

Council

06/12/12

**OFFICIAL NOTICE OF MEETING
OF THE
MAUSTON COMMON COUNCIL
6:30PM
TUESDAY, JUNE 12, 2012
MAUSTON CITY HALL COUNCIL CHAMBERS
303 MANSION STREET**

- 1. Call to Order/Roll Call**
- 2. Pledge of Allegiance**
- 3. Discussion and Action Regarding Minutes of May 22, 2012, Meeting**
- 4. Citizens Address to the Council**
When addressing the Council please state your full name and full address
- 5. Discussion and Action Regarding Municipal Court Bond Schedule**
- 6. Discussion and Action Regarding New Operator's Licenses**
 - a. Mary Ann Allen
 - b. Steven A. Berndt
 - c. Kristie L. Westra
- 7. Discussion and Action Regarding Operator License Renewals**
 - a. Heather M. Babcock
 - b. Barbara A. Bires
 - c. Jamie L. Blanchette
 - d. Brad S. Bolton
 - e. Carl F. Buttner
 - f. Diane M. Chittenden
 - g. Connie L. Clark
 - h. James K. Clark
 - i. Kellie L. Curran
 - j. Earl E. Duffy
 - k. Cyndi L. Fairchild
 - l. Charlotte A. Gardner
 - m. Catherine A. Gratz
 - n. Jilleen J. Grawin
 - o. Stacy L. Hartje
 - p. Denell M. Hayes
 - q. John Hettstedt
 - r. Cadace King
 - s. Bonnie M. Kissack
 - t. Kristina M.R. Lingl
 - u. Kelly L. Mathews
 - v. Mary J. Mathews
 - w. Marshall A. Mattke
 - x. Doris L. Miller
 - y. Robert Mills
 - z. Daisey Music
 - aa. Scott A. Nelson
 - bb. Laurie A. Nyen
 - cc. Jason J. Ondrei
 - dd. Debra A. Pederson
 - ee. Karen L. Ravenscroft
 - ff. Michael Rynearson
 - gg. Pam Schryuer
 - hh. Jennifer Seitz
 - ii. Sandra A. Shanahan
 - jj. Linda J. Turner
 - kk. Martin J. Valencia
 - ll. Veronica Valencia
 - mm. Heather J. Vaughan
 - nn. Mary K. Westra
 - oo. Mary R. Wischki
 - pp. Samantha M. Whitten
 - qq. Ashley N. Woodward
- 8. Discussion and Action Regarding Class A Beer Alcohol Beverage Licenses**
 - a. Kwik Trip, Inc. – dba Kwik Trip #776 (Union St) – President, Donald P. Zietlow
 - b. Scully Oil Co., Inc. – dba Mauston Interstate BP – President, Jeffrey T. Scully
- 9. Discussion and Action Regarding Class A Beer and Class A Liquor Alcohol Beverage Licenses**
 - a. D. Burnstad Inc. – dba Union Street Liquor Depot – President, Locinda K. Bolton
 - b. J. Rodebaugh, Inc. – dba J & S Liquor Mart – President, Jason D. Rodebaugh
- 10. Discussion and Action Regarding Class B Beer and Class B Liquor Alcohol Beverage Licenses**
 - a. Burton-Koppang American Legion Post #81 – Agent-William Bomber, President-Commander Ed Rogers
 - b. An Individual-June K. Bernard – dba Dry Gulch Saloon and Eatery
 - c. A Partnership-Daniel L. Frisch and Susan A. Sullivan – dba Heinie's Tavern
 - d. Carl's Bright Spot, LLC – dba Carl's Bright Spot – President, Robert K. Householder
 - e. Non-Profit Corporation-Juneau County Moose Lodge – Agent-Donald Rynearson, President-Governor Robert Mills
 - f. Navis Enterprises, Inc. – dba Emerald Lounge – President, Jamie Navis
 - g. An Individual-John A. Randall – dba Randall's Uptown Bar
 - h. Individuals-Jerry V. and Angela A. Sarazin – dba Anjero's Sports Bar and Grill
 - i. Individuals-Jerry V. and Angela A. Sarazin – dba Mauston Bowl
 - j. An Individual-Gary Tovsen – dba Harmarita's Pub

