in the case of a discrepancy between the two versions, and shall be held as the official set of drawings, as signed and sealed. Client shall be afforded a period of thirty (30) days in which to check the hard copy against the electronic media. In the event that any error or inconsistency is discovered within such thirty (30) day period it shall be corrected at no additional cost to Client. Following the expiration of this thirty (30) day period, Client shall bear all responsibility for the care, custody and control of the electronic media. In addition, Client represents that it shall retain the necessary mechanisms to read the electronic media, which Client acknowledges to be of only limited duration. Client agrees to defend, indemnify, and hold harmless Cedar Corporation from all claims, damages, and expenses (including reasonable litigation costs), arising out of such reuse or alteration by Client or others acting through Client. Cedar Corporation agrees that all plans, engineering designs, electronic and computer data and imagery relating to Client's projects are the property of the Client and shall be presented to Client at no additional cost upon written request.

4.14 AMENDMENT. This Agreement, upon execution by both parties hereto, can be amended only by a written instrument signed by both parties.

4.15 ASSIGNMENT. Except for assignments (a) to entities which control, or are controlled by, the parties hereto or (b) resulting from operation of law, the rights and obligations of this Agreement cannot be assigned by either party without written permission of the other party. This Agreement shall be binding upon and inure to the benefit of any permitted assigns.

4.16 DISPUTE RESOLUTION. Parties shall attempt to settle disputes arising under this agreement by discussion between the parties senior representatives of management. If any dispute cannot be resolved in this

manner within a reasonable length of time, parties agree to attempt non-binding mediation or any other method of alternative dispute resolution prior to filing any legal proceedings. In the event any actions are brought to enforce this Agreement, the prevailing party shall be entitled to collect its litigation costs, including attorneys' fees from the other party.

4.17 NO WAIVER. No waiver by either party of any default by the other party in the performance of any particular section of this Agreement shall invalidate any other section of this Agreement or operate as a waiver of any future default, whether like or different in character.

4.18 NO THIRD-PARTY BENEFICIARY. Nothing contained in this Agreement, nor the performance of the parties hereunder, is intended to benefit, nor shall inure to the benefit of, any third party, including Client's municipal project contractors.

4.19 SEVERABILITY. The various terms, provisions and covenants contained in this Agreement or any addenda shall be deemed to be separate and severable, and the invalidity or unenforceability of any of them shall not affect or impair the validity or enforceability of the remainder.

4.20 AUTHORITY. The persons signing this Agreement warrant that they have the authority to sign as, or on behalf of, the party for whom they are signing.

4.21 OTHER. Cedar Corporation reserves the right to enter into agreements with other design professionals for portions of the work included under this Agreement. Where this subagreement would represent a major portion of the design work, Cedar Corporation shall receive approval of Client for this subagreement.



City of De Pere, Wisconsin

I.14

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: City Clerk
FROM: Carey Danen, City Clerk
SUBJECT: Resolution #25-64 Awarding Official City Newspaper Contract.
RECOMMENDED ACTION: Motion to approve

ATTACHMENTS:

Reso25-64, Press Times - 2025 bid, Publication Deadlines - 2025 bid

RESOLUTION #25-64
AWARDING OFFICIAL CITY NEWSPAPER CONTRACT

WHEREAS, pursuant to Wis. Stats. §985.06, the City of De Pere has advertised and received one effective bid from a qualified newspaper for the printing of Common Council proceedings and legal notices; and

WHEREAS, the sole effective bid was submitted by the *Press Times*.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The *Press Times* be designated the Official City Newspaper for the printing of Common Council proceedings and legal notices for the 2025-2026 contract year in accordance with its sole effective bid. A copy of such bid is attached and incorporated herein as Exhibit A.

BE IT FURTHER RESOLVED THAT:

All City officers, officials and employees are further authorized and directed to take such steps as are lawful and necessary in furtherance thereof.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 3rd day of June, 2025.

APPROVED:

James G. Boyd, Mayor

ATTEST:

Carey E. Danen, City Clerk

Ayes: _____

Nays: _____



***Locally owned and locally written since 1970
310 W. Walnut St. 4th Floor. Green Bay, WI, 54303 920-799-4687***

The Press Times hereby submits the enclosed bid to publish the De Pere's council proceedings and legal notices for the coming year.

In-column Legal Notice fees:

Fees for publishing Legal Notices in the classifieds section are calculated on a per line basis. The Press Times utilizes a 1.5 inch column width and six columns per page. As of April 20, 2012, all Wisconsin Newspapers were required to use Arial font. Using a eight point typeface, 10.2 lines per inch, and our bid is as follows:

Classifieds 6 Column Per Line Charge-Arial 8-point Font

Number of Columns	First Insertion	Subsequent Insertion(s)
1	\$0.6469	\$0.5109
2	\$1.3597	\$1.0740
3	\$2.0720	\$1.6366
4	\$2.7849	\$2.1998
5	\$3.4972	\$2.7623
6	\$4.2100	\$3.3256

Affidavit charge \$1.00 per affidavit

Please consider:

The Press Times classified section uses a six column format which is significantly wider than many competing newspapers. The width difference should be taken into consideration when comparing rate quotes since the billable lines per page in The Press Times may be a fraction of many competitors.

If you have any questions on the above, please contact me at your convenience.

Sincerely,
Mike Hollihan
General Manager
Press Times



STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor
Kathy Blumenfeld, Secretary

December 16, 2024

KEEP THIS DOCUMENT FOR YOUR RECORDS

Press Times The

Casie Mallien
310 W Walnut St
4th Floor
Green Bay, WI 54303

2025 Certification of Legal Notice Rates for Newspapers

This letter certifies that the newspaper listed above may collect a fee for publishing legal notices required by Wisconsin law. Certification requirements are reviewed and legal are updated annually pursuant Chapter 10 ELECTION DATES AND NOTICES and 985 PUBLICATION OF LEGAL NOTICES; PUBLIC NEWSPAPERS; FEES of the Wisconsin Statutes.

- Part One lists information currently on file about this newspaper
- Part Two addresses general legal/public notices
- Part Three covers election facsimile ballots
- Part Four contains general information about the certification process

Effective Dates

Unless otherwise updated and amended, this certification letter governs notices published on:
January 1, 2025 through December 31, 2025.

The information below will determine the rates/fee for this newspaper and is published on the Internet. Contact the Department of Administration IMMEDIATELY with changes to any of the information listed in this document:

Circulation:	9,604	Telephone:	(920) 499-1200
Circulation Adjust:	15%	Fax:	(920) 799-4687
Day(s) Published:	F	E-Mail:	cmallien@mmclocal.com
County:	Brown	Parent Co.:	Multi Media Channels, LLC
Place of Publication:	Green Bay, WI		
Areas Covered:	Allouez, Ashwaubenon, Bellevue, De Pere, Green Bay, Hobart, Howard, Seymore, Suamico		

Insertion Rates

Your newspaper is certified for the fonts and column widths in the following list. Use the corresponding adjusted line rates to calculate fees.

Font(s)	Point Size	Alphabet Length	Column Width	Font Base	ADJUSTED RATES	
					First Insert	Subsqt Insert
Arial	6	72	9.00	0.8602	0.9892	0.7814
Arial	6	72	18.92	1.8083	2.0795	1.6426
Arial	6	72	28.83	2.7554	3.1688	2.5030
Arial	6	72	38.75	3.7036	4.2591	3.3642
Arial	6	72	48.66	4.6507	5.3483	4.2246
Arial	6	72	58.58	5.5988	6.4387	5.0859
Arial	7	84	9.00	0.7373	0.8479	0.6697
Arial	7	84	18.92	1.5500	1.7825	1.4080

2021-22 Wisconsin Statutes updated through 2023 Wis. Act 272 and through all Supreme Court and Controlled Substances Board Orders filed before and in effect on November 8, 2024. Published and certified under s. 35.18. Changes effective after November 8, 2024, are designated by NOTES. (Published 11-8-24)

