



# Common Council

## Regular Meeting

335 South Broadway  
De Pere, WI 54115  
<https://www.deperewi.gov/>

### Agenda

Tuesday, October 1, 2024

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 **October 1, 2024** 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 <http://deperewi.iqm2.com/>.***

#### I. Call to Order

1. Roll Call
2. Pledge of Allegiance to the Flag.
3. Approval of the minutes of the September 17, 2024 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. Recommendation from Plan Commission to approve a 10-lot extraterritorial final plat of Little Rapids Subdivision at 1602 Torchwood TR in Lawrence (Parcels L-2279, L-2295).
6. Recommendation from the Board of Park Commissioners to accept Donation from Aurora BayCare.
7. Recommendation from the Board of Park Commissioners to approve Eagle Scout project request to install wood duck and swallow homes along the Preserve Trail from Clement Markowski.
8. Recommendation from the Board of Park Commissioners to accept Donation of \$5,000 from Dickhut Family Charitable Endowment Fund for chairs/end tables in Upper-Level Foyer, Oak & Hickory Rooms at the Community Center.
9. Recommendation from the Board of Park Commissioners to Approve Change Order 8 for Nelson Family Pavilion.

10. Recommendation from the License Committee on an application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Sweet Willow Wellness, LLC (DBA Sweet Willow Herbals & Cafe), 109 S. Broadway. Submitted by Sweet Willow Wellness, LLC. Agent: Tracy H. Herdman, De Pere, WI.
11. Recommendation from the License Committee on an application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Scotty Dog's Pub, LLC (DBA Scotty Dog's Pub), 127 N. Broadway. Submitted by Scotty Dog's Pub, LLC. Agent: Gretchen R. Trowbridge, De Pere, WI.
12. Consideration and Possible Action on Approval of Side Letter to Collective Bargaining Agreement between City of De Pere and De Pere Professional Firefighters Association Local #141.
13. Future agenda items.
14. Adjournment.

Carey Danen  
City Clerk

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 Administrator  
Mayor  
Department Heads  
TV, Newspapers & Radio Stations  
Kress Family Library  
De Pere Chamber of Commerce  
Heather Herdman, Sweet Willow Herbals & Café  
Gretchen Trowbridge, Scotty Dog's Pub



City of De Pere, Wisconsin

**Request For Common Council Action**

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Approval of the minutes of the September 17, 2024 Common Council meeting.

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**ATTACHMENTS:**

- 9-17-24 Common Council Minutes\_draft (PDF)



# Common Council

## Regular Meeting

335 South Broadway  
De Pere, WI 54115  
<https://www.deperewi.gov/>

### Draft Minutes

Tuesday, September 17, 2024

7:30 PM

Council Chambers and Virtual

1. Call to Order. The meeting was called to order at 7:30 PM by Mayor James Boyd.

| Attendee Name         | Title        | Status  | Arrived |
|-----------------------|--------------|---------|---------|
| Dan Carpenter         | Aldersperson | Present |         |
| Mike Eserkaln         | Aldersperson | Present |         |
| Pamela Gantz          | Aldersperson | Present |         |
| Jonathon Hansen       | Aldersperson | Present |         |
| Amy Chandik Kundinger | Aldersperson | Present |         |
| Shana Defnet Ledvina  | Aldersperson | Present |         |
| Devin Perock          | Aldersperson | Present |         |
| John Quigley          | Aldersperson | Present |         |
| James Boyd            | Mayor        | Present |         |

2. Pledge of Allegiance to the Flag.

3. Approval of the minutes of the September 3, 2024 Common Council meeting.

|                  |                                                                         |
|------------------|-------------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                                             |
| <b>MOVER:</b>    | Dan Carpenter, Aldersperson                                             |
| <b>SECONDER:</b> | Shana Defnet Ledvina, Aldersperson                                      |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kundinger, Ledvina, Perock, Quigley |

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

None.

5. Commendation for honoring Claire Pribyl.

Mayor Boyd announced that this item will be moved to a future meeting because the honoree could not attend tonight.

6. Proclamation for Wisconsin Stormwater Week September 21-29, 2024.

7. Presentation from the De Pere Beautification Committee.

Eben Erhard and Sue Walsh from the De Pere Beautification Committee reviewed the group's activities over the past year. They recognized the members of the committee, volunteers, business donors, and City staff for their support and hard work. Erhard and

Walsh announced they are teaming with a mail order bulb company that partners with non-profit groups; the Beautification Committee will receive 25% of the total cost of orders placed. They hope to raise enough funds to plant 700 daffodils for next spring in conjunction with the NFL Draft.

8. Recommendation from Finance/Personnel Committee to approve 2025 Non-Benefit Eligible Employees Wage Scale.

Human Resources Director Shannon Metzler answered questions about the proposal. She noted that when a retired employee comes back to a similar position at their previous wage, staff's intention would be to have them follow the same wage scale increases in the proposed four-step plan and then be eligible for cost-of-living increases after that.

|                  |                                                                       |
|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                                           |
| <b>MOVER:</b>    | Amy Chandik Kunding, Alderperson                                      |
| <b>SECONDER:</b> | John Quigley, Alderperson                                             |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

9. Ordinance #24-18 A Charter Ordinance Creating Chapter 3 City Manager Plan and Various Corresponding Amendments to the De Pere Municipal Code.

Alderperson Carpenter moved, seconded by Alderperson Ledvina to open the meeting. Upon vote, motion carried unanimously. Dr. Mike Ford, Professor of Public Administration at UW-Oshkosh, answered questions from Council members. Discussion followed regarding the difference in chief executive officer authority between the two forms of government. Council members requested that they be involved earlier in the budget process if the city manager form of government is approved. Dr. Ford confirmed that Council members would no longer vote to approve department head appointments under the city manager format. Staff would initiate the recruitment process and assemble an interview panel; alderpersons and/or the mayor could be included on that panel. Dr. Ford also confirmed that the city manager would present monthly reports to Council, and that alderpersons could request a specific format for these reports if they wish. City Attorney Tony Wachewicz reported that if a future Council ever wanted to revert back to the city administrator form of government, they would follow the same process of enacting a charter ordinance. Dr. Ford explained that under the city manager format, the mayor is essentially the Council president and must be a voting member so there would be a total of nine voting members on the Council. The mayor would no longer hold veto power, and there would also be a deputy mayor instead of the Council president as there is currently. Discussion followed regarding the timing of election cycles under the proposed three-year terms of office. Staff noted that the charter ordinance requires a two-thirds majority in favor to be adopted. Alderperson Carpenter moved, seconded by Alderperson Gantz to close the meeting. Upon vote, motion carried unanimously.

|                  |                                                                       |
|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED BY ROLL CALL VOTE [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Devin Perock, Alderperson                                             |
| <b>SECONDER:</b> | Dan Carpenter, Alderperson                                            |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

10. Resolution #24-84 Approval of a \$1,200 grant from NEWRTAC to purchase bike helmets to give away at Bike Rodeo Safety Events.

|                  |                                                                       |
|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED [UNANIMOUS]</b>                                            |
| <b>MOVER:</b>    | Amy Chandik Kunding, Alderperson                                      |
| <b>SECONDER:</b> | Pamela Gantz, Alderperson                                             |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

11. Resolution #24-85 Authorizing Backup Internet Service Subscription with TDS Telecommunications LLC.

|                  |                                                                       |
|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED BY ROLL CALL VOTE [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Jonathon Hansen, Alderperson                                          |
| <b>SECONDER:</b> | Devin Perock, Alderperson                                             |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

12. Resolution #24-86 Approving Annuity Internal Exchange/Transfer Request Authorizing Pelion Benefits, Inc. to Establish Life Insurance Company of Southwest Annuity Contract for FICA Alternative Retirement Plan.

|                  |                                                                       |
|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED [UNANIMOUS]</b>                                            |
| <b>MOVER:</b>    | Devin Perock, Alderperson                                             |
| <b>SECONDER:</b> | John Quigley, Alderperson                                             |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

13. Resolution #24-87 Approving Memorandum of Agreement Between the State of Wisconsin Department of Agriculture, Trade and Consumer Protection and the City of De Pere (Weights and Measures Program).

|                  |                                                                       |
|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED [UNANIMOUS]</b>                                            |
| <b>MOVER:</b>    | Shana Defnet Ledvina, Alderperson                                     |
| <b>SECONDER:</b> | Dan Carpenter, Alderperson                                            |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

14. Resolution #24-88 Approving Grant Agreement Modification to Divisions of Public Health Contract No. 62109-3.

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|------------------|-----------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED [UNANIMOUS]</b>                                            |
| <b>MOVER:</b>    | Pamela Gantz, Alderperson                                             |
| <b>SECONDER:</b> | Dan Carpenter, Alderperson                                            |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kunding, Ledvina, Perock, Quigley |

15. Resolution #24-89 Granting a Planning Option to Purchase to Jim Cornell Plumbing LLC (East De Pere Business Park; Part of Parcel ED-2313-1).