- k. **An Individual-Andres Valencia – dba Cinco de Mayo Mexican Restaurant**
- 11. Discussion and Action Regarding Class B Beer and Class C Wine Alcohol Beverage Licenses**
 - a. **Pizza Hut of Southern Wisconsin, Inc. – dba Pizza Hut – President, Richard J. Divelbiss**
 - b. **Thrasher Enterprises, LLC. – dba Mauston Park Oasis Restaurant – President, Craig L. Thrasher**
 - c. **Roman Castle, Inc. – dba Roman Castle Restaurant – President, Alex Tserkezis**
- 12. Discussion and Action Regarding Temporary Class “B”/”Class B” Picnic License – Juneau County Moose Lodge – Summer Smash – June 30 and July 1**
- 13. Public Works Committee Report**
 - a. **Discussion and Action Regarding 2011 Compliance Maintenance Annual Report (CMAR) Report**
 - b. **Discussion and Action Regarding Standby Power and Storage Building Project Pay Requests**
 - i. **Eagle Construction Pay Request #6**
 - ii. **Eagle Construction Pay Request #7**
 - c. **Discussion and Action Regarding 2011 Sewer Rehab Project Visu-Sewer Pay Request #6**
 - d. **Discussion and Action Regarding West Industrial Park B Project A-1 Excavating Pay Request #3**
 - e. **Discussion and Action Regarding 2012 Road Maintenance and Repair Work Bid Awards**
 - f. **Discussion and Action Regarding State Street Utility Contract Award**
 - g. **Director of Public Works Report**
 - i. **Plaque Donation**
 - h. **Any Other Business Properly Brought Before the Council**
- 14. Finance and Purchasing Committee Report**
 - a. **Discussion and Action Regarding Vouchers**
 - b. **Discussion and Action Regarding 2013 Budget Preparation Calendar**
 - c. **Any Other Business Properly Brought Before the Council**
- 15. Library Board Report**
- 16. Ambulance Association Report**
- 17. Room Tax Committee Report**
- 18. City Administrator’s Report**
 - a. **Veterans Street Ribbon Cutting**
 - b. **TIF Amendment Process**
 - c. **Strategic Planning Goal #1 Community Center JC AIRS Update**
- 19. Any Other Business Properly Brought Before the Council**
- 20. Closed Session** Pursuant to Wisconsin State Statute 19.85(1)(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session
 - a. **Economic Development**
- 21. Reconvene in Open Session**
- 22. Possible Discussion and Action as Result of Closed Session Matters**
- 23. Adjourn**

**OFFICIAL MINUTES OF MEETING
OF THE
MAUSTON COMMON COUNCIL
MAY 22, 2012**

Call to Order/Roll Call The Mauston Common Council met in regular session on Tuesday, May 22, 2012, in the Council Chambers of Mauston City Hall. Mayor Brian McGuire called the meeting to order at 6:30pm. Members present were Michel Messer, Dennis Nielsen, Dan May, Francis McCoy, Paul Huebner, Rick Noe, and Floyd Babcock. Also present were City Administrator Nathan Thiel, Police Chief Mark Messer, Public Works Director Rob Nelson and Administrative Assistant Diane Kropiwka.

Pledge of Allegiance Mayor McGuire led the pledge of allegiance.

Minutes Noe/McCoy to approve the minutes of the May 8, 2012, meeting. Motion carried by voice vote.

Public Hearing Regarding Special Assessment for the Highway 82 East – TIF 2012 Project

McGuire opened the public hearing at 6:32pm. Mr. Pat Connors, part owner of Meadow Valley Log Homes on Highway 82 East, asked questions regarding the scope of the project and the safety measures to be included for pedestrians and bicycles. Langhans reported this type of project is fairly typical and DOT has reviewed the plans and issued the required permits. McCoy/Huebner to close the public hearing. Motion carried by voice vote. McGuire closed the hearing at 6:45pm.