Arial	7	84	28.83	2.3618	2.7161	2.1454
Arial	7	84	38.75	3.1745	3.6507	2.8836
Arial	7	84	48.66	3.9863	4.5843	3.6211
Arial	7	84	58.58	4.7990	5.5188	4.3593
Arial	8	98	9.00	0.6320	0.7268	0.5741
Arial	8	98	18.92	1.3285	1.5278	1.2068
Arial	8	98	28.83	2.0244	2.3281	1.8389
Arial	8	98	38.75	2.7210	3.1291	2.4717
Arial	8	98	48.66	3.4169	3.9294	3.1038
Arial	8	98	58.58	4.1134	4.7304	3.7366
Arial Bold	6	78	9.00	0.7940	0.9131	0.7213
Arial Bold	6	78	18.92	1.6692	1.9196	1.5163
Arial Bold	6	78	28.83	2.5435	2.9250	2.3105
Arial Bold	6	78	38.75	3.4187	3.9315	3.1055
Arial Bold	6	78	48.66	4.2930	4.9369	3.8997
Arial Bold	6	78	58.58	5.1681	5.9434	4.6946
Arial Bold	7	90	9.00	0.6881	0.7914	0.6251
Arial Bold	7	90	18.92	1.4466	1.6636	1.3141
Arial Bold	7	90	28.83	2.2044	2.5350	2.0024
Arial Bold	7	90	38.75	2.9628	3.4073	2.6914
Arial Bold	7	90	48.66	3.7206	4.2787	3.3797
Arial Bold	7	90	58.58	4.4791	5.1509	4.0687
Arial Bold	8	108	9.00	0.5735	0.6595	0.5209
Arial Bold	8	108	18.92	1.2055	1.3864	1.0951
Arial Bold	8	108	28.83	1.8370	2.1125	1.6687
Arial Bold	8	108	38.75	2.4690	2.8394	2.2428
Arial Bold	8	108	48.66	3.1005	3.5655	2.8164
Arial Bold	8	108	58.58	3.7326	4.2924	3.3906
Arial Bold Italic	6	78	9.00	0.7940	0.9131	0.7213
Arial Bold Italic	6	78	18.92	1.6692	1.9196	1.5163
Arial Bold Italic	6	78	28.83	2.5435	2.9250	2.3105
Arial Bold Italic	6	78	38.75	3.4187	3.9315	3.1055
Arial Bold Italic	6	78	48.66	4.2930	4.9369	3.8997
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Arial Bold Italic	8	108	18.92	1.2055	1.3864	1.0951
Arial Bold Italic	8	108	28.83	1.8370	2.1125	1.6687
Arial Bold Italic	8	108	38.75	2.4690	2.8394	2.2428
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Arial Bold Italic	8	108	58.58	3.7326	4.2924	3.3906
Arial Italic	6	72	9.00	0.8602	0.9892	0.7814
Arial Italic	6	72	18.92	1.8083	2.0795	1.6426
Arial Italic	6	72	28.83	2.7554	3.1688	2.5030
Arial Italic	6	72	38.75	3.7036	4.2591	3.3642
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Arial Italic	8	98	48.66	3.4169	3.9294	3.1038
Arial Italic	8	98	58.58	4.1134	4.7304	3.7366

Ballots

Fees for publishing ballots are calculated by area. The fee is charged as if the area occupied by the ballot were set in the standard line described in s. 985.08 (2)(a), Wis. Stats.

"All legal notices shall be in Arial type face. A standard line shall be 6-point Arial on a 6-point leading without spacing between the lines, and 11 picas in length. One inch equals 6 postscript pica and 72 postscript points. Nonstandard line lengths shall be allowed with adjustments in fees according to variations in line length."

To calculate ballot rates use the current statute standard line rate of **\$0.9462** first insert and **\$0.7474** subsequent insertion, multiplying by 12 lines per inch, then dividing by 11 picas per column and applying the newspaper's circulation adjustment.

Use the following worksheet to calculate fees for ballots:

- Measure the width of the ballot in picas (1 inch = 6 picas = 72 points): (a) _____
- Measure the height (single column) of the ballot in inches: (b) _____
- Multiply line (a) times line (b) equals: (c) _____
- Enter the appropriate adjusted facsimile ballot rate from the table below: (d) \$ _____

Range	Circulation Adjustment	Ballot Rate per line
First Insert: \$0.9462		
8,000 or less	0%	\$0.9462
8,001-12,000	15%	\$1.1010
12,001-16,000	30%	\$1.2559
16,001-20,000	45%	\$1.4107
20,001-24,000	60%	\$1.5655
24,001 and up	75%	\$1.7204
Subsequent Insert: \$0.7474		
8,000 or less	0%	\$0.7474
8,001-12,000	15%	\$0.8697
12,001-16,000	30%	\$0.9920
16,001-20,000	45%	\$1.1143
20,001-24,000	60%	\$1.2366
24,001 and up	75%	\$1.3589

- e) Multiply line (c) times line (d) = TOTAL \$ _____

Sample Ballots shall be published per the copy furnished by the county and municipal clerks. Introductory and descriptive text includes material which accompanies the ballot, but which in itself is not part of the actual ballot. Fees for such are not calculated as facsimile ballots. Unless directed otherwise by the election official, this material should be published using the appropriate legal notice font and line rate from this certification.

s. 5.94 "Sample ballots; publication. When an electronic voting system employing a ballot that is distributed to electors is used, the county and municipal clerk of the county and municipality in which the polling place designated for use of the system is located shall cause to be published, in the type B notices, a true actual-size copy of the ballot containing the names of offices and candidates and statements of measures to be voted on, as nearly as possible, in the form in which they will appear on the official ballot on election day. The notice may be published as a newspaper insert. Municipal clerks may post the notice if the remainder of the type B notice is posted."

SIZE: Election ballots may **not** be enlarged. If appropriate to provide a proper fit for a newspaper's standard column width, ballots may be reduced in size photographically. If reduced, the fee calculations are based on the area covered by the ballot as published, i.e., after it is reduced.

Chapter 10 of the Wisconsin Statutes provides the information necessary to publish election ballots in newspapers.

OPTICAL SCAN BALLOTS: These were developed after the requirements of Chapter 985 Wisconsin Statutes were established. Responsibility for readability lies with the county or municipality placing the notice.

MEASUREMENTS: For purposes of this certification, 1 inch = 6 picas = 72 points.

RATES: Wisconsin Statutes establish the standard line rate for publication of legal notices and the annual adjustment procedure. The rates for each newspaper are calculated by adjusting for the font alphabet length, the newspaper's column width(s) and total paid circulation. (Please refer to s. 985.08(2)(a), Wis. Stats.)

INSERTION: Use first insert rates to calculate fees for the first date a notice or ballot is published. First insert rates include an allowance for preparatory work by the publisher. Use subsequent insert rates for repeat publications of the same notice or ballot, i.e., when no additional preparation is needed.

COPY: When electronic copy for the entire legal notice or substantial areas thereof is provided, eliminating typesetting, enlargements or reductions, or other changes by the newspaper, the maximum rate is the same as the maximum rate established under sub.(1) for subsequent insertions. (Please refer to s. 985.08 (2)(b), Wis. Stats.))

TEAR SHEETS: Upon request, a tear sheet proof of a multiple insertion notice shall be mailed to the advertiser or the advertiser's attorney within 72 hours after the first insertion, and an additional charge of \$1 for such tear sheet proof may be made. (Please refer to s. 985.08 (8), Wis. Stats.)

AFFIDAVITS: The fee for an affidavit of publication shall be \$1.00 (Please refer to s. 985.12(4), Wis. Stats.)

985.12(1) The affidavit of the editor, publisher, printer or proprietor of any newspaper, or of his or her foreman or principal clerk, of the publication of any legal notice, annexed to a copy of the notice clipped from the newspaper in **either hard copy or electronic format**, and specifying the date of each insertion, and the paper in which it was published, shall be received in all cases as presumptive evidence of the publication and of the facts stated therein.

RENEWALS: Annually updated legal notice rate certification to newspapers who meet the statutory requirements. Newspapers need to contact the State Bureau of Procurement for any changes in address, font size, column width or any of the items listed in this certification. (Please refer to s. 985.08(1), Wis. Stats.)

Newspapers must contact the Department of Administration for any changes in public notice contact personnel, address, font sizes, column width and/or any of the items listed in this certification.

If you have any questions about this certification, please email me at: william2.goff@wisconsin.gov or you can call me at (608) 266-1002.