Development Services Director Dan Lindstrom reported that the applicant has not applied for TID assistance yet. If the option to purchase is exercised, they could ask for it during

negotiations of the developers' agreement. Lindstrom acknowledged that the selling price per acre has been at \$30,000 for a while now; staff will be presenting revised appraisals at a future Finance-Personnel Committee meeting.

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|------------------|-------------------------------------------------------------------------|
| <b>RESULT:</b>   | <b>ADOPTED [UNANIMOUS]</b>                                              |
| <b>MOVER:</b>    | Devin Perock, Alderperson                                               |
| <b>SECONDER:</b> | Shana Defnet Ledvina, Alderperson                                       |
| <b>AYES:</b>     | Carpenter, Eserkaln, Gantz, Hansen, Kundinger, Ledvina, Perock, Quigley |

16. Future agenda items.  
None.

17. Consideration and Possible Action on Screening City Administrator Applications.  
Alderperson Gantz moved, seconded by Alderperson Quigley to go into closed session at 8:31 PM. Upon roll call vote, motion carried unanimously.  
Alderperson Carpenter moved, seconded by Alderperson Gantz to return to open session at 10:01 PM. Upon roll call vote, motion carried unanimously.

18. Adjournment.

Alderperson Carpenter moved, seconded by Alderperson Ledvina to adjourn the meeting at 10:02 PM. Upon vote, motion carried unanimously.

Respectfully submitted,  
Carey Danen, City Clerk



City of De Pere, Wisconsin

**Request For Common Council Action**

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** 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

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**City of De Pere, Wisconsin****Request For Common Council Action**

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** Plan Commission

**FROM:** Peter Schleinz

**SUBJECT:** Recommendation from Plan Commission to approve a 10-lot extraterritorial final plat of Little Rapids Subdivision at 1602 Torchwood TR in Lawrence (Parcels L-2279, L-2295).

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On September 23, 2024, Plan Commission unanimously recommended approval of the final plat by a vote of 6-0.

**ATTACHMENTS:**

- PC Report - FinPlat Lawrence Parkway Second Addition (DOCX)
- Application and FINAL PLAT - 06 Sep 2024 (PDF)

- ITEM 4:** Consideration and possible action on a 10-lot extraterritorial final plat of Little Rapids Subdivision at 1602 Torchwood TR in Lawrence (Parcels L-2279, L-2295).\*

**SITE MAP**



|                               |                                                                                                                                            |                                                                                 |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>REQUESTED ACTION:</b>      | Final Extraterritorial Plat Approval.                                                                                                      |                                                                                 |
| <b>COMMON DESCRIPTION:</b>    | 1602 Torchwood TR, located northeast and northwest from the Torchwood TR and Little Rapids RD intersection.                                |                                                                                 |
| <b>ZONING:</b>                | R-1 (Residential) in Lawrence.                                                                                                             |                                                                                 |
| <b>SURROUNDING LAND USES:</b> | Developing residential to the north and east.<br>Developing business to the north and west.<br>Residential and natural areas to the south. |                                                                                 |
| <b>COMPREHENSIVE PLAN:</b>    | Residential in Lawrence.                                                                                                                   |                                                                                 |
| <b>APPLICANT/OWNER:</b>       | <u>Authorized Representative</u><br>Douglas E. Woelz, PLS, McMahon Associates<br>1445 McMahon DR<br>Neenah, WI 54956                       | <u>Property Owner</u><br>Town of Lawrence<br>2400 Shady CT<br>De Pere, WI 54115 |

**LAND USE HISTORY:** The property remained undeveloped since air photos of 1938.

**STAFF REVIEW:** When reviewing a plat, staff considers State Statutes 236 Sections 46-3 through 46-7 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.

- The proposed plat is 3,000-feet south of the De Pere city limits.
- The proposed plat will create 1 business/commercial lot and 9 residential lots.
- The site is located inside of the Lawrence sewer service area.
- Environmentally sensitive areas are reviewed by Brown County.
- The De Pere minimum acreage and frontage are 0.2 acres and 75'; the Town's minimum is 0.3 acres and 100'. All lots meet the minimum acreage and frontage criteria for De Pere and Lawrence.

The plat meets the criteria of State Statutes 236 and Sections 46-3 through 46-7 of the De Pere Platting and Division of Land Code. The proposed land division does not impact the Comprehensive Plan negatively. The proposed lot size, frontage, and setbacks meet acceptable City requirements.

**STAFF RECOMMENDATION:** Staff recommends APPROVAL of the final extraterritorial plat and forwarding the plat to the Common Council for approval, subject to:

1. Meeting all other state and local regulations, including the City of De Pere, Town of Lawrence, and Brown County Planning Commission.