Citizens Address None

Public Works Committee Report

Highway 82 East – TIF 2012 Project Noe/McCoy to award the project to Chippewa Concrete in the amount of \$540,058.75. Motion carried unanimously by roll call vote.

Resolution 2012-06 Final Resolution Authorizing Construction of Work on 2012 Highway 82 (TIF) Project, Highway 82 East between Kennedy Street and Commercial Street and Levying Special Assessment Against Benefitted Property Noe/McCoy to adopt Resolution 2012-06. Motion carried by voice vote.

Stand-by Power and Storage Building Project Change Order #2 Noe/McCoy to approve Eagle Construction change order #2 in the amount of \$3,887.00. Motion carried unanimously by roll call vote.

Director of Public Works Report Nelson reported on the various projects. Mansion Street will temporarily be open to two-way traffic while the State/Union intersection is under construction. The extension of Veterans Street, funded through the EDA is scheduled to open on June 18. The back-up power for wells and lift stations project will be completed this week. Nelson had drawings for the State/Union intersection and the Grayside/Division round about available for viewing.

Finance and Purchasing Committee Report

Vouchers Huebner/May to approve vouchers in the amount of \$178,324.68. Motion carried unanimously by roll call vote.

Temporary Amendment to Alcohol License May/Babcock to approve the temporary amendment to the Alcohol License for Heine’s Tavern. Motion carried by voice vote.

Police Chief’s Report Messer reported on the county-wide emergency exercise held on May 19. Several part-time positions in the police department have been filled. Training with Yaro, our K-9 unit is nearing completion.

Mayoral Appointments Messer/Nielsen to approve the mayor’s appointments of Lance Massey as Chamber of Commerce Representative and Lori Turner of Quality Inn to the Room Tax Committee. Motion carried by voice vote.

Resolution 2012-07 Department of Natural Resources Wisconsin Plant Recovery Initiative Assessment Money (WAM) – Contract Services Award Huebner/Noe to adopt resolution 2012-07. Motion carried by voice vote.

Strategic Planning May/Huebner to accept the overview of the recent Strategic Planning Session as presented. Motion carried by voice vote.

Personnel Committee Report Noe reported that the committee elected Dan May as chair, and Dennis Nielsen as recording secretary.

Closed Session Noe/Huebner to go into closed session pursuant to Wisconsin State Statute 19.85(1)(e). Motion carried unanimously by roll call vote. Council went into closed session at 7:02pm.

Adjourn Huebner/McCoy to adjourn. Motion carried by voice vote. With nothing to report in open session the meeting adjourned at 7:13pm.

Nathan R. Thiel, City Administrator

Date

800.037 Deposit amount and schedule. The deposit in traffic cases shall be made as provided in s. [345.26](#). In boating cases, the deposit shall be made as provided in s. [23.66](#) and [23.67](#). The municipal court, with the approval of the governing body of the municipality, shall set the deposit schedule for all other cases. The deposit amount in the schedule may not exceed the maximum penalty established by the municipality for the offense, plus costs, fees, and surcharges imposed under ch. [814](#).

Of course if there are some things that are not on the list, they can be added at a later time. This does not mean absolutely that this is the final amount of a "ticket" that someone receives. The judge will make final determination in the end of how much the fine will be while having to stay within the min-max of the municipality. This is ONLY the bond so if an officer took someone to jail for a municipal offense, which they can do, and the person had no driver's license, no ties to the community, etc they could be required to post this bond before being released.

Please let me know if you have questions before the councils take this up.