Sincerely,
Bill Goff
Newspaper Certification Program

Attachment
Chapter 985

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)

1. Publication Title
The Press Times

2. Publication Number
930-660

3. Filing Date
09-30-2024

4. Issue Frequency
Weekly

5. Number of Issues Published Annually
52

6. Annual Subscription Price
\$59.00

7. Complete Mailing Address of Known Office of Publication (Street, city, county, state, and ZIP+4®)
310 W Walnut St., 4th Floor
Green Bay, WI 54303 Brown County

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printing)
310 W Walnut St., 4th Floor, Green Bay, WI 54303

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)
Publisher (Name and complete mailing address)
Patrick J. Wood, 970 Furman Drive Waupaca, WI 54981
Editor (Name and complete mailing address)
Kris Leonhardt 310 W Walnut St., 4th Floor, Green Bay, WI 54303
Managing Editor (Name and complete mailing address)
Mike Hollihan 310 W Walnut St., 4th Floor, Green Bay, WI 54303

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box
☒ None

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

13. Publication Title
The Press Times

14. Issue Date for Circulation Data Below
09-27-2024

15. Extent and Nature of Circulation

a. Total Number of Copies (Print press only)		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		217	192
(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		9097	8982
(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®		290	290
(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)		0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		9604	9464
d. Free or Nominal Rate Distribution (City Mail and Outside the Mail)			
(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541		0	0
(2) Free or Nominal Rate In-County Copies Included on PS Form 3541		0	0
(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail®)		2200	0
(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)		100	100
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3), and (4))		2300	100
f. Total Distribution (Sum of 15c and 15e)		11904	9564
g. Copies not Distributed (See Instructions to Publishers #4 (page #2))		300	300
h. Total (Sum of 15f and g)		12204	9864
i. Percent Paid (15c divided by 15h times 100)		78.70	95.94

16. Electronic Copy Circulation

a. Paid Electronic Copies		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)		9604	0
c. Total Print Distribution (Line 15c) + Paid Electronic Copies (Line 16a)		11904	9564
d. Percent Paid (Both Print & Electronic Copies) (15b divided by 15c x 100)			

☐ I certify that 80% of all my distributed copies (electronic and print) are paid above a nominal price.

17. Publication of Statement of Ownership
☒ If the publication is a general publication, publication of this statement is required. Will be printed in the 10/6/2024 issue of this publication.
☐ Publication not required

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

Date: 9/30/2024

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and penalties).

PS Form 3526, July 2014 (Page 3 of 4) PRIVACY NOTICE: See our privacy policy on www.usps.com

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)

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PS Form 3526, July 2014 (Page 3 of 4) PRIVACY NOTICE: See our privacy policy on www.usps.com

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)

Statement of Ownership, Management, and Circulation
Owners: As of Sept. 19, 2022 the holders of 1% or more of the outstanding common stock of Brown County Publishing, LLC: 416 Polaris Drive Green Bay WI 54302, Patrick Wood, 404 Maxwell Drive, Pittsburgh, PA 15236, Christopher Wood, 400 Security Blvd., Suite 2, Green Bay, WI 54313, Carole Wood, Trustlee, Wood Family Trust, Green Bay, WI 54302, Tom Wood, 2228 W Seneca, Appleton WI 54914, Mike Hollihan, 4393 Trent Drive, Green Bay, WI 54313, Nick Wood, 3651 Bay Settlement Rd Green Bay WI 54311, Francis & Mary Pietsch, 589 Green Bay Road, Denmark, WI 54208, David Wood, 1833 Lilac Lane Green Bay WI 54302, Daniel Wood, 360 Riverside Drive, Apt. 8C, New York, NY 10025-2750, Rebecca Wood, 2130 Lost Dauphin Road, Apt. 2, De Pere, WI 54115.

Statement of Ownership and Circulation

11. Bondholders: Nicolet National Bank, 111 N Washington St. Green Bay, WI 54301

Owners: As of June 21, 2021 the holders of 1% or more of the outstanding common stock of Brown County Publishing, LLC:

Wood, Patrick	404 Maxwell Drive, Pittsburgh, PA 15236
Wood, Christopher	461 Polaris Road, Green Bay, WI 54302
Wood, Thomas	1800 E Robin Way Suite I Appleton, WI 54915
Wood, Rebecca	2130 Lost Dauphin Road #2-South, De Pere, WI 54115
Wood, Daniel	360 Riverside Drive, Apt. 8C, New York, NY 10025-2750
Hollihan, Michael	4393 Trent Drive, Green Bay, WI 54313
Wood, David	1833 Lilac Lane, Green Bay, WI 54302
Wood, Nicholas	3651 Bay Settlement Road, Green Bay, WI 54311
Pietsch, Francis	589 Green Bay Road, P.O. Box 253, Denmark, WI 54208
Pietsch, Mary	589 Green Bay Road, P.O. Box 253, Denmark, WI 54208
Wood, Carole A., Trustee, Wood Family Trust, Dtd. 8/23/92	1833 Lilac Lane, Green Bay, WI 54302



VERIFICATION CERTIFICATE FOR
INDEFINITE TERM BOND

The Ohio Casualty Insurance Company, Surety upon:

a certain Bond No.: 32S615474

Cross Ref Bond No.: _____

dated effective: July 6, 2021

on behalf of: Brown County Publishing, Inc.

and in favor of: City of De Pere

Amount of bond: \$1,000.00

Description of bond: Publishing

Current Bond Term: July 6, 2024 to July 6, 2025

and that the said bond remains in effect, subject to all its agreements, conditions and limitations, and ends only with the cancellation of said bond or other legal termination.

Signed and dated on: April 9, 2025

Surety Name: The Ohio Casualty Insurance Company

By: Timothy A. Mikolajewski

Agency Name: Timothy A. Mikolajewski, Assistant Secretary
TARTAN INSURANCE AGENCY, INC.

Agency Address: 2150 Memorial Dr. Suite 103, Green Bay, WI 54303

Agency Telephone: _____





POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Brown County Publishing, Inc.

Agency Name: TARTAN INSURANCE AGENCY, INC.

Bond Number: 32S615474

Obligee: City of De Pere

Bond Amount: (\$1,000.00) One Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Timothy A. Mikolajewski** in the city and state of **Seattle, WA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 1st day of August, 2024.



The Ohio Casualty Insurance Company

By: *Nathan J. Zangerle*
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 1st day of August, 2024, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1128044
Member, Pennsylvania Association of Notaries

By: *Teresa Pastella*
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 9th day of April, 2025.



By: *Renee C. Llewellyn*
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

May 2025

June 2025

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30 9am	1	2	3
4	5 Cinco de Mayo	6	7 9am	8	9	10
11 Mother's Day	12	13	14 9am	15	16	17
18	19	20 9am	21	22	23	24
25	26 Memorial Day	27	28 9am	29 Ascension of Jesus	30	31

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June 2025

July 2025

Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 9am	5	6	7
8 Pentecost	9	10	11 9am	12	13	14 Flag Day
15 Father's Day	16	17 9am	18	19 Juneteenth	20	21
22	23	24	25 9am	26	27	28
29	30	1	2	3	4 Independence Day	5

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July 2025

August 2025

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	1 9am	2	3	4 Independence Day	5
6	7	8	9 9am	10	11	12
13	14	15	16 9am	17	18	19
20	21	22	23 9am	24	25	26
27	28	29	30 9am	31	1	2

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August 2025

September 2025

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	1	2
3	4	5	6 9am	7	8	9
10	11	12	13 9am	14	15 Assumption of the Blessed Virgin Mary	16
17	18	19	20 9am	21	22	23
24	25	26	27 9am	28	29	30
31	1 Labor Day	2	3	4	5	6

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September 2025

October 2025

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1 Labor Day	2	3 9am	4	5	6
7 Grandparents Day	8	9	10 9am	11	12	13
14	15	16	17 9am	18	19	20
21	22	23	24 9am	25	26	27
28	29	30	1	2	3	4

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October 2025

November 2025

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1 9am	2	3	4
5	6	7	8 9am	9	10	11
12	13 Columbus Day	14	15 9am	16	17	18
19	20	21	22 9am	23	24	25
26	27	28	29 9am	30	31 Halloween	1 All Saints' Day

November 2025

December 2025						
Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1 All Saints' Day
2 Daylight Saving Ends	3	4	5 9am	6	7	8
9	10	11 Veterans Day	12 9am	13	14	15
16	17	18	19 9am	20	21	22
23	24 9am	25	26	27 Thanksgiving Day	28 Black Friday	29
30	1	2	3	4	5	6

December 2025

January 2026

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1	2	3 9am	4	5	6
7	8 The Immaculate Conception of The Blessed Virgin Mary	9	10 9am	11	12	13
14	15	16	17 9am	18	19	20
21	22	23	24	25 Christmas	26	27
28	29 9am	30	31 New Year's Eve	1 New Year's Day	2	3