# Planning/Zoning Application

Planning & Zoning Department

1.5.b

**Submitted On:**

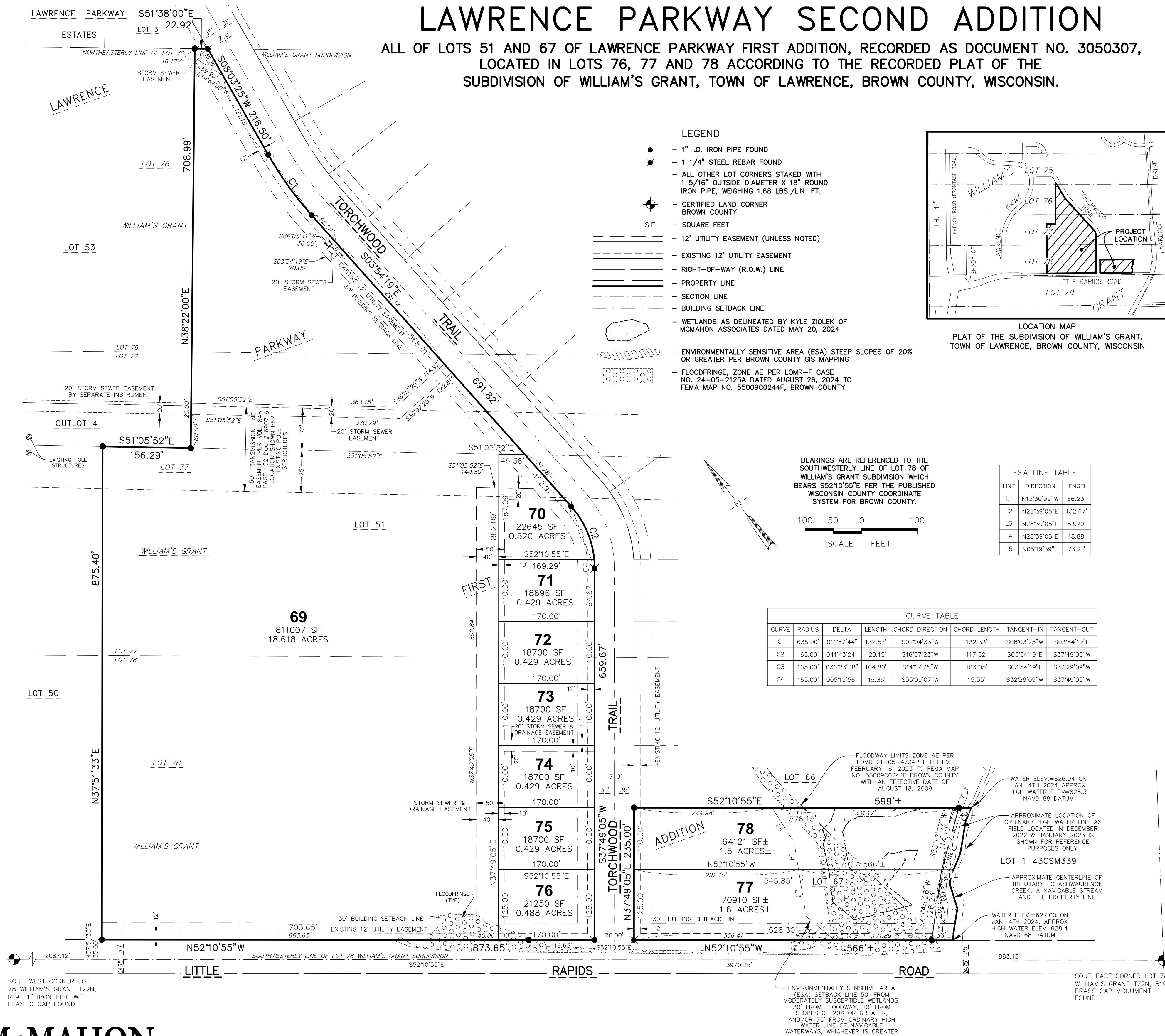
Sep 6, 2024, 09:02AM EDT

|                                                                                  |                                                                                                            |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Parcel Number: (Include ALL parcels)</b>                                      | L-2279 and L-2295                                                                                          |
| <b>Nearest property address to the project site:</b>                             | <b>Street Address:</b> 1602 Torchwood Trail<br><b>City:</b> DePere<br><b>State:</b> W<br><b>Zip:</b> 54115 |
| <b>Check each project type that is being applied for:</b>                        | Plat, Final                                                                                                |
| <b>Current De Pere Zoning Districts:</b>                                         | Not in De Pere                                                                                             |
| <b>Extraterritorial Zoning Districts:</b>                                        | B1 Business Commercial                                                                                     |
| <b>Number of lots in the Final Plat: (PLEASE USE NUMERALS ONLY.)</b>             | 10                                                                                                         |
| <b>Number of outlots in the Final Plat: (PLEASE USE NUMERALS ONLY.)</b>          | 0                                                                                                          |
| <b>Existing Site Land Uses:</b>                                                  | Undeveloped/Vacant/Agricultural                                                                            |
| <b>Proposed Site Land Uses:</b>                                                  | Residential<br>Business Park/Industrial                                                                    |
| <b>Does the project comply with the Comprehensive Plan?</b>                      | Yes                                                                                                        |
| <b>Has City Staff been contacted for a preapplication meeting?</b>               | Yes                                                                                                        |
| <b>Property Owner:</b>                                                           | <b>First Name:</b> Town of Lawrence<br><b>Last Name:</b> Patrick Wetzel                                    |
| <b>Is the property owner's address the same as the nearest property address?</b> | No                                                                                                         |
| <b>Property Owner's Address:</b>                                                 | <b>Street Address:</b> 2400 Shady Court<br><b>City:</b> De Pere<br><b>State:</b> W<br><b>Zip:</b> 54115    |
| <b>Property Owner's Phone Number:</b>                                            | 920-347-3710                                                                                               |
| <b>Property Owner's Email Address:</b>                                           | patrickw@lawrencewi.gov                                                                                    |
| <b>Is someone processing the</b>                                                 |                                                                                                            |

|                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                    |       |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| project for the property owner as their authorized representative? |                                                                                                                                                                                                                                     | Yes                                                                                                                                                | 1.5.b |
| Authorized Representative's Name:                                  |                                                                                                                                                                                                                                     | First Name: Douglas<br>Last Name: Wbelz                                                                                                            |       |
| Authorized Representative's Business Name:                         |                                                                                                                                                                                                                                     | McMahon Associates                                                                                                                                 |       |
| Authorized Representative's Phone Number:                          |                                                                                                                                                                                                                                     | 920-751-4200                                                                                                                                       |       |
| Authorized Representative's Email Address:                         |                                                                                                                                                                                                                                     | dwoelz@mcmgrp.com                                                                                                                                  |       |
| Please attach a PDF copy of the Final Plat.                        |                                                                                                                                                                                                                                     | 2024-09-05_Lawrence Parkway Second Addition_Final Plat_22X34 signed.pdf<br>2024-09-05_Lawrence Parkway Second Addition_Final Plat_11X17 signed.pdf |       |
| Please attach a CAD copy of the Final Plat.                        |                                                                                                                                                                                                                                     | 2024-09-06 Lawrence Parkway Second Addition_Final Plat.dwg                                                                                         |       |
| How do you plan on paying for your application?                    |                                                                                                                                                                                                                                     | Online with a credit card                                                                                                                          |       |
| Total Due:                                                         |                                                                                                                                                                                                                                     | \$200.00                                                                                                                                           |       |
| Signature Data                                                     | First Name: Douglas<br>Last Name: Wbelz<br>Email Address: dwoelz@mcmgrp.com<br><br><br><br>Signed at: September 6, 2024 9:00am America/New_York |                                                                                                                                                    |       |
| User's Session Information                                         | IP Address: 67.53.157.66<br>Referrer URL:                                                                                                                                                                                           |                                                                                                                                                    |       |

# LAWRENCE PARKWAY SECOND ADDITION

ALL OF LOTS 51 AND 67 OF LAWRENCE PARKWAY FIRST ADDITION, RECORDED AS DOCUMENT NO. 3050307,  
LOCATED IN LOTS 76, 77 AND 78 ACCORDING TO THE RECORDED PLAT OF THE  
SUBDIVISION OF WILLIAM'S GRANT, TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN.



**McMAHON**  
ENGINEERS ARCHITECTS

McMAHON ASSOCIATES, INC.  
1445 McMAHON DRIVE NEENAH, WI 54956  
Mailing: P.O. BOX 1025 NEENAH, WI 54957-1025  
PH 920.751.4200 FX 920.751.4284 MCMGRP.COM

**OBJECTING AUTHORITIES:**  
- DEPARTMENT OF ADMINISTRATION

**APPROVING AUTHORITIES:**  
- TOWN OF LAWRENCE  
- CITY OF DE PERE  
- BROWN COUNTY PLANNING COMMISSION

**LAND SURVEYOR:**  
DOUGLAS E. WOELZ  
McMAHON ASSOCIATES  
1445 McMAHON DRIVE  
NEENAH, WISCONSIN 54956  
PHONE #920-751-4200

**OWNER & SUBDIVIDER:**  
TOWN OF LAWRENCE  
2400 SHADY CT  
DE PERE WI 54115

asedlar, W:\PROJECTS\LOT17\092300754\CADD\Civil3D\Survey Documents\SUBDIVISION PLATS\Lawrence Parkway Second Addition\_Final Plat.dwg Plot Date: 9/5/2024 3:20 PM

THIS INSTRUMENT DRAFTED BY: AMY SEDLAR

## NOTES:

THIS SUBDIVISION IS ALL OF TAX PARCEL NOS. L-2279 AND L-2295

PLANNED MUNICIPAL IMPROVEMENTS TO INCLUDE UTILITIES SUCH AS STORM SEWER, SANITARY SEWER, WATER MAIN, ASPHALT STREETS WITH CONCRETE CURB & GUTTER.

ELEVATIONS AS SHOWN ON THIS PLAN ARE REFERENCED TO NAVD 88 DATUM (07 ADJUSTMENT).

A SHORELAND PERMIT FROM THE BROWN COUNTY ZONING ADMINISTRATOR'S OFFICE IS REQUIRED FOR LOTS 69, 76, 77 AND 78 PRIOR TO CONSTRUCTION, FILL OR GRADING ACTIVITY WITHIN 300 FEET OF A STREAM.

LOTS 77 AND 78 INCLUDE WETLAND AREAS THAT MAY REQUIRE PERMITS FROM THE WISCONSIN DEPARTMENT OF NATURAL RESOURCES, ARMY CORP OF ENGINEERS, BROWN COUNTY PLANNING COMMISSION, OR THE BROWN COUNTY ZONING ADMINISTRATOR'S OFFICE PRIOR TO ANY DEVELOPMENT ACTIVITY.

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.

THE LOCATION OF THE APPROXIMATE ORDINARY HIGH WATER LINE SHALL BE THE POINT ON THE BANK OF THE NAVIGABLE STREAM UP TO WHICH THE PRESENCE AND ACTION OF SURFACE WATER IS SO CONTINUOUS AS TO LEAVE A DISTINCTIVE MARK BY EROSION, DESTRUCTION OF TERRESTRIAL VEGETATION, OR OTHER RECOGNIZED CHARACTERISTICS.

ANY LAND BELOW THE ORDINARY HIGH WATER MARK OF A LAKE OR A NAVIGABLE STREAM IS SUBJECT TO THE PUBLIC TRUST IN NAVIGABLE WATERS THAT IS ESTABLISHED UNDER ARTICLE IX, SECTION 1, OF THE STATE CONSTITUTION.

## ESA RESTRICTIVE COVENANT:

LOTS 77 AND 78 CONTAIN AN ENVIRONMENTALLY SENSITIVE AREA (ESA) AS DEFINED IN THE 2040 BROWN COUNTY URBAN SERVICE AREA WATER QUALITY PLAN. THE ESA INCLUDES: WETLANDS, ALL LAND WITHIN 50 FEET OF MODERATELY SUSCEPTIBLE WETLANDS; FLOODWAY, ALL LAND WITHIN 30 FEET OF THE FLOODWAY OR 75 FEET BEYOND THE ORDINARY HIGH WATER LINE - WHICHEVER IS GREATER; NAVIGABLE WATERWAYS, ALL LAND WITHIN 75 FEET OF THE ORDINARY HIGH WATER LINE OF NAVIGABLE WATERWAYS; STEEP SLOPES OF 20% OR GREATER ASSOCIATED WITH ANY AFOREMENTIONED WATER OR NATURAL RESOURCE FEATURES AND A 20-FOOT SETBACK FROM TOP AND BOTTOM OF STEEP SLOPES DEVELOPMENT. ANY LAND DISTURBING ACTIVITIES ARE RESTRICTED IN THE ESA UNLESS AMENDMENTS ARE APPROVED BY THE BROWN COUNTY PLANNING COMMISSION AND THE WISCONSIN DEPARTMENT OF NATURAL RESOURCES.