Thanks
Hon. Seth Tully
547-8874

Mauston Area Municipal Court
Bond Schedule

06/06/2012

CodeSec	Offense	Forfeiture	Statute	Severity
*	*	0.00		
*	*	0.00		
*	*	0.00		
11.203(1)	Littering Prohibited	150.00		
11.204(1a)	Curfew Prohibited hours Sun-Thur	50.00		
11.204(1b)	Curfew-Prohibited Hours Fri-Sat	50.00		
11.204(3)	Curfew-Parental Liability	100.00		
11.206(1)	Loitering or Prowling	100.00		
11.206(2)	Loitering-public areas obstructing flow	100.00		
11.206(3)	Loitering-continued obstruction after officer	150.00		
11.207(1)	Loud/Unnecessary noises-general	100.00		
11.207(2a)	Loud/Unnecessary Noise-Horns	110.00		
11.207(2b)	Loud/Unnecessary Noise-radios/stereos	110.00		
11.207(2c)	Loud/Unnecessary Noise-comm advertising	100.00		
11.207(2d)	Loud/Unnecessary noise-animals	100.00		
11.207(2e)	Loud/Unnecessary noise-Exhaust	100.00		
11.207(2f)	Loud/Unnecessary noise-Construction 9pm-7am	80.00		
11.207(2g)	Loud/Unnecessary noise-Yardwork 10pm-7am	80.00		
11.207(2h)	Unnecessary use of Railroad whistles 11pm-6am	100.00		
11.208	Drinking in Public	80.00		
11.209	Defecating/Urinating in Public	170.00		
11.211(1)	Firearm Regulation-Discharge/Possession	250.00		
11.211(2)	Firearm Regulation-Shooting in City Limits	250.00		
11.211(3)	Firearm Regulation-Shooting ranges	250.00		
11.211(4)	Firearm Regulation-Explosive devices	250.00		
11.211(5)	Prohibited Hunting in City	100.00		
11.212	Prohibit skates,boards,bikes on tennis court	80.00		
11-118.15	Compulsory School Attendance	160.00		
11-118.16	School Attendance Enforcement Child	160.00		
11-118.163	School Attendance Enforcement Parent	160.00		
11-125.07	Underage Drinking-Possess-14-16	50.00		
11-125.07A	Underage Drinking-Possess-17-20	100.00		
11-167.10	Regulation of fireworks	120.00		
11-254.92	Possession or Purchase of Tobacco by Minor	50.00		
11-29.288	Throwing refuse in waters	150.00		
11-939.05	Parties to crime	250.00		
11-940.19	Battery	250.00		
11-941.10	Negligent Handling of Burning Material	150.00		
11-941.23	Carrying a Concealed Weapon	200.00		
11-941.24	Possession of a Switchblade Knife	130.00		
11-943.01	Damage to property	250.00		
11-943.125	Entry into Locked Coin Box	250.00		
11-943.13	Trespass to Land	180.00		
11-943.14	Trespass to Dwellings	250.00		
11-943.20	Theft-Movable Property <=\$2500	200.00		
11-943.21	Fraud on Hotel, Restaurant, or Gas Station	150.00		
11-943.24	Issue Worthless Checks	120.00	943.24(1)	002
11-943.34	Receiving Stolen Property	250.00		
11-943.50	Retail Theft-Intentionally Take (<=\$2500)	200.00		
11-943.61	Theft of Library Material	130.00		
11-944.20	Lewd and Lascivious Behavior-In Public	250.00		
11-946.40	Refuse to Aid Peace Officer	250.00		
11-946.41	Resisting or Obstructing Officer	300.00	946.41(1)	002
11-947.01	Disorderly Conduct	275.00		
11-947.012	Unlawful use of Telephone	180.00		
11-947.013	Harassment	120.00		
11-948.45	Contributing to Truancy	160.00		