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January 2026

February 2026

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1 New Year's Day	2	3
4	5	6 Epiphany	7 9am	8	9	10
11	12	13	14 9am	15	16	17
18	19 Birthday of Martin Luther King, Jr.	20	21 9am	22	23	24
25	26	27	28 9am	29	30	31

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February 2026

March 2026

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 9am	5	6	7
8 Super Bowl Sunday	9	10	11 9am	12	13	14 Valentine's Day
15	16 Washington's Birthday (Presidents' Day)	17	18 Ash Wednesday 9am	19	20	21
22	23	24	25 9am	26	27	28

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March 2026

April 2026

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 9am	5	6	7
8 Daylight Saving Starts	9	10	11 9am	12	13	14
15	16	17 Saint Patrick's Day	18 9am	19	20	21
22	23	24	25 9am	26	27	28
29 Palm Sunday	30	31	1 April Fool's Day	2 Maundy Thursday	3 Good Friday	4

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April 2026

May 2026

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1 April Fool's Day	2 Maundy Thursday	3 Good Friday	4
5 Easter	6	7	8 9am	9	10	11
12	13	14	15 9am	16	17	18
19	20	21	22 Earth Day 9am	23	24	25
26	27	28	29 9am	30	1	2

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Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Health
FROM: Chrystal Woller, Health Director/Officer
SUBJECT: Resolution #25-65 Authorizing Intergovernmental Agreement with Brown County regarding Local Health Department Inspection of the Brown County Fairgrounds
RECOMMENDED ACTION: Staff recommends approval of the Intergovernmental Agreement

The Board of Health, at the May 12, 2025 meeting, approved the Intergovernmental Agreement between the City of De Pere and Brown County regarding local health department inspections at the Brown County Fairgrounds.

ATTACHMENTS:

Reso25-65, Memo_Brown County Fairgrounds, Fairgrounds - Health Department Delegation Agreement (clean 5-22-25)

RESOLUTION #25-65

AUTHORIZING INTERGOVERNMENTAL AGREEMENT WITH BROWN COUNTY
REGARDING LOCAL HEALTH DEPARTMENT INSPECTION AND ENFORCEMENT ASSISTANCE

WHEREAS, Wis. Stat. § 66.0301 authorizes Wisconsin county governments to enter into intergovernmental agreements with other Wisconsin municipalities for the sharing of services or the joint exercise of any power or duty required or authorized by law, and is liberally construed in favor of cooperative action between local governments when it is in the public interest to do so; and

WHEREAS, the City and Brown County are parties to a Lease Agreement dated December 20, 2023, for which the County is utilizing the City-owned portion of property commonly known as the Brown County Fairgrounds; and

WHEREAS, pursuant to the attached agreement, the City wishes to designate its local health department inspection, enforcement and licensing activities related to the leased property to Brown County to clarify responsibilities between the parties and maximize efforts related to special events or other events occurring at the fairgrounds; and

WHEREAS, this matter has been reviewed by the Board of Health, which recommends approval thereof.

NOW, THEREFORE, BE IT RESOLVED THAT:

The City Manager and City Clerk are authorized and directed to enter into the Intergovernmental Agreement Between the City of De Pere and Brown County Regarding Local Health Department Inspection and Enforcements Assistance as is attached hereto.

BE IT FURTHER RESOLVED THAT:

All City officials, officers and employees are authorized and directed to take such steps as are lawful and necessary in furtherance thereof.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 3rd day of June,
2025.

APPROVED:

James G. Boyd, Mayor

ATTEST:

Carey E. Danen, City Clerk

Ayes: _____

Nays: _____

Board/Committee Approval: 05/12/2025

CITY OF DE PERE

MEMO



Meeting Date: 6/3/2025

Department: Health
From: Chrystal Woller

Re: Recommendation from the Board of Health to approve the Intergovernmental Agreement between the City of De Pere and Brown County regarding Local Health Department Inspection of the Brown County Fairgrounds

As of November 2023, the City of De Pere has had a property lease agreement with the Brown County Parks Department for use and management of the city owned portion of the fairgrounds. This lease agreement “delegates the oversight, management and control of the entire fairgrounds property as well as the events conducted thereon”.

This newly drafted intergovernmental agreement with the Brown County Health Department would specify that the Brown County Health Department be the agent of DATCP to specifically perform licensing, inspection activities and enforcement responsibilities for the **Brown County portion and the City specific leased portion** of the fairground property.

This agreement will allow the health department to focus time and energy on the city of De Pere hosted events, and not the events hosted/managed by Brown County at the Brown County fairgrounds.

This was passed unanimously at the 5/12/2025 Board of Health meeting.

**INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF DE PERE AND BROWN COUNTY
REGARDING LOCAL HEALTH DEPARTMENT INSPECTION AND ENFORCEMENT ASSISTANCE**

This Agreement is entered into this _____ day of _____, 2025, between the City of De Pere, a Wisconsin municipal corporation (the “City”) and Brown County, a political subdivision of the State of Wisconsin (the “County”), (hereinafter referred to individually as a “Party” or collectively as “the Parties”) pursuant to the authority set out in Wis. Stat. § 66.0301 regarding municipal intergovernmental cooperation.

WHEREAS, the Parties both operate local health departments (LHD), as defined under Wis. Stat. § 250.01(4), within their respective jurisdictions under Chapter 251 Wisconsin Statutes, including the services of a registered sanitarian(s) for licensing and inspecting Department of Agriculture, Trade & Consumer Protection (DATCP) establishments under Wis. Stats. §§ 97.41 and 97.615; and

WHEREAS, each Party’s LHD is an agent, as defined in Wisconsin Administrative Code section ATCP 74.01, of DATCP; and

WHEREAS, on certain property located within the City, commonly referred to as the “Brown County Fairgrounds,” special events are held that necessitate local health department inspection and enforcement activities; and

WHEREAS, the local health department inspection and enforcement activities occurring in connection with special events at the Brown County Fairgrounds are usually conducted on property owned by the County, including Tax Parcel Numbers WD-57, WD-67 and WD-70-1 (collectively the “County Property”), and

WHEREAS, the County Property is located within the City limits and therefore City’s LHD

has jurisdiction over the County Property and certain neighboring parcels, as applicable; and

WHEREAS, City wishes to designate County as the agent for LHD-related inspections, enforcement activities and licensing regarding special or other events at the County Property and, if applicable, other neighboring parcels (collectively, the “Property”), and County has available LHD inspection and enforcement resources and agrees to conduct and enforce all LHD-related inspections, investigations and licensing matters at the Property; and

WHEREAS, City and County believe it is in their individual and mutual best interests to enter into this Agreement to foster intergovernmental cooperation and coordination between the Parties and maximize available LHD inspection, enforcement and licensing resources at the Property.

NOW THEREFORE, upon the mutual obligations and benefits contained herein, together with such other consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. **COVERAGE**. County shall be responsible for all LHD-related inspections, enforcement activities and licensing matters associated with all special or other events at the Property. If the City LHD is contacted for LHD-related inspections, and/or enforcement or licensing activities at the Property, it shall promptly refer the request to County via County’s designated representative. County would also receive any revenue generated via its inspection, enforcement and licensing authority granted by the terms of this Agreement. County agrees to follow standard inspection, enforcement and licensing methods, procedures, policies, and guidance documents as prescribed by DATCP.

2. INDEMNIFICATION. Each Party agrees to save and hold harmless, to the fullest extent allowed by law, the other Party and its principals, officers, employees, and volunteers from and against all claims, demands, suits, actions, payments, liabilities, judgments, and expenses (including court-ordered attorneys' fees), arising out of or resulting from the acts or omissions of their principals, officers, employees, or volunteers in the performance of this Agreement. Liability includes any claims, damages, losses, and expenses arising out of or resulting from performance of this Agreement that results in any claim for damage whatsoever including any bodily injury, civil rights liability, sickness, disease, or damage to or destruction of tangible property, including any loss of use resulting therefrom. Nothing in this Agreement shall require either Party to indemnify or hold harmless the other Party from liability for the negligent or wrongful acts or omissions of said other Party or its principals, officers, or employees. The hold harmless and indemnity provisions of this Agreement shall survive the termination of this Agreement and shall remain operative until the time that all potential claims or potential civil actions by the parties or by third parties shall expire under existing law.