## LOT DRAINAGE RESTRICTIVE COVENANT:

THE LAND ON ALL SIDE AND REAR LOT LINES OF ALL LOTS SHALL BE GRADED BY THE LOT OWNER AND MAINTAINED BY THE ABUTTING PROPERTY OWNERS TO PROVIDE FOR ADEQUATE DRAINAGE OF SURFACE WATER. GRADING ACTIVITIES WITH THE ESA AND ESA SETBACK AREAS ARE RESTRICTED UNLESS AN ESA AMENDMENT IS APPROVED BY THE BROWN COUNTY PLANNING COMMISSION, OR GRADING IS COMPLETED AS PART OF AN APPROVED GRADING AND STORMWATER MANAGEMENT PLAN.

## WDNR NOTES:

THE WDNR SURFACE WATER VIEWER MAP IDENTIFIES WETLAND INDICATOR SOIL TYPES WITHIN THE SUBJECT PROPERTIES. DUE TO WETLANDS, INDICATOR SOILS, AND/OR WATERWAYS WITHIN THE SUBJECT PROPERTIES, COORDINATE WITH WISCONSIN DEPARTMENT OF NATURAL RESOURCES REGARDING POTENTIAL PROTECTIVE AREAS.

PER US ARMY REGULATORY GUIDANCE LETTER NO. 05-02, DATED JUNE 14, 2005: ALL APPROVED WETLAND DETERMINATIONS COMPLETED AND/OR VERIFIED BY THE US ARMY CORPS OF ENGINEERS MUST BE IN WRITING AND WILL REMAIN VALID FOR A PERIOD OF FIVE YEARS, UNLESS NEW INFORMATION WARRANTS REVISION OF THE DETERMINATION BEFORE THE EXPIRATION DATE, OR A DISTRICT ENGINEER IDENTIFIES SPECIFIC GEOGRAPHIC AREAS WITH RAPIDLY CHANGING ENVIRONMENTAL CONDITIONS THAT MERIT RE-VERIFICATION ON A MORE FREQUENT BASIS.

## ATC NOTE:

THE TRANSMISSION LINE LOCATED WITHIN THE 150' TRANSMISSION LINE EASEMENT IS A 345,000 VOLT LINE, HIGHLY REGULATED AND PROTECTED. ANY PROPOSED DEVELOPMENT WITHIN THE 150' TRANSMISSION LINE EASEMENT SHALL BE SUBMITTED TO AND REVIEWED BY ATC. PSC 114 OF THE WISCONSIN ADMINISTRATIVE CODE DOES NOT ALLOW FOR A DWELLING TO BE UNDER OR WITHIN THE BLOWOUT OF A TRANSMISSION LINE. CONTACT ATC REAL ESTATE FOR REVIEW OF DWELLING PLACEMENT.

There are no objections to this plat with respect to  
Secs. 236.15, 236.16, 236.20 and 236.21(1) and (2),  
Wis. Stats. as provided by s. 236.12, Wis. Stats.

Certified \_\_\_\_\_, 20\_\_\_\_

Department of Administration



SHEET 1 OF 2

# LAWRENCE PARKWAY SECOND ADDITION

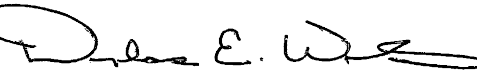
ALL OF LOTS 51 AND 67 OF LAWRENCE PARKWAY FIRST ADDITION, RECORDED AS DOCUMENT NO. 3050307, LOCATED IN LOTS 76, 77 AND 78  
ACCORDING TO THE RECORDED PLAT OF THE SUBDIVISION OF WILLIAM’S GRANT, TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN.

SURVEYOR’S CERTIFICATE

I, Douglas E. Woelz, Wisconsin Professional Land Surveyor S–2327, certify that I have surveyed, divided and mapped all of Lots 51 and 67 of Lawrence Parkway First Addition, recorded in the office of the Register of Deeds for Brown County, Wisconsin on November 08, 2023, as Document No. 3050307, located in part of Lots 76, 77 and 78 according to the recorded plat of The Subdivision of the William’s Grant, Town of Lawrence, Brown County, Wisconsin containing 1,083,429 square feet (24.872 acres) of land more or less.

That I have made such survey, land division, and plat under the direction of the owner of said land. That such plat is a correct representation of all exterior boundaries of the land surveyed and the subdivision thereof made. That I have fully complied with the provisions of Chapter 236 of the Wisconsin Statutes and the Subdivision regulations of the Town of Lawrence and Brown County in surveying, dividing and mapping the same.

Dated this 5<sup>th</sup> day of September, 2024



Douglas E. Woelz, PLS–2327  
Wisconsin Professional Land Surveyor



OWNER CERTIFICATE DEDICATION

Town of Lawrence, as Owners, we hereby certify that we caused the land described on this Plat to be surveyed, divided, mapped and dedicated as represented on the Plat. We also certify that this plat is required by s. 236.10 or s. 236.12 to be submitted to the following for approval or objection.

Department of Administration  
Town of Lawrence  
City of De Pere  
Brown County Planning Commission

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Dr. Lanny J. Tibaldo,  
Town Chairperson

\_\_\_\_\_  
Cindy Kocken  
Town Clerk

State of Wisconsin)  
)ss  
Brown County)

Personally appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above named persons to me known to be the persons who executed the foregoing instrument, and acknowledged the same.

\_\_\_\_\_  
Notary Public

Brown County, Wisconsin

My commission expires \_\_\_\_\_

TOWN OF LAWRENCE APPROVAL

We hereby certify that Lawrence Parkway Second Addition in the Town of Lawrence, Brown County was approved and accepted by the Town Board of the Town of Lawrence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Town Chairperson – Dr. Lanny J. Tibaldo Date

STATE OF WISCONSIN

)ss

COUNTY OF BROWN

I, Cindy Kocken, being the duly elected, qualified and acting clerk of the Town of Lawrence, Brown County do hereby certify that the Town Board of the Town of Lawrence passed by voice vote on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ authorizing me to issue a certificate of approval of Lawrence Parkway Second Addition, Town of Lawrence as owners, upon satisfaction of certain conditions, and I do also hereby certify that all conditions were satisfied and the APPROVAL WAS GRANTED AND EFFECTIVE ON THE \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_

\_\_\_\_\_  
Clerk – Cindy Kocken

CERTIFICATE OF TREASURERS

As duly elected Town 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 Lawrence Parkway Second Addition as of the date listed below:

\_\_\_\_\_  
Town Treasurer Date  
Cindy Kocken

CERTIFICATE OF TREASURERS

As appointed Brown County 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 Lawrence Parkway Second Addition as of the date listed below:

\_\_\_\_\_  
County Treasurer Date  
Charles Mahlik

CITY OF DE PERE APPROVAL

Approved by the City of De Pere Common Council on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Carey E. Danen, City Clerk

\_\_\_\_\_  
Date

BROWN COUNTY PLANNING COMMISSION APPROVAL

Approved by the Brown County Planning Commission this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Devin Yoder, Senior Planner  
Brown County Planning Commission

There are no objections to this plat with respect to  
Secs. 236.15, 236.16, 236.20 and 236.21(1) and (2),  
Wis. Stats. as provided by s. 236.12, Wis. Stats.

Certified \_\_\_\_\_, 20\_\_\_\_

Department of Administration





## City of De Pere, Wisconsin

### Request For Common Council Action

---

**MEETING DATE:** October 1, 2024

**DEPARTMENT:** Board of Park Commissioners

**FROM:** Marty Kosobucki

**SUBJECT:** Recommendation from the Board of Park Commissioners to accept Donation from Aurora BayCare.

---

The Board of Park Commissioners, at the September 19, 2024 meeting, approved accepting the donation from Aurora Baycare Sports Medicine for sponsoring the T-shirts for flag football. The motion was approved unanimously with a 5-0 vote.

**ATTACHMENTS:**

- Park Board Memo - Flag Football Sponsorship 2024 (PDF)

# CITY OF DE PERE

## Community Center

600 Grant Street, De Pere, WI 54115 | 920-339-4097 | [www.de-pere.org](http://www.de-pere.org)



TO: Board of Park Commissioners

FROM: Chelsea Moberg, Recreation Supervisor

DATE: July 25, 2024

RE: Consideration & Possible Action to Approve \$3,000-\$3,600 from Aurora BayCare Sports Medicine to sponsor Flag Football T-Shirts

Staff is requesting the Board of Park Commissioner's approval to accept a generous donation of \$600 per league (\$3,000 to \$3,600 depending on registrations) from Aurora BayCare Sports Medicine.

In exchange for their sponsorship, all shirts for the league would have an approved Aurora BayCare Sports Medicine logo on the back. The estimated cost per league for shirts is \$550-\$600. This sponsorship would greatly reduce the program operational costs.

Thank you for your time and consideration.