Mauston Area Municipal Court
Bond Schedule

06/06/2012

CodeSec	Offense	Forfeiture	Statute	Severity
11-95.21	Fail to Comply w/Bite Order	250.00		
11-951.02	Mistreatment of Animals	250.00		
11-951.14	Improper Outside Animal Shelter	200.00		
11-951.15	Intentionally Abandon Animal	250.00		
11-961.41	Possession of THC	200.00		
11-961.573	Possess Drug Paraphernalia	200.00		
12.41	Prohibited Animals in City	180.00		
12.42	Dog/Cat Limit	140.00		
12.43	Dog License requirement	65.00		
12.44	Cat License requirement	65.00		
12.45(1)	Animal Running at Large	80.00		
12.45(2)	Unlicensed animal	65.00		
12.45(3)	Unleashed animal of public grounds	80.00		
12.45(4)	Failure to remove feces	65.00		
12.45(5)	Failure to have control of animal	75.00		
12.45(6)	Failure to notify possible rabies	150.00		
12.45(7)	Prohibit keeping noisy or vicious animals	180.00		
13.21(7)	Displaying Gang Graffiti	100.00		
13.21(9)e	Abandoned motor vehicles	75.00		
13.31(2)	Weed Control failure	60.00		
13.31(20)	Failure to remove gang graffiti-owner	100.00		
13.31(3)	Failure to maintain property-yard debris	100.00		
14.38(1a)	Abandoned Vehicle-parked >72 hours	110.00		
14.41(1)	Riding Bike on "business area" sidewalk	65.00		
14.41(2)	Bicycle-Improper attachments	50.00		
14.41(3)	Bicycle-Improper riding	50.00		
14.80	Disorderly Conduct with Vehicle	55.00		
14.82	Operating on prohibited street-heavy traffic	65.00		
14.85	Leaving keys in unattended vehicle	65.00		
15.14(2)	Pushing snow into Street	50.00		
15.45(4)	Waste put out 24 hrs Prior to Collection	50.00		
15.47(1)	Dumping on Public Property Prohibited	150.00		
15.47(5)	Burning of solid waste prohibited	180.00		
17.402(1)	Building Permit Procedure	90.00		

New

Operator's

Licenses

Note given to come 6/12/12

Mary Ann

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Allen Mary Ann
Address: 5572 Buckhorn Dr
New Weston WI
Telephone: 608-508-0000 Birth Date: ~~10/10/83~~
Driver's License Number: ~~450-5018-8012901~~

2. Employer Information:

Name: J & S Liquor Mart
Address: 519 State Rd 82 East
Mauston, WI 53948
Telephone: 608 847-4700

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

Ship Wheel Bay - Mauston WI
Shacks ROF

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Mary Ann Allen
Signature of Applicant

Date 5-18-12

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H
City Officer

Date 5/22/12

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H
City Officer

Date 5/22/12

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

17.50
COUNCIL
JUNE 12
Note given 5/15

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Berndt, Steven A.

Address: N3156 Carriq Rd. Mauston, WI 53948

Telephone: (608) 847-2866 Birth Date: 11/28/1984

Driver's License Number: 66530-2895305000

2. Employer Information:

Name: Kwik Trip

Address: 22 North Union St. Mauston, WI 53948

Telephone: (608) 847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Steven Berndt Date 2-18-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 5/25/12
City Officer

~~Westra~~
Kristie

Note sent 5/22/12
to appear 6/12/12

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Westra, Kristie, L.
Address: N4732 15th Ave Mauston, WI 53948
Telephone: 608-~~847-4700~~ Birth Date: ~~1-15-88~~
Driver's License Number: ~~W013023102-118120~~

2. Employer Information:

Name: J+S Liquors
Address: 519 State Rd 82
Telephone: 608-847-4700

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

none

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Kristie Westra Date 5-17-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/22/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/22/12
City Officer

Renewal Operator's Licenses

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPB
SK

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name (Last, First, Middle Initial) Babcock Heather M
Address: W2845 Colleen Drive, Lyndon Station, WI 53944
Telephone: 608-648-5090 Birth Date: 9-20-1980
Driver's License Number: 351E-33856890-007

2. Employer Information:

Name: Kwik Trip
Address: 22 North Union St. Mauston, WI 53948
Telephone: 608-847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

N/A

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Heather Marie Babcock Date 4-23-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/25/12
City Officer

BB

CCAP

SA

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

TPS

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Bires Barbara A.
Address: N8674 State Rd 58
New Lisbon, WI 53950
Telephone: 608-~~608-2030~~ Birth Date: 08/22/1970
Driver's License Number: ~~020-000-000~~

2. Employer Information:

Name: Mauston Interstate BP
Address: 1005 Hwy 82 E
Mauston WI 53948
Telephone: 608-847-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.") NONE

N/A

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Barbara Bires Date 05-03-2012
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant

Renee H Date 5/10/12
City Officer

Jamie B

CCAP
TPS
SA

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:
Name: (Last, First, Middle Initial) Blanchette JAMIE L
Address: 611 GROVE ST
MAUSTON
Telephone: 762-~~205-0900~~ Birth Date: ~~000-000~~
Driver's License Number: ~~8052-4328-2700~~