3. RESERVATION OF RIGHTS. Notwithstanding any other portions of this Agreement, nothing contained herein is intended to waive or estop the Parties or their insurers from relying upon the limitations, defenses, and immunities contained within Sections 345.05 and 893.80, Wis. Stats. To the extent that indemnification is available and enforceable, the Parties or their insurers shall not be liable in indemnity, contribution, or otherwise for

an amount greater than the limits of liability of municipal claims established under Wisconsin law.

4. **RECORDS.** All records created by the County while performing LHD services shall remain the property of the County and the County shall remain the custodian thereof for purposes of the Wisconsin Public Records Law (Wis. Stat. § 19.21 *et seq.*)
5. **TERM.** This Agreement is effective as of the date written above and shall remain in effect for a period of three (3) years. Upon expiration of the initial Agreement term, this Agreement shall automatically renew for successive one-year periods unless terminated by either Party as provided herein.
6. **TERMINATION.** Either Party may terminate this Agreement by providing the other Party with a 180-day written notice of termination.
7. **AUTHORITY.** The undersigned represent that they have the lawful authority to execute this Agreement on behalf of their governing body.
8. **ASSIGNMENT.** Unless authorized and agreed upon in writing by City in its sole discretion, County may not assign or otherwise transfer any right or privilege conferred by this Agreement.
9. **NOTICE.** Any notice required or permitted under this Agreement shall be deemed sufficiently given or served if personally delivered or properly sent by First-Class Mail, addressed as follows:

If to City:
Attn: Health Officer/Director
335 S. Broadway
De Pere, WI 54115

If to County:
Attn: Health Officer/Administrator
111 N. Jefferson St.
Green Bay, WI 54301

10. WAIVER. No waiver of any default of City or County hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by City or County shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

11. FINAL AGREEMENT. This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by further writing that is duly executed by all parties.

12. GOVERNING LAW. This Agreement shall be governed, construed and interpreted by, through and under the laws of the State of Wisconsin.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first above written:

CITY OF DE PERE

By:

Kimberly T. Flom, City Manager

Carey E. Danen, City Clerk

Intergovernmental Agreement
City of De Pere and Brown County
Page 5 of 6

BROWN COUNTY

By:

Name, Title

Name, Title



City of De Pere, Wisconsin

I.16

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Development Services
FROM: Quasan Shaw, Community & Economic Development Specialist
SUBJECT: Consideration and Possible Action for a Site Assessment Grant from Wisconsin Economic Development Corporation.
RECOMMENDED ACTION: Approval subject to City Attorney review and approval

ATTACHMENTS:

CC Memo 06032025 SAG Award, 54444-FY25-Contract Draft for Client Review-SAG-City of De Pere-20250522

CITY OF DE PERE MEMO



To: De Pere Common Council
From: Quasan Shaw, Economic Development Planner
Date: June 3, 2025

RE: Consideration and Possible Action for a Site Assessment Grant from Wisconsin Economic Development Corporation.

Background:

The Wisconsin Economic Development Corporation (WEDC) is providing the committee with this proposed award for a Site Assessment Grant for the City of De Pere (City) site located at 126 South Broadway (Site) in the amount of \$143,000 (one hundred forty-three thousand dollars). This grant is awarded for site clearance and environmental site investigation work. There is a matching fund requirement of \$28,634 (twenty-eight thousand six hundred and thirty-four dollars). The grant has a time period of April 21, 2025, through December 31, 2026.

Proposed Scope of Work:

The proposed scope of work includes demolition of 126 S. Broadway St and environmental site investigation on the property. This may include asbestos removal, lead removal, soil assessment, drilling, clean up, remedial action planning, and monitoring.

Uses of Funds Cost Summary: The total cost for project is \$171, 634. This includes \$143,00 from WEDC and matching funds of \$28,634 from the City's Brownfield Fund or TID 7.

Recommendation:

Staff recommends approval of the Site Assessment Grant scope of work with contract approval contingent on final review and approval by City Attorney.

SITE ASSESSMENT GRANT AGREEMENT
BETWEEN
THE WISCONSIN ECONOMIC DEVELOPMENT CORPORATION
AND
CITY OF DE PERE

This Agreement is entered into pursuant to Chapter 238 of the Wisconsin Statutes between the Wisconsin Economic Development Corporation (“WEDC”), a public body corporate and politic authorized to grant funds for the purpose of economic development pursuant to Chapter 238 of the Wisconsin Statutes, and City of De Pere (“Recipient”). Certain capitalized terms are defined in Section 1 of the Agreement.

WITNESSETH

WHEREAS, the Recipient has submitted an Application to WEDC, requesting funds from WEDC’s Site Assessment Grant Program (“SAG Funds”), as established by Wis. Stat. § 238.133;

WHEREAS, the Recipient is a Local Governmental Unit located in Wisconsin;

WHEREAS, WEDC has determined that the Recipient is an eligible recipient of SAG Funds; and

WHEREAS, in reliance upon the Application, WEDC has approved the Recipient for up to One Hundred Forty-Three Thousand Dollars (\$143,000) in SAG Funds.

NOW, THEREFORE, for valid consideration, the receipt of which is hereby acknowledged, and in consideration for the promises and covenants in this Agreement, WEDC and the Recipient agree as follows:

1. Definitions. For purposes of this Agreement, the following terms have the following meanings:

(a) “Agreement” means this agreement, to include all documents required to be delivered contemporaneously with the execution and delivery of this Agreement, and the attached Exhibits, together with any future amendments executed in compliance with Section 22 of this Agreement.

(b) “Application” means the materials submitted by the Recipient to WEDC relating to this allocation of SAG Funds.

(c) “Effective Date” means the date on which this Agreement is fully executed by both parties.

(d) “Eligible Project Costs” means costs for which the SAG Funds and Matching Funds may be used, as outlined in Section 3(b) of this Agreement, which the Recipient incurs between the Project Start Date and the Project End Date.

(e) “Eligible Site or Facility” means one or more contiguous industrial or commercial facilities or sites with common or multiple ownership that are abandoned, idle, or underused, the expansion or redevelopment of which is adversely affected by actual or perceived environmental contamination.

(f) “Ineligible Costs” means costs incurred prior to the Project Start Date; costs for acquisition or new construction; amounts due pursuant to lien claims of or fees to the Department of Natural Resources, Environmental Protection Agency, or taxing authorities; costs related to grant applications or bid preparation; costs which may be covered by other grant or statutory programs, including PECFA; permits; performance and payment bonds; contingencies; developer fees; insurance premiums; zoning changing costs; marketing studies; supplies and the purchase of moveable equipment; decorative landscaping and fencing; parking lot paving and striping for non-environmental reasons; non-environmental post-construction clean-up costs; signage and advertising; financing fees, interest payments, or the assumption of debt; relocation fees; accounting, legal, appraisal, and architectural fees; project administration fees, including costs associated with WEDC compliance reporting, schedules of expenditures, and payment requests.

(g) “Leverage” means funding provided for the Project other than SAG Funds, including Matching Funds.

(h) “Local Governmental Unit” means a city, village, town, county, redevelopment authority created under Wis. Stat. § 66.1333, community development authority created under Wis. Stat. § 66.1333, or housing authority.

(i) “Matching Funds” means non-WEDC funds secured by the Recipient to meet the match requirement of the SAG Funds under this Agreement. Eligible Matching Funds must be incurred between Project Start Date and the Project End Date. In order to receive the full amount of SAG Funds contemplated under this Agreement, Matching Funds must be at least Twenty-Eight Thousand Six Hundred Dollars (\$28,600) and may be cash or in-kind.

(j) “Petroleum Product” means, as defined in Wis. Stat. § 292.63(1)(f), gasoline, gasoline-alcohol fuel blends, kerosene, fuel oil, burner oil, diesel fuel oil or used motor oil.

(k) “Program Guidelines” means the WEDC approved rules and eligibility requirements for the Brownfield Site Assessment Grant Program in force as of the Effective Date.

(l) “Project” means the Recipient’s activities to identify and quantify the degree and extent of soil, vapor, and groundwater contamination, in accordance with the Recipient’s Application and the terms of this Agreement. Specifically, assisting with the asbestos abatement, demolition, environmental assessment, preparation of remedial action planning and the materials management plan for the Project Location.

(m) “Project End Date” means December 31, 2026, the date on which the Project will be complete and the last day which the Recipient may incur costs against SAG Funds and Matching Funds. The Project End Date may be an earlier date upon written consent from both parties.