### Donation Information:

From: Aurora BayCare Sports Medicine

Primary Contact: Kati Coleman

1035 Kepler Dr, Green Bay WI 54311

To: De Pere Parks & Recreation Department

For: Youth Flag Football Shirts

Amount: \$3,000 - \$3,600



## City of De Pere, Wisconsin

### Request For Common Council Action

---

**MEETING DATE:** October 1, 2024

**DEPARTMENT:** Board of Park Commissioners

**FROM:** Marty Kosobucki

**SUBJECT:** Recommendation from the Board of Park Commissioners to approve Eagle Scout project request to install wood duck and swallow homes along the Preserve Trail from Clement Markowski.

---

The Board of Park Commissioners, at the September 19, 2024 meeting, approved the request from Eagle Scout Clement Markowski to build and install 10 wood duck and 10 swallow homes along the Preserve Trail. The motion passed unanimously with a 5-0 vote.

#### ATTACHMENTS:

- Eagle Scout Project - Clement Markowski (PDF)
- Eagle Scout Project - Clement Markowski Details (PDF)

# CITY OF DE PERE MEMO



To: Board of Park Commissioners  
From: Brian Christnovich  
Date: 9/5/24  
  
RE: Eagle Scout Project – Clement Markowski

**Proposed project:** Build 10 Wood Duck and 10 Swallow homes.

**Location:** Clement proposes to place the homes along the Preserve Trail in West De Pere. The wood duck homes would be located near the water that runs along the trail while the swallow homes would be located in the open areas and fields along the trail.

**Cost:** Clement projects the cost to build all 20 homes to be around \$2000 dollars.

**Overview:** If approved Clement will build the 10 wood duck and 10 swallow homes with the help from his troop and other volunteers. The homes would be made from wood that he hopes to have donated from his uncle who is a logger. The homes would be hung on either a wood 4x4 or a conduit pipe depending on location of the homes along the Preserve Trail. Clement believes he would be able to build all 20 homes and install them in a weekend.

Not only would these homes provide shelter for the wood ducks and swallows, but it would also improve the overall experience for our trail users. Wood ducks play an important role in the food chain since they are herbivores that eat seeds, nuts, and fruit that then transform plant nutrients into a form that predators consume. They can also improve water quality by eating sediment and other plant debris that otherwise end up in the water. Swallows also provide a benefit to trail users since a swallow's main food source are mosquitoes. It's estimated that one swallow will eat hundreds of mosquitoes each day providing a more enjoyable user experience for people that frequent the trail.

Eagle Scout Project Proposal  
 Jake Markowski  
 Troop 1030  
 9/19/2024

### Project Overview

- 10 wood duck houses
- 10 swallow houses
- Location: The Preserve, and possibly the De Pere dog park
- Built by scouts of Troop 1030 and other volunteers
- Planning to finish building and installing by next spring

### Benefits

- Swallows' primary source of food is mosquitos so this would benefit the people walking the trails and walking their dogs.
- Wood ducks help clean up the river by eating plants and sediments that are going into the river.

### Project Costs (Menard's)

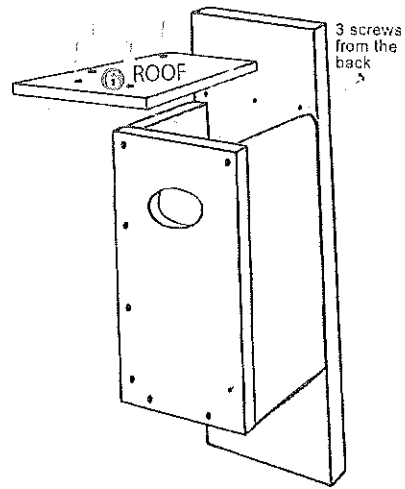
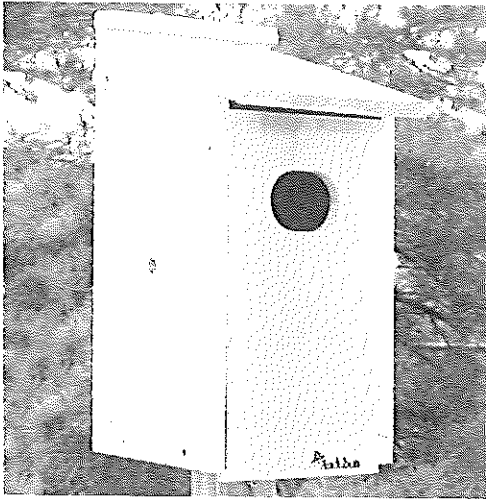
| Material/Item                | Cost              |                           |
|------------------------------|-------------------|---------------------------|
| Nails                        | \$9.96            | swallow                   |
| Screws                       | \$29.47           | Wood duck                 |
| Red Cedar Boards 1x10x12     | \$651.90 (Qty 10) | Wood Duck                 |
| Rigid 2-hole Bolt Strap      | \$8 (Qty 10)      | Mounting swallow houses   |
| Metal Conduit                | \$267 (Qty 10)    | Mounting swallow houses   |
| Red Cedar Boards 1x6x4       | \$97.90 (Qty 10)  | Swallow                   |
| Red Cedar Timber posts 4x4x8 | \$395 (Qty 10)    | Mounting wood duck houses |
| Packaging charge (wood)      | \$30.99           |                           |
|                              |                   |                           |
| Pre-Tax Subtotal             | \$1,459.23        |                           |

Wood duck houses total =\$1077.77

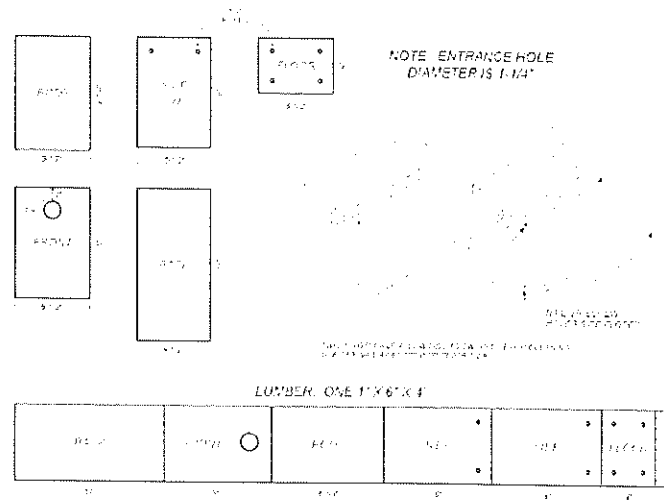
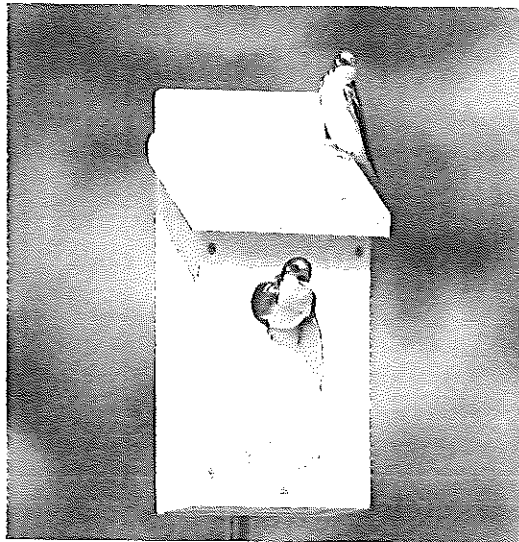
Wood swallow house total =\$ 382.86

# Photos of proposed houses

## Wood duck



## swallow houses





## City of De Pere, Wisconsin

### Request For Common Council Action

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** Board of Park Commissioners

**FROM:** Marty Kosobucki

**SUBJECT:** Recommendation from the Board of Park Commissioners to accept Donation of \$5,000 from Dickhut Family Charitable Endowment Fund for chairs/end tables in Upper-Level Foyer, Oak & Hickory Rooms at the Community Center.

---

The Board of Park Commissioners, at the September 19, 2024 meeting, approved accepting the donation from the Dickhut Family Charitable Endowment Fund for chairs and end tables in the upper level foyer, Oak, and Hickory rooms at the Community Center. The motion passed unanimously with a 5-0 vote.

#### ATTACHMENTS:

- Chairs-End Tables 2024 - Dickhut Family Charitable Endowment Fund (PDF)

# CITY OF DE PERE

## Community Center

600 Grant Street, De Pere, WI 54115 | 920-339-4097 | [www.de-pere.org](http://www.de-pere.org)



TO: Board of Park Commissioners  
FROM: Paula Rahn, Recreation Superintendent  
DATE: September 9, 2024  
RE: Consideration & Possible Action to Approve \$5,000 from the Dickhut Family Charitable Endowment Fund for Chairs at Community Center

Staff is requesting the Board of Park Commissioner's approval to accept a generous donation of \$5,000 from the Dickhut Family Charitable Endowment Fund (within the Raymond James Charitable Endowment Fund) to go towards replacing the chairs in the upper-level Oak & Hickory Rms. and foyer. Total estimated cost for replacing the chairs and two tables in the foyer is approximately \$22,000.