2. Employer Information:
Name: FESTIVAL FOODS
Address: 750 N UNION ST
MAUSTON WI 53948
Telephone: 608-847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")
N/A

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Jamie Blanchette Date 5.15.12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Valerie K. Nelson Date 5-18-12
City Officer

Brad

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS

SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Bolton Brad S.
Address: N735 State Rd 58
Waukegan, WI 53968
Telephone: 608-~~259-1234~~ Birth Date: ~~02-28-80~~
Driver's License Number ~~019-0591241320~~

2. Employer Information:

Name: Festival Foods
Address: 750 N. Union St.
Mauston WI 53948
Telephone: 608-847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Brad Bolton Date 5-15-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 300 has been paid by the Applicant.

Valerie K. Nelson Date 5-18-12
City Officer

Carl

CCAP
TPS

SJA

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) BUTTNER CARL F.
Address: W5404 LOT 72 HWY 82
MAUSTON, WI 53948
Telephone: (608) ~~813-0000~~ Birth Date: ~~12/27/50~~
Driver's License Number: ~~RS000012050000000000~~

2. Employer Information:

Name: FESTIVAL FOODS
Address: 750 NORTH UNION
MAUSTON, WI 53948
Telephone: (608) 847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

NONE

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Carl F. Buttner Date 5/15/12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Valerie K. Nelson Date 5-18-12
City Officer

D^c CCAP TPS SA

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Chittenden Diane M.
Address: 137 Atwell St Lot 17
Mauston 53948
Telephone: 608 ~~532-0155~~ Birth Date: ~~05-02-58~~
Driver's License Number ~~021001000190509~~

2. Employer Information:

Name: Mauston Interstate BP
Address: 1005 Hwy 82
Mauston 53948
Telephone: 608-847-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Diane M Chittenden Date 5-4-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 5/10/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) CONNIE CLARK L.
Address: W5404 Hwy 82 Lot 81
MAUSTON WI 53948
Telephone: 608-~~847-2009~~ Birth Date: ~~12/1/50~~
Driver's License Number ~~00000000000000000000~~

2. Employer Information:

Name: EMERALD LOUNGE
Address: W5641 HWY 82 E
MAUSTON
Telephone: 608-847-5067

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Connie L. Clark Date May 6, 2012
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/14/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/14/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TIPS
SAX

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name (Last, First, Middle Initial) Clark James K
Address: 515 McEwen St
Mauston WI 53948
Telephone: ~~608-229-1111~~ Birth Date: ~~09/20/1956~~
Driver's License Number ~~4622951302006~~

2. Employer Information:

Name Kwik Trip
Address: 22 N. Union St
Mauston, WI 53948
Telephone: 847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

[Signature] Date 23 Apr 12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

[Signature] Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

[Signature] Date 5/25/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SJA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Curran Kellie L
Address: 521 Jefferson St. Apt. 106
Telephone: 608-820-8500 Birth Date: ~~05/23/1970~~
Driver's License Number: ~~CE502-54280 P48500~~

2. Employer Information:

Name: Kwik Trip
Address: 22 N Union St.
Mauston, WI 53948
Telephone: 608-847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Kellie L. Curran Date 4/23/12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/25/12
City Officer

Renewal - Earl E. Duffy

CCAP
MS
OOPS
AGAIN
(I do this every year!!)

Application for an Operator's License

(Ord. 12.12(7) and §125.17 Wis. Stats.)

I hereby certify that the Applicant has provided proof of one of the following: (Check one and attach proof.) The applicant...

Please check appropriate box:

has completed the training course within the last 2 years. RENEWAL holds an existing operator's license.