(n) “Project Location” means the Eligible Site or Facility at which the Project will take place, specifically 126 South Broadway Street, De Pere, Wisconsin.

(o) “Project Start Date” means April 21, 2025, the date on which the Project begins, and the Recipient may start incurring costs against SAG Funds and Matching Funds.

(p) “SAG Funds” means the grant monies the Recipient is eligible to receive from WEDC’s Site Assessment Grant program in accordance with this Agreement.

(q) “Recipient” means City of De Pere.

(r) “Underground Hazardous Substance Storage Tank System” means an underground storage tank used for storing a hazardous substance other than a Petroleum Product together with any on-site integral piping or dispensing system with at least Ten Percent (10%) of its total volume below the surface of the ground.

(s) “Underground Petroleum Product Storage Tank” means, as defined in Wis. Stat. § 292.63(1)(i), an underground storage tank used for storing Petroleum Products together with any on-site integral piping or dispensing system with at least Ten Percent (10%) of its total volume below the surface of the ground.

(t) “WEDC” means the Wisconsin Economic Development Corporation, together with its successors and assigns.

2. SAG Funds. Subject to the terms and conditions set forth in this Agreement, Program Guidelines, and in Wisconsin law, WEDC shall provide to the Recipient a grant of up to One Hundred Forty-Three Thousand Dollars (\$143,000), in SAG Funds.

3. Recipient’s Obligations. The Recipient will:

(a) Complete the Project as contemplated by the Application and in accordance with the terms of this Agreement.

(b) Use SAG Funds and Matching Funds for Eligible Project Costs, incurred between the Project Start Date and Project End Date, as outlined in the following budget:

USES		SOURCES		TOTAL
Budget Code	Eligible Project Costs	SAG Funds	Public Funds	
0190	Site Clearance	\$85,000	\$28,634	\$113,634
0231	Environmental Site Investigation	\$58,000	\$0	\$58,000
TOTAL		\$143,000	\$28,634	\$171,634

(i) Eligible Project Costs to be applied to SAG Funds for site clearance include specifically asbestos removal and demolition.

(ii) Eligible Project Costs to be applied to SAG Funds for environmental site investigation include specifically additional site investigation including soil assessment with geoprobe analysis, groundwater assessment, preparation of the remedial action plan, site investigation report, and the material management plan.

(iii) Eligible Project Costs to be applied to Matching Funds for site clearance include specifically asbestos removal and demolition.

(c) Not use SAG Funds or Matching Funds for Ineligible Costs.

(d) Secure Matching Funds from non-WEDC sources sufficient to achieve the match requirement of the SAG Funds under this Agreement. Matching Funds must equal at least Twenty-Eight Thousand Six Hundred Dollars (\$28,600) in order for the Recipient to obtain the full amount of SAG Funds.

(e) Provide acknowledgment of WEDC's participation in the Project in any signage at the Project Location and any planning and feasibility documents related to the Project.

(f) Provide reports to WEDC as further described in Section 5 of this Agreement, in such form as required by WEDC.

4. Release of Funds. WEDC will release the SAG Funds contemplated by this Agreement to the Recipient on a disbursement basis. The Recipient may request the SAG Funds in up to Three (3) disbursements and each disbursement will be contingent on the following:

(a) The Recipient submitting to WEDC a request for payment of funds in such form as required by WEDC, a sample of which is attached to this Agreement as Exhibit A.

(b) Recipient creating a Bill.com account unless Recipient has an existing account with Bill.com. Instructions for creating a Bill.com account will be provided by WEDC under separate cover. Recipient shall provide their Payment Network ID to WEDC with each request for payment.

(c) The Recipient submitting to WEDC a summary report of the Eligible Project Costs incurred against both the SAG Funds and Matching Funds. The amount of Matching Funds incurred for any request must be in an amount pro rata with the amount incurred against the SAG Funds being requested.

(d) The Recipient submitting to WEDC documentation evidencing that the Eligible Project Costs incurred at the Project Location against both the SAG Funds and the Matching Funds covered by the request have been purchased or will be purchased through an invoice, receipt, registration form, or other third-party documentation that contains the following information:

- (i) Vendor name and contact information;
- (ii) Description of the item(s) purchased;
- (iii) Cost of purchase;
- (iv) Date of purchase (invoice date or date received, not date ordered unless it is the same);
- (v) Project Location

(e) The Recipient being in compliance with this Agreement, and with any other agreements by and between the Recipient and WEDC.

(f) The Recipient requesting all SAG Funds no later than February 28, 2027.

5. Reporting. The Recipient shall provide reports and information to WEDC according to the following requirements:

(a) Performance reports, due according to the Schedule of Reporting set forth in Section 5(c) below, in such form as required by WEDC. The report must include information required by WEDC to determine Project performance which must include, at a minimum, a financial overview

and narrative summary on the progress of the Project to date, Project expenditures, and the Recipient's progress on achieving Project goals, including the following Project-specific metrics:

Metric	Goal*
Site Work - Investigation	\$58,000
Site Work - Demolition	\$113,634
Plans Completed (Preparation of Remedial Action Plan)	1
Plans Completed (Preparation of Material Management Plan)	1
Leverage – Total	\$28,634

*These goals represent anticipated Project outcomes and failure to achieve these goals will not constitute an Event of Default, unless they are noted as a requirement elsewhere in the Agreement.

(b) The Recipient shall provide to WEDC copies of any Project-related documents that are submitted to the Wisconsin Department of Natural Resources, PECFA, Agricultural Chemical Cleanup Program, or the United States Environmental Protection Agency. Examples of such reports include, but are not limited to, site investigation, remediation, monitoring, initial notice of release of contamination, and closure request reports.

(c) Schedule of Reporting*:

PERIOD COVERED	DOCUMENTATION	DUE DATE
See Section 6 Below	Schedule of Expenditures	See Section 6 Below
April 21, 2025- April 30, 2026	Performance Report	July 1, 2026
April 21, 2025- December 31, 2026	Performance Report	March 1, 2027

*The Schedule of Reporting is subject to change, at WEDC's sole discretion to reflect Project End Date changes pursuant to Section 1(m).

(d) Within Thirty (30) days, notify WEDC in writing of any event or occurrence that may adversely impact the completion of the Project as represented in Recipient's Application. Adverse impacts include, but are not limited to, lawsuits, regulatory intervention, and inadequate capital to complete the Project.

6. Schedule of Expenditures. Consistent with Wis. Stat. § 238.03(3)(a), the Recipient must submit to WEDC, within 120 days after the end of the Recipient's fiscal year in which any grant or loan funds were expended, a schedule of expenditures of the grant or loan funds, including expenditures of any matching cash or in-kind match, signed by the director or principal officer of the recipient to attest to the accuracy of the schedule of expenditures. The Recipient shall engage an independent certified public accountant to perform procedures, approved by WEDC and consistent with applicable professional standards of the American Institute of Certified Public Accountants, to determine whether the grant or loan funds and any matching cash or in-kind match were expended in accordance with the grant or loan contract. The Recipient must make available for inspection the documents supporting the schedule of expenditures.

7. Event of Default. The occurrence of any one or more of the following events constitute an “Event of Default” for the purposes of this Agreement:

(a) The Recipient ceases the Project within Five (5) years of the Effective Date of this Agreement and commences substantially the same economic activity outside of Wisconsin.

(b) The Recipient supplies false or misleading information to WEDC in connection with this Agreement, without providing a satisfactory explanation, in WEDC’s sole discretion, for the false or misleading information.

(c) The Recipient fails to comply with or perform, in any material respect, any of its obligations under this Agreement, without providing a satisfactory explanation, in WEDC’s sole discretion, for the noncompliance.

(d) The Recipient is in default under any other agreement between WEDC and the Recipient.

8. Remedies in Event of Default.

(a) Upon the occurrence of any Event of Default, WEDC shall send a written notice of default to the Recipient, setting forth with reasonable specificity the nature of the default. If the Recipient fails to cure any such Event of Default to the reasonable satisfaction of WEDC within Thirty (30) calendar days, WEDC may extend the cure period if WEDC determines, in its sole discretion, that the Recipient has begun to cure the Event of Default and diligently pursues such cure, or, without further written notice to the Recipient, declare the Recipient in default. The cure period will in no event be extended more than Ninety (90) days. In the Event of Default, WEDC must terminate the Agreement and recover from the Recipient:

(i) One Hundred Percent (100%) of the funds released to the Recipient under this Agreement;

(ii) All court costs and attorneys’ fees incurred by WEDC in terminating this Agreement and recovering the amounts owed by the Recipient under this provision; and

(iii) A financial penalty of up to One Percent (1%) of the SAG Funds.