Thank you for your time and consideration.

Donation Information:

From: Dickhut Family Charitable Endowment Fund  
PO Box 23559  
St. Petersburg, FL 33742

To: De Pere Parks & Recreation Department  
For: Replacement End Tables and Chairs Oak/Hickory Rms./Foyer  
Amount: \$5,000



## City of De Pere, Wisconsin

### Request For Common Council Action

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** Board of Park Commissioners

**FROM:** Marty Kosobucki

**SUBJECT:** Recommendation from the Board of Park Commissioners to Approve Change Order 8 for Nelson Family Pavilion.

---

The Board of Park Commissioners, at the September 19, 2024 meeting, approved change order #8 for the Nelson Family Pavilion and moved to send it to Common Council for approval. The motion was approved unanimously with a 5-0 vote.

**ATTACHMENTS:**

- 20240905135327622 (PDF)

# SECTION 00 63 63

## CHANGE ORDER

No. 8  
 Date of Issuance: August 15, 2024 Effective Date: 8/15/2024  
 Owner: City of De Pere  
 Project: Nelson Family Pavilion  
 Contractor: IEI General Contractors Date of Contract: September 7, 2023

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

Description: Siding Change to Steel from Brick Above Main Entrance Door: \$1,735.00, Rework Front Grades by Fire Hydrant: \$2,347.00, Replace old curbs and sidewalks to match new concrete: \$1,550.00, Rework west downspout for camera mounting bracket: \$600.00

Attachments (list documents supporting change): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CHANGE IN CONTRACT PRICE:</b></p> <p>Original Contract Price: <u>\$1,518,281.00</u></p> <p>[Increase] [Decrease] from previously approved Change Orders No. <u>1</u> to No. <u>7</u></p> <p><u>\$160,712.57</u></p> <p>Contract Price prior to this Change Order: <u>\$1,678,993.57</u></p> <p>Increase of this Change Order: <u>\$6,232.00</u></p> <p>Contract Price Incorporating this Change Order: <u>\$1,685,225.57</u></p> | <p><b>CHANGE IN CONTRACT TIMES:</b></p> <p>Original Contract Times:<br/> <input type="checkbox"/> Working Days <input type="checkbox"/> Calendar Days</p> <p>Substantial Completion (days or date): _____</p> <p>Ready for Final Payment (days or date): _____</p> <p>[Increase] [Decrease] from previously approved Change Orders No. <u>N/A</u> to No. <u>N/A</u></p> <p>Substantial Completion (days): _____</p> <p>Ready for final payment (days): _____</p> <p>Contract Times prior to this Change Order:<br/>       Substantial Completion (days): _____<br/>       Ready for final payment (days): _____</p> <p>[Increase] [Decrease] of this Change Order:<br/>       Substantial Completion (days): _____<br/>       Ready for final payment (days): _____</p> <p>Contract Times with all approved Change Orders:<br/>       Substantial Completion (days): _____<br/>       Ready for final payment (days): _____</p> |
| <p>ACCEPTED:</p> <p>By: _____</p> <p>Owner (Authorized Signature)</p> <p>Date: _____</p> <p>ACCEPTED: <u>[Signature]</u></p> <p>ARCHITECT REPRESENTATIVE</p> <p>DATE: <u>8/19/24</u></p>                                                                                                                                                                                                                                               | <p>ACCEPTED:</p> <p>By: <u>[Signature]</u></p> <p>Contractor (Authorized Signature)</p> <p>Date: <u>8/19/24</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



## City of De Pere, Wisconsin

### Request For Common Council Action

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Recommendation from the License Committee on an application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Sweet Willow Wellness, LLC (DBA Sweet Willow Herbals & Cafe), 109 S. Broadway. Submitted by Sweet Willow Wellness, LLC. Agent: Tracy H. Herdman, De Pere, WI.

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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, results have not been received as of the agenda publication deadline. If approved, the Clerk's office will not issue the license until the background check results have been confirmed.

#### ATTACHMENTS:

- Sweet Willow Herbals & Cafe\_application (PDF)

Form  
AB-200Alcohol Beverage License  
Application

| For Municipal Use Only |         |
|------------------------|---------|
| Municipality           | De Pere |
| License Period         | Annual  |

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 600.00
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |           |
|----------------------|-----------|
| License Fees         | \$ 600.00 |
| Background Check Fee | \$        |
| Publication Fee      | \$ 30.00  |
| <b>Total Fees</b>    | \$        |

## Part A: Premises/Business Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>Sweet Willow Wellness, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    |                                                 |
| 2. Business Trade Name or DBA<br>Sweet Willow Herbals & Cafe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                 |
| 3. FEIN<br>83-4105740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. Wisconsin Seller's Permit Number<br>456-1030370447-02                                                                                           |                                                 |
| 5. Entity Type (check one)<br><input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                                 |
| 6. State of Organization<br>WISCONSIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Date of Organization<br>03/15/2018                                                                                                              | 8. Wisconsin DFI Registration Number<br>S122504 |
| 9. Premises Address<br>109 S Broadway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                 |
| 10. City<br>De Pere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. State<br>WI                                                                                                                                    | 12. Zip Code<br>54115                           |
| 13. County<br>Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village<br>of: De Pere | 15. Aldermanic District<br>6                    |
| 16. Premises Phone<br>632-4696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 17. Premises Email<br>info@sweetwillowwellness.com                                                                                                 | 18. Website<br>sweetwillowwellness.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.<br>First floor of building, consisting of approximately 1,200 SF. Includes kitchen, storage, and customer spaces. Outdoor patio to rear of building, ~ 10'x20', located within the privately-owned parcel. |                                                                                                                                                    |                                                 |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |                                                                                                     |
| Law/Ordinance Violated                                                                                                                                                                                                                                                                                                                                                                            | Location | Trial Date                                                                                          |
| Penalty Imposed                                                                                                                                                                                                                                                                                                                                                                                   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Law/Ordinance Violated                                                                                                                                                                                                                                                                                                                                                                            | Location | Trial Date                                                                                          |
| Penalty Imposed                                                                                                                                                                                                                                                                                                                                                                                   |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|---------------------|
| 2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No beverages.<br>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? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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. . . . . <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                 |                     |
| 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                 |                     |
| 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |
| <b>Part C: Individual Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                 |                     |
| 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.<br><br>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               |
| Herdman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tracy                        | Owner                                           | 600-7521            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |
| <b>Part D: Attestation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                 |                     |
| One of the following must sign and attest to this application:<br>• sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                 |                     |
| <b>READ CAREFULLY BEFORE SIGNING:</b> 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.                                            |                     |
| Herdman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tracy                        | H                                               |                     |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Email                        | Phone                                           |                     |
| Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | info@sweetwillowwellness.com | 600-7521                                        |                     |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | Date                                            |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |
| <b>Part E: For Clerk Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                 |                     |
| Date Application Was Filed With Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | License Number               | Date License Granted                            | Date License Issued |
| 8/15/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                 |                     |
| Signature of Clerk/Deputy Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | Date Provisional License Issued (if applicable) |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                 |                     |



## City of De Pere, Wisconsin

### Request For Common Council Action

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Recommendation from the License Committee on an application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Scotty Dog's Pub, LLC (DBA Scotty Dog's Pub), 127 N. Broadway. Submitted by Scotty Dog's Pub, LLC. Agent: Gretchen R. Trowbridge, De Pere, WI.

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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, results have not been received as of the agenda publication deadline. If approved, the Clerk's office will not issue the license until the background check results have been confirmed.

#### ATTACHMENTS:

- Scotty Dog's Pub\_application (PDF)

Form  
AB-200Alcohol Beverage License  
Application

| For Municipal Use Only |  |
|------------------------|--|
| Municipality           |  |
| License Period         |  |

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

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

| Fees                 |                  |
|----------------------|------------------|
| License Fees         | \$               |
| Background Check Fee | \$               |
| Publication Fee      | \$ 30.00 9-16-24 |
| <b>Total Fees</b>    | \$ 196.15        |

## Part A: Premises/Business Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br>SCOTTY DOGS PUB, LLC                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |                                                 |
| 2. Business Trade Name or DBA<br>SCOTTY DOGS PUB                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |                                                 |
| 3. FEIN<br>99-2316933                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Wisconsin Seller's Permit Number                                                                                                   |                                                 |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization                                                                                                                                                                                       |                                                                                                                                       |                                                 |
| 6. State of Organization<br>WISCONSIN                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Date of Organization<br>03.22.2024                                                                                                 | 8. Wisconsin DFI Registration Number<br>S153400 |
| 9. Premises Address<br>127 N BROADWAY                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                                 |
| 10. City<br>DE PERE                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11. State<br>WI                                                                                                                       | 12. Zip Code<br>54115                           |
| 13. County<br>BROWN                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village<br>of: _____ | 15. Aldermanic District                         |
| 16. Premises Phone<br>920.632.2030                                                                                                                                                                                                                                                                                                                                                                                                                   | 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.<br>PLEASE SEE ATTACHED SHEET |                                                                                                                                       |                                                 |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated                                                                                                                                                                                                                                                                                     | Location | Trial Date                                                                               |
| Penalty Imposed                                                                                                                                                                                                                                                                                            |          | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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.