(b) These amounts must be paid to WEDC within Thirty (30) calendar days of demand by WEDC hereunder. If the Recipient fails to pay these amounts to WEDC as and when due, the Recipient will be liable for the full unpaid balance plus interest at the annual rate of up to Twelve Percent (12%) from the date of the notice of Event of Default.

(c) Upon an Event of Default, WEDC shall, without further notice withhold the remaining disbursements of the SAG Funds.

9. Recipient’s Warranties and Representations. In addition to the other provisions of this Agreement, the Recipient hereby warrants and represents to the best of its knowledge that as of the Effective Date and as long as Recipient has obligations under this Agreement:

(a) The Recipient is a Local Unit of Government as defined in Wis. Stat. § 238.133(1)(b).

(b) The Recipient is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it, the violation of which would have a material adverse effect on the Recipient's ability to perform its obligations under this Agreement or to otherwise engage in its business.

(c) The Recipient is not in default under the terms of any loan, lease or financing agreements with any creditor where such default would have a material adverse effect on the Recipient's ability to fulfill its obligations under this Agreement.

(d) The financial statements and other information provided by the Recipient to WEDC are complete and accurate in accordance in all material respects with Generally Accepted Accounting Principles where applicable and have been relied on by WEDC in deciding whether to enter into this Agreement with the Recipient.

(e) There are no actions, suits or proceedings, whether litigation, arbitration, or administrative, pending or threatened against or affecting the Recipient or the Project which, if adversely determined, would individually or in the aggregate materially impair the ability of the Recipient to perform any of its obligations under this Agreement or adversely affect the financial condition or the assets of the Recipient.

(f) The Recipient is unaware of any conditions which could subject it to any damages, penalties or clean-up costs under any federal or state environmental laws which would have a material adverse effect on the Recipient's ability to comply with this Agreement.

(g) The Recipient has or will acquire before commencing any work for which they are required, all necessary permits, licenses certificates or other approval, governmental or otherwise, necessary to operate its business and own and operate its assets, all of which are in full force and effect and not subject to proceedings to revoke, suspend, forfeit or modify.

(h) The Recipient has filed when due all federal and state income and other tax returns required to be filed by the Recipient and has paid all taxes shown thereon to be due. The Recipient has no knowledge of any uncompleted audit of the returns or assessment of additional taxes thereon.

(i) The Recipient and the undersigned officer thereof has all necessary or requisite power and authority to execute and deliver this Agreement.

(j) The execution and delivery by the Recipient of this Agreement has been duly authorized by all necessary action of the Recipient and no other proceedings on the part of the Recipient are necessary to authorize this Agreement or to consummate the transactions contemplated hereby.

(k) The Recipient has available or has the capacity to secure funds necessary to cover, as and when incurred, the costs and expenditures necessary for the completion of the Project, as identified in the Application and this Agreement.

(l) The Recipient is not making these representations and warranties specifically based upon information furnished by WEDC.

(m) These warranties and representations herein are true and accurate as of the Effective Date of this Agreement, and survive the execution thereof.

(n) The information disclosed to WEDC in the course of WEDC’s evaluation of the Recipient’s eligibility for the Program does not contain any untrue statement of a material fact or omit to state a material fact necessary in order to make the statements contained therein, taken as a whole and in light of the circumstances under which they were made, not misleading.

10. Wisconsin Public Records Law. The Recipient understands that this Agreement and other materials submitted to WEDC may constitute public records subject to disclosure under Wisconsin’s Public Records Law, Wis. Stats. §§ 19.31-.39, and any successor statutes and regulations.

11. Additional Requirements.

(a) Project Records and Financial Records. The Recipient shall prepare, keep and maintain such records as may be reasonably required by WEDC to validate the Recipient’s performance under this Agreement, whether held by the Recipient or by a third-party conducting Project-related activities on behalf of the Recipient, and the performance reports provided to WEDC. All of the Recipient’s financial records must be complete and accurate, and prepared, kept, and maintained in accordance with Generally Accepted Accounting Principles. The Recipient shall provide such records to WEDC during the term of this Agreement as may be requested by WEDC. Such materials must be retained by the Recipient for a period of at least Three (3) years after March 1, 2027.

(b) Inspection.

(i) WEDC and its respective agents, shall, upon Forty-Eight (48) hours advance written notice to the Recipient, have the right to enter the Recipient’s premises, during normal business hours, to inspect the Recipient’s operations documentation relating to this Agreement, provided, however, that such access does not unreasonably disrupt the normal operations of the Recipient.

(ii) The Recipient shall produce for WEDC’s inspection, examination, auditing and copying, upon reasonable advance notice, any and all records which relate to this Agreement, whether held by the Recipient or by a third party conducting Project-related activities on behalf of the Recipient.

(iii) WEDC reserves the right to conduct physical site visits of the Project during the term of this Agreement.

(c) Authorization to Receive Confidential Information. The Recipient hereby authorizes WEDC to request and receive confidential information that the Recipient has submitted to, including any adjustments to such information by, the Wisconsin Department of Revenue (“DOR”) and the Wisconsin Department of Workforce Development (“DWD”), and to use such information solely for the purposes of assessing the Recipient’s performance for the duration of the Project and ensuring that WEDC is properly administering or evaluating economic development programs. With regard to the information contained in the DWD unemployment insurance files, WEDC may access the following for the Eight (8) most recent quarters: the quarterly gross wages paid to the Recipient’s employees; the monthly employee count; and the Recipient’s FEIN, NAICS code, and legal and trade names. The Recipient also authorizes WEDC to share information submitted to WEDC by the Recipient with the DOR and DWD and to redisclose to the public the information received from the DOR and DWD used to evaluate the Recipient’s performance under their specific economic development program and the impact of WEDC economic development

programs. Records exempted from the public records law by Wis. Stat. § 19.36(1) will be handled by WEDC in accordance with that law.

(d) Consolidation or Merger. During the term of this Agreement, the Recipient shall provide written notice to WEDC within Thirty (30) days of any consolidation or merger with or into any other unrelated corporation or business entity.

(e) Public Announcement. The Recipient agrees to cooperate with WEDC in making a public announcement of this Agreement.

(f) Insurance. The Recipient covenants that it will maintain insurance in such amounts and against such liabilities and hazards as customarily is maintained by other companies operating similar businesses.

(g) Online Portal and Document Delivery. Recipient agrees to respond timely to any invitation sent by WEDC to create an online account for use with WEDC's online customer portal ("Portal"). Upon opening the account, Recipient hereby agrees to use the Portal to submit any required performance reports, schedule of expenditures and supporting documentation, unless WEDC directs otherwise. Recipient further agrees to identify appropriate assigned users, duly authorized by Recipient, to serve as contacts, to execute necessary documents, and to support specific tasks Recipient must complete in the Portal. WEDC may, in its sole discretion, rely on any document, performance report, schedule of expenditures, financial statement, tax return, agreement or other communication ("Document") physically delivered to WEDC by mail, hand delivery, delivery service, email, facsimile, the Portal or other electronic means which WEDC in good faith believes was sent by Recipient or any representatives or employees of Recipient. WEDC may treat any Document as genuine and authorized to the same extent as if it was an original document validly executed or authenticated as genuine by Recipient. WEDC may from time to time in its sole discretion reject any such Document and require a signed original or require Recipient to provide acceptable authentication of any such Document before accepting or relying on the same. Recipient understands and acknowledges that there is a risk that Documents sent by electronic means may be viewed or received by unauthorized persons and Recipient agrees by sending Documents by electronic means that Recipient shall be deemed to have accepted this risk and the consequences of any such unauthorized disclosure. Recipient also agrees to create an account with Bill.com and provide a Payment Network ID in order to receive any payments from WEDC. Recipient accepts any risk associated with creating an account with Bill.com and releases WEDC from any liability related thereto.

12. Notice. Notice under this Agreement must be in writing and delivered by email. Notice will be considered received when sent. If a party sending a notice via email receives a machine-generated message that delivery has failed, the sender must, no later than five (5) business days after sending the email message, mail a tangible copy of that notice by a nationally recognized overnight courier service with end-to-end tracking and all fees prepaid or by certified mail, postage prepaid, return receipt requested. The mailing address and regularly monitored email address(es) for the parties are as follows:

To Recipient:

City of De Pere
335 South Broadway
De Pere, WI 54115
Attn: Joanne Bungert
Email: jbungert@deperewi.gov

To WEDC:

Wisconsin Economic Development Corporation
2352 South Park Street, Suite 303
Madison, WI 53713
Attn: Site Assessment Grant Program
Contract # SAG FY25-54444
Email: legal@wedc.org

13. Conflicts. In the event of any conflict between the provisions of this Agreement and any accompanying documents, the terms of this Agreement control.

14. Choice of Law. THIS AGREEMENT AND ALL MATTERS RELATING TO IT OR ARISING FROM IT – WHETHER SOUNDING IN CONTRACT LAW OR OTHERWISE – WILL BE GOVERNED BY, AND CONSTRUED AND ENFORCED PURSUANT TO, THE LAWS OF THE STATE OF WISCONSIN.

15. Venue, Jurisdiction. Any judicial action relating to the construction, interpretation, or enforcement of this Agreement, or the recovery of any principal, accrued interest, court costs, attorneys' fees and other amounts owed hereunder, must be brought and venued in the U.S. District Court for the Western District of Wisconsin or the Dane County Circuit Court in Madison, Wisconsin. **EACH PARTY HEREBY CONSENTS AND AGREES TO JURISDICTION IN THOSE WISCONSIN COURTS, AND WAIVES ANY DEFENSES OR OBJECTIONS THAT IT MAY HAVE ON PERSONAL JURISDICTION, IMPROPER VENUE OR FORUM NON CONVENIENS.**

16. Waiver of Right to Jury Trial. EACH PARTY WAIVES ITS RIGHT TO A JURY TRIAL IN CONNECTION WITH ANY JUDICIAL ACTION OR PROCEEDING THAT MAY ARISE BY AND BETWEEN WEDC AND THE RECIPIENT CONCERNING OR RELATING TO THE CONSTRUCTION, INTERPRETATION OR ENFORCEMENT OF THIS AGREEMENT, OR THE RECOVERY OF ANY PRINCIPAL, ACCRUED INTEREST, COURT COSTS, ATTORNEYS' FEES AND OTHER AMOUNTS THAT MAY BE OWED BY THE RECIPIENT HEREUNDER. THIS JURY TRIAL WAIVER CONSTITUTES A SUBSTANTIAL CONSIDERATION FOR AND INDUCEMENT TO THE PARTIES TO ENTER INTO THIS AGREEMENT.

17. Limitation of Liability. RECIPIENT HEREBY WAIVES ANY RIGHT IT MAY HAVE TO CLAIM OR RECOVER FROM WEDC ANY SPECIAL, EXEMPLARY, PUNITIVE, CONSEQUENTIAL, OR DAMAGES OF ANY OTHER NATURE OTHER THAN ACTUAL DAMAGES INCURRED OR SUFFERED BY RECIPIENT.

18. Severability. If any provision of this Agreement is held invalid or unenforceable by any Governmental Body of competent jurisdiction, such invalidity or unenforceability will not invalidate the entire Agreement. Instead, this Agreement must be construed as if it did not contain the particular provision or provisions held to be invalid or unenforceable, and an equitable adjustment will be made and necessary provisions added so as to give effect to the intention of the parties as expressed in this Agreement at the time of the execution of this Agreement and of any amendments to this Agreement. In furtherance of and not in limitation of the foregoing, the parties expressly stipulate that this Agreement be construed in a manner that renders its provisions valid and enforceable to the maximum extent (not exceeding its express terms) possible under applicable

law. “Governmental Body” means any federal, state, local, municipal, foreign or other government; courts, arbitration commission, governmental or quasi-governmental authority of any nature; or an official of any of the foregoing.

19. WEDC is Not a Joint Venturer or Partner. WEDC shall not, under any circumstances, be considered or represented to be a partner or joint venturer of the Recipient or any beneficiary thereof.

20. Captions. The captions in this Agreement are for convenience of reference only and do not define or limit any of the terms and conditions set forth herein.

21. No Waiver. No failure or delay on the part of WEDC in exercising any power or right under this Agreement operates as a waiver, nor will any single or partial exercise of any such power or right preclude any other exercise of any other power or right.

22. Entire Agreement. This Agreement embodies the entire agreement of the parties concerning WEDC’s and the Recipient’s obligations related to the subject of this Agreement. This Agreement may not be amended, modified or altered except in writing signed by the Recipient and WEDC. This Agreement supersedes all prior agreements and understandings between the parties related to the subject matter of this agreement.

[Signature Page Follows]

IN WITNESS WHEREOF, WEDC and the Recipient have executed and delivered this Agreement effective the date set forth next to WEDC’s signature below.

WISCONSIN ECONOMIC DEVELOPMENT CORPORATION

By: DRAFT ONLY – NOT FOR EXECUTION _____
Melissa L. Hughes, _____
Secretary and CEO Date

CITY OF DE PERE

By: DRAFT ONLY – NOT FOR EXECUTION _____
Kim Flom, _____
City Manager Date

EXHIBIT A
REQUEST FOR WEDC PAYMENT

Award Number: SAG FY25-54444	Rep:	Recipient: City of De Pere
FEIN #	Bill.com Payment Network ID (PNI):	Request Number:
Program: Site Assessment Grant		Award Type: Grant
Funding Period Covered by this Request From: _____ To: _____		

PROJECT EXPENSES INCURRED/PAID DURING THIS PERIOD

Budget Code	Description Line Item	WEDC Funding This Period	+	Matching Funding This Period	=	Total This Period
0190	Demolition/Site Clearance					
0231	Environmental Site Investigation					
TOTAL:						

- Check here if this is the Final Request for Payment. If there is a balance remaining on the Project it may be lapsed.

PAYMENT/PROJECT EXPENSE/MATCH DESCRIPTION - Disbursement

Prior to the release of funds, the following requirements must be met (to be initialed by WEDC staff):

- Recipient creating a Bill.com account unless Recipient has an existing account with Bill.com. Instructions for creating a Bill.com account will be provided by WEDC under separate cover. Recipient shall provide their Payment Network ID to WEDC with each request for payment. _____
- The Recipient submitting to WEDC a summary report of the Eligible Project Costs incurred against both the SAG Funds and Matching Funds. The amount of Matching Funds incurred for any request must be in an amount pro rata with the amount incurred against the SAG Funds being requested. _____
- The Recipient submitting to WEDC documentation evidencing that the Eligible Project Costs incurred at the Project Location against both the SAG Funds and Matching Funds covered by the disbursement request have been purchased or will be purchased through an invoice, receipt, registration form, or other third-party documentation that contains the following information: Vendor name and contact information; Description of the item(s) purchased; Cost of purchase; Date of purchase (invoice date or date received, not date ordered unless it is the same); Project Location.

 - Recipient is not required to submit proof of purchase documentation (invoice, receipt, registration form, or other third-party documentation) for Matching Funds above \$28,600 or SAG Funds above \$143,000.
- The Recipient being in compliance with this Agreement, and with any other agreements by and between the Recipient and WEDC. _____
- The Recipient must request all SAG Funds no later than February 28, 2027. _____

I hereby certify that the expenses reported on this form are in accordance with the terms of the Agreement and that complete and accurate records are being kept to substantiate such expenses.

Authorized Recipient Signature

Date

WEDC Division VP or Designee

Date

WEDC Servicing

Date

WEDC Controller or Finance Department

Date

Retain a copy of the completed form for your records and email a copy of the original and documentation to:
disbursements@wedc.org. The hard copy may be required to be sent upon request.

DRAFT



City of De Pere, Wisconsin

I.17

Request for Common Council Action

MEETING DATE:	June 3, 2025
DEPARTMENT:	Development Services
FROM:	Daniel Lindstrom, Development Services Director
SUBJECT:	Consideration and Possible Action on the Purchase of Property for Public Purposes in connection with the Shopko Development Project regarding Public Parking.
RECOMMENDED ACTION:	Closed session item to discuss deliberating or negotiating the purchasing of public properties.

ATTACHMENTS:
None



City of De Pere, Wisconsin

I.18

Request for Common Council Action

MEETING DATE: June 3, 2025
DEPARTMENT: Development Services
FROM: Daniel Lindstrom, Development Services Director
SUBJECT: Consideration and Possible Action on the Purchase of Property for Public Purposes regarding the Main Avenue Corridor west of the Railroad Track.

RECOMMENDED ACTION:

ATTACHMENTS:
None