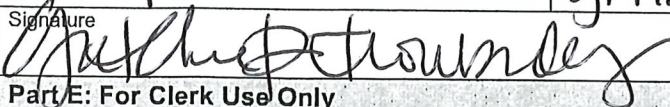
| Last Name  | First Name | Title | Phone        |
|------------|------------|-------|--------------|
| TROWBRIDGE | CRETCHEN   | OWNER | 612-702-6612 |
| TROWBRIDGE | SLOTT      | OWNER | 612-481-9266 |
|            |            |       |              |
|            |            |       |              |

### 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<br>TROWBRIDGE                                                                          |  | First Name<br>CRETCHEN         |                       | M.I.<br>R |
| Title<br>OWNER                                                                                   |  | Email<br>grhayesmn@hotmail.com | Phone<br>612-702-6612 |           |
| Signature<br> |  |                                | Date<br>09-16-2024    |           |

### Part E: For Clerk Use Only

|                                                  |                |                                                 |                     |
|--------------------------------------------------|----------------|-------------------------------------------------|---------------------|
| Date Application Was Filed With Clerk<br>9/16/24 | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                  |                | Date Provisional License Issued (if applicable) |                     |

Premise Description:

The main level of the bar is 3500 square feet in one room. The back nook of this level will not have a door separating it from the main space. There are two restrooms planned, one of which is ADA compliant. All alcohol will be stored behind the main bar, where the liquor license will be on display. The WI sellers permit will also be displayed here. All alcohol consumed will happen on this level.

The basement, whose entry is labeled "Employees Only" will have a cage that liquor stock is locked in. There is a walk in freezer and cooler which may, at times, store back-up kegs or bottled beer.

The second story of the building is a two bedroom private apartment residence measuring 1500 square feet. The living quarters include 1 bathroom and 1 full kitchen. None of this space is accessible for customers.



## City of De Pere, Wisconsin

### Request For Common Council Action

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** City Attorney

**FROM:** Anthony Wachewicz

**SUBJECT:** Consideration and Possible Action on Approval of Side Letter to Collective Bargaining Agreement between City of De Pere and De Pere Professional Firefighters Association Local #141.

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As part of the ongoing negotiations and arbitration process for the successor collective bargaining agreement, the City of De Pere Fire Administration and Union have agreed upon the attached side letter to address selected issues that are important to both parties. As a result, the parties and their bargaining teams are requesting approval of the Side Letter.

**ATTACHMENTS:**

- Side Letter DS Personnel Trades Order in - executed (PDF)

**SIDE LETTER**  
**DAY SHIFT PERSONNEL, TRADES, AND ORDERED-IN PROCEDURE**

This Side Letter is made and entered into by and between the City of De Pere, ("City") and the De Pere Professional Firefighters; Association IAFF Local #141 ("Association"), collectively referred to as "the Parties."

The Parties are continuing under a collective bargaining agreement ("CBA") that covered the years 2018-2020 with a one-year extension through the end of 2021 and is currently expired.

The Parties wish to agree to operational details while negotiations to a successor bargaining agreement are ongoing.

NOW THEREFORE, upon good and valuable consideration, the Parties mutually agree as follows:

**1. DAY PERSONNEL.**

**ARTICLE 8 Hours of Work**

**Day Personnel.**

The workday for Day Personnel shall be from 7:00 a.m. to 3:30 p.m. or 7:00 a.m. to 7:00 p.m. or on another rotation established by the Chief.

The normal workweek shall consist of five (5) eight (8) hour days or four (4) twelve (12) hour days one week and three (3) twelve (12) hour days the second week.

The work period shall consist of twenty-eight (28) workdays coinciding with four (4) recurring seven (7) day cycles under the schedules worked by day personnel as set forth above.

A. **Assignments.** Annually, the Chief will solicit assignments for Day Personnel and will solicit interest from personnel at least 18 calendar days in advance of the assignment, awarding the assignment to the most senior qualified employee. In the event, no qualified employees submit interest, the least senior qualified employee will be assigned.

B. **Schedule Changes.** In the event an employee changes status from a day schedule to a line schedule or vice versa, the employee's vacation shall be converted pursuant to the following equation:

a x = vacation hours due under new schedule

WHERE:

a = number of vacation hours due January 1 of year of transfer less hours used in year of transfer (including any carryover)

b = total annual vacation hours due for employee of equal tenure on January 1 of the year of transfer under the schedule to be transferred to

c = total annual vacation hours due the employee as of January 1 of the year of transfer (excluding any carryover)

C. Vacation Leave. The number of hours in an employee's vacation bank will be converted upon being assigned from a Line Personnel assignment to a Day Personnel assignment or vice versa using this Agreement's formula.

D. Vacation Picking. Day Personnel will not be included in the Line Personnel vacation pick process.

E. Salary Conversion. While assigned to work as a Day Personnel employee, the employee will receive the same base salary associated with the employee's Line Personnel classification, except that hourly base rate of pay for such an employee will be determined by dividing the annual equivalent of the salary by 2,080 hours or 2184 hours depending on their assignment.

F. Overtime. An employee in a Day Personnel assignment who works more than 40 hours in a workweek will receive overtime pay in the amount of 1.5 times the employee's regular rate of pay for each hour worked in excess of 40. A workweek for purposes of determining overtime is defined as Monday through Sunday. If a Day Personnel employee works a Line Personnel shift or vice versa, the employee will be paid at 1.5 times the hourly regular rate of pay of the shift they are filling for those hours worked outside their scheduled hours.

G. Substitutions (Trades). Any personnel assigned to the Day Personnel classification shall be eligible to substitute (trade) work time.

H. Eligibility. Any of the members covered under the CBA shall be eligible for the Day Personnel assignment. For the members who hold the rank of lieutenant, lieutenant fire inspector, or captain and qualify for a spot of the Day Personnel assignment, shall temporarily step down from their current rank while in the Day Personnel assignment. Their respective rank will then be assigned to the next qualified candidate on the Promotional List or to the senior member on the shift they vacated. While a member of the three officer classifications is in a Day Personnel assignment, they shall surrender their current pay schedule down to the top Firefighter pay schedule. Once the assignment has been completed, the member shall return to their respective rank with no loss of seniority, accrued benefits, and return to their classification salary schedule.

I. Offer of Employment: Any offer of employment made shall be detailed that the person being hired could be placed on a 40-hour work week as described in the beginning of this section and that Day Personnel positions are assigned in reverse seniority should no Line Personnel agree to the assignment.

J. Other Articles. Members that are Day Personnel shall be covered by all other articles in the CBA.

### **Article 21 Holidays**

A. Day Personnel. Day Personnel employees will receive compensatory time off at the rate of pay based on the annual schedule (up to 8 hours or 8.4 hours) or be compensated with pay for holidays earned (New Year's Day, the afternoon of the last regularly scheduled Friday

prior to Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the afternoon of December 24, December 25, the afternoon of December 31, and two floating holidays). Employee's holiday rate of pay shall be based upon that employee's hourly rate of pay multiplied by eight (8) hours or 8.4 hours. Employees shall receive payment annually on the first payroll of the month of December for holidays earned for which compensatory time off was not requested or granted.

To be eligible for any of the above listed holidays, an employee on leave of absence due to on-the-job injury must have worked within three (3) months prior to or after the holiday, and employees on sick leave must have worked within six (6) weeks

## **2. TRADES.**

### **ARTICLE 8 Hours of Work-Trades**

An employee shall be entitled to change hours of work when he/she is able to secure another employee to work in his/her place, provided:

1. Such trade is made as follows:
  - a. Officers may trade with other officers and the top three (3) of the promotional eligibility list. In the event that an eligibility list is not valid, then the officers may trade with the three (3) most senior non-officers of the Department. These trades will not be subject to Shift Supervisor Pay under Article 12. The parties agree that exempting this paragraph from Shift Supervisor Pay will not create a precedent in future bargaining.
  - b. All other trades will be between non-officers.
2. Such trades are made only between employees with identical medical certification when the number of paramedics on duty are two less than the number of paramedics assigned to that shift.
4. Trades shall be requested through the Departments current staffing software to the Fire Chief or his/her designee.
5. Neither the Department nor the City is held responsible for enforcing any agreement made between employees. It is understood that an employee's first responsibility is to his/her position with the City.
6. Trades outside the parameters of this paragraph may be authorized by the Chief or the Chief's designee.

## **3. ORDER-IN PROCEDURE/ROTATIONAL OVERTIME.**

### **Article 9 – Overtime**

- I. Voluntary Posted Overtime Selection. The City will utilize an electronic software program to maintain the "Overtime Call-In List." The list will be a running total of hours accrued. This list

will be based starting with seniority and adjusted based on overtime hours accrued. Awarding of overtime shall be based on the number of accrued hours. The employee with the fewest hours accrued will be awarded the overtime, seniority will be used as the tie breaker if two or more employees have the same hours accrued. The employee accepting the overtime will be moved down on the list equal to the hours accrued. The De Pere Fire Rescue Department utilizes a software program as its scheduling software. The Department will not be held accountable for items that are not supported by this software as it pertains to overtime callback.

This list will reset on January 1st every 4 years, starting January 2025. New full-time employees will start with the number of hours equal to that of the member with the most accrued hours.

Overtime posting will be based on the number of days/ hours the vacancy is known in advance. All efforts will be used to post overtime in a timely manner.

#### A. Rules

- a. Overtime will be posted in 12-hour blocks (0700-1900 and 1900-0700).
- b. Overtime greater than 12 hours but less than 14 hours will be considered one block.
- c. Overtime less than 12 hours will be considered one block.
- d. Overtime 14 hours or greater will be divided into 2 blocks and will be incorporated into the above time frames, if possible. Example: 1600-0700 would become 1600-1900 and 1900-0700.
- e. If multiple vacancies occur the second block (night shift) will be awarded first (example; 24 hours, two 12-hour blocks).
- f. A confirmation will be sent through the designated software program, utilizing text messaging and email, to the person who is awarded the overtime.
- g. If overtime is awarded less than 12 hours prior to the start of the shift the chief officer will verify the employee knows they were awarded the overtime.
- h. Members who are willing to work a 24-hour shift will have priority over two 12-hour blocks. If no member wants to work a 24-hour shift, the shift will be split into two 12-hour blocks outlined above.

#### B. Procedure.

Overtime vacancies known in advance will follow this procedure. Postings will be sent out using the designated software program and employees shall respond using the program.

- a. Overtime known greater than 14 days from the 0700 the date of the vacancy will be posted as soon as known, nut not more than one calendar month in advance of the vacancy. The posting will be closed no less than 12 days prior to the date of the vacancy. The posting will be closed at 0700 and awarded as soon as possible thereafter. If not voluntarily accepted, the overtime will be assigned through the Order-In Procedure below.
- b. Overtime known from 14 days to 4 days prior to 0700 the date of vacancy will be posted as soon as known. Overtime postings shall be open for 48 hours. The overtime will be closed after the 48 hours and the overtime will be awarded. If not voluntarily accepted, the overtime will be assigned through the Order-In Procedure below.
- c. Overtime known less than 4 days to in advance prior to 0700 the date of the vacancy will be posted for not more than 12 hours, if practical as determined the Chief or the Chief's designee, and then assigned using the Order-In Procedure if not voluntarily accepted.
- d. All overtime vacancies shall be sent out for bid opportunities to all department members full time or part time with medical certification. The award of the vacancy for voluntary over time shall go to full time members first with the minimum medical certification required. If not voluntarily accepted, the overtime will be assigned through the Order-In Procedure below.

C. Immediate Vacancy.

In the event the vacancy takes place with less than two hours prior to the start of shift the overtime will be posted with the heading "Immediate Overtime" The posting will be awarded after 15 minutes with 45 minutes to report to the station. If there is no response, then the Order-In Procedure will be followed.

D. Paramedic Staffing.

It is critical that the Department meet the needs of the community. In the event the overtime vacancy causes a shift to have less than four paramedics on duty the request for overtime will be limited to paramedics.

E. Duty Crews.

Emergency Staffing callbacks (Duty Crews) will not affect the Overtime Call-In List's accumulated time.

F. Special Technical Needs.

Special Technical Needs is defined as those times that a specific skill is needed in order to meet the Department's needs. These technical needs may include: Fire officers, Field Training Officers, Fire Mechanics, Fire investigators, Technical Rescue Technicians, Drone Operators, Youth Fire Setter Counselors, and the N.E.E.D Team Counselors. There may be additional technical needs, as reasonably determined by the Department. Members called in for special technical needs shall not be used to fill shift vacancies. Overtime hours will not affect the Overtime Call-In List's accumulated time.

#### G. Special Events.

Special Events will follow the current established procedure using the department's designated software program. Overtime hours will not affect the Overtime Call-In List's accumulated time.

### II. Order-In Procedure.

#### a. Known Overtime

- i. In the event that no full-time employees sign up for a vacancy; Order-In overtime will be rotational with the bottom twelve members in department seniority of the bargaining unit.
- ii. Ordered-in overtime shall start with the most junior twelve members and be determined by the least amount of ordered in overtime hours which will be tracked in the departments designated software program.
- iii. A member shall only be ordered for a 12-hour block of overtime per occurrence.
- iv. In any case stated in section 8 of this article, the member with the least amount of ordered in overtime will have their choice of the 1900-0700 12-hour block or the 0700-1900 12-hour block.
- v. Rotational ordered-in members will be allowed to decline an ordered-in two times in a calendar year. This decline will be known as a "mulligan". Only one "mulligan" shall be used per vacancy occurrence. If all members utilize a "mulligan" the first member on the list shall be ordered-in.
- vi. In order to maintain the proper order of the rotational process, when possible, members will be notified of ordered in shifts in person, by phone, or voicemail then confirmed on that member's next duty day. Ordered in overtime hours will not be counted in the Overtime Call In List's accumulated time.

#### b. Immediate Overtime

- i. In the event of an immediate vacancy, the most junior member(s) by department seniority will be ordered in.
- ii. In the event of an immediate vacancy that there is only one of the twelve junior members on shift at the time of the immediate vacancy, the next most junior person on the off coming shift will be ordered for one (1) of the 12-hour blocks. Of these two members, the member with the least amount of ordered in overtime will have their choice of the 1900-0700 12-hour block or the 0700-1900 12-hour block. Ordered in overtime hours will not be counted in the Overtime Call In List's accumulated time.

- iii. Rotational ordered-in members will be allowed to decline an ordered-in two times in a calendar year. This decline will be known as a "mulligan". Only one "mulligan" shall be used per vacancy occurrence. If all members utilize a "mulligan" the first member on the list shall be ordered-in.
- iv. In the event that the Order-In Procedure above is followed to its full extent and no members are able to be contacted, the City may utilize other non-union department members to fill the vacancy at the discretion of the Fire Chief or his/her designee.

c. Award Criteria.

- i. In the event that an overtime vacancy is not voluntarily awarded, the opportunity will open up for other medically certified members and Paid-on-Premise members of the department. The following criteria shall be followed for an overtime vacancy of a paramedic or EMT:
  - 1. Paramedic. A full time paramedic shall be offered the vacancy first. Should no paramedic voluntarily elect to fill the vacancy, it shall be offered to a full time EMT Basic. Should no EMT Basic voluntarily elect to fill the vacancy, it shall be offered to a Paid-on-Premise paramedic. Should no Paid-on Premise paramedic voluntarily elect to fill the vacancy, the vacancy shall move to the Order-In Procedure of this section.
  - 2. EMT. A full time paramedic or EMT Basic shall be offered the vacancy first. Should no paramedic or EMT Basic voluntarily elect to fill the vacancy, it shall be offered to a Paid-on-Premise paramedic or EMT Basic. Should no Paid-on Premise paramedic or EMT Basic voluntarily elect to fill the vacancy, the vacancy shall move to the Order-In Procedure of this section.
- ii. Members shall be allowed to replace any member who was assigned overtime through the Order-In Procedure as long as the replacement meets the minimum medical certification criteria set within that timeframe. Any member(s) replacing in an Order-In assignment shall be compensated with wages and benefits outlined in this CBA.

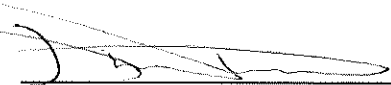
4. **NO QUID PRO QUO.** The Parties expressly agree and stipulate that these items are for the mutual benefit of the Parties and that there is no Quid Pro Quo involved or exchanged in reaching an agreement on the items contained in this Side Letter.

5. The Parties agree that this Side Letter shall be implemented immediately and incorporated into any successor collective bargaining agreement, that it reflects the status quo, and that neither Party shall be prejudiced by its contents.

Dated this 16th day of September, 2024.

**DE PERE PROFESSIONAL  
FIREFIGHTERS' ASSOCIATION  
IAFF LOCAL #141**

**CITY OF DE PERE**

  
\_\_\_\_\_  
Daniel Lotter, President  
\_\_\_\_\_  
Alan Matzke, Chief



City of De Pere, Wisconsin

**Request For Common Council Action**

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**MEETING DATE:** October 1, 2024

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Future agenda items.

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