1. Applicant Information: has held a retail license, has held a manager or operator's license. Name: (Last, first, middle or initial) DUFFY EARL E is enrolling or has enrolled in the Beverage Server Training Course. Address: N WYOMING AVENUE NEW LISBON, WISCONSIN 53950 Telephone: 608-725-5200 Birth Date: 11/20/93 Driver's License Number: 100005700000 Date: _____ City Officer _____

2. Employer Information: Name: JUNEAU RECORD REVIEW Address: _____ A review of the applicant's records has turned up (no infractions) (the following infractions) that will inhibit the applicant's ability to dispense alcohol: Telephone: Felony convictions 847-7833 Repeated misdemeanor convictions Drug/alcohol related offenses

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the past driving years, please state (none) Ordinance violations _____

Records are held in the Police department pursuant to Wisconsin Records Law.

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances, and regulations applicable to an Operator's license. I am aware of additional information pertaining to the applicant's fitness to receive an operator's license, and it is the recommendation of the Chief of Police to (approve) (deny) (review) the application.

Signature of Applicant: Earl Duffy Date: 5-21-12

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Committee Action in requested by the Chief of Police before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council. Licenses and Permits Committee (approved) (did not approve) (took no action) on this application. Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston. Date: _____

City Officer: Renee Council Action Date: 5/30/12

Date (approved) (denied) Certification of Payment

I hereby certify that as Operator's license fee of \$ 30 absentions has been paid by the Applicant.

License Number Issued: _____ Date: 5/30/12
City Officer _____

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS

SAK

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Fairchild, Cyndi, L
Address: 4 Ponderosa Dr
Mauston WI 53948
Telephone: (608) 847-4866 Birth Date: 05/21/59
Driver's License Number: ~~00000000000000000000~~

2. Employer Information:

Name: Kwik Trip
Address: 22 W Union
Mauston WI 53948
Telephone: (608) 847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

NONE

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Cyndi Fairchild Date 4/23/12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 5/25/12
City Officer

Char

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPB

SK

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) GARDNER, CHARLOTTE, A.
Address: N 5415 - 15TH AVE
MAUSTON, WISCONSIN - 53948
Telephone: 608-~~271-3300~~ Birth Date: ~~10-05-1970~~
Driver's License Number ~~9225 0104 9102005~~

2. Employer Information:

Name: Festival Foods
Address: _____
Telephone: _____

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Charlotte A. Gardner Date May 17, 2012
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee Date 5/17/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Valerie K. Neeson Date 5-18-12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Gratz, Catherine, A
Address: 800 Tremont St
Mauston, WI 53948
Telephone: 608-~~847-4866~~ Birth Date: ~~02-28-1980~~
Driver's License Number: ~~0032010004008~~

2. Employer Information:

Name: Kwik Trip
Address: 22 N Union St
Mauston, WI 53948
Telephone: 608-847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Catherine Gratz Date 4-23-2012
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/14
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/25/14
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CEAP
TPS

SJK

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Grawin Silleen J
Address: 216 Nassau St. Elmhurst 53929

Telephone: WIS. (414) 222-2222 Birth Date: 7/22/73
Driver's License Number: (414) 222-2222

2. Employer Information:

Name: Jerry Sordani
Address: _____
Telephone: _____

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

Anger's Sports Bar, Mauston WI

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Jillory Grawin Date May 24 12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ has been paid by the Applicant.

City Officer Date _____

CJA

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TIPPS

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Hartje L Staup
Address: 734 Crescent St.
Mauston WI 53948
Telephone: 608-~~847-0923~~ Birth Date: ~~8-6-1982~~
Driver's License Number: ~~ED22019280481D-05~~

2. Employer Information:

Name: John Randall
Address: 103 East State St.
Mauston WI 53948
Telephone: 608-847-6279

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

DJ's Pub - Don & Joyce Fry
Harmony - Gary Towsen

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

StaupHartje Date 5-22-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ has been paid by the Applicant.

City Officer Date _____

DH

CCAP
TIPPS
SJA

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) HAYES DENELL M
Address: N7742-15th AVENUE
NEW LISBON, WI 53950
Telephone: (608) 206-1500 Birth Date: ~~01/01/1960~~
Driver's License Number: ~~HAYES DENELL 16000~~

2. Employer Information:

Name: SCULLY'S OIL COMPANY (MIBP)
Address: 1005 HWY 82
MAUSTON, 53948
Telephone: 847-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

none

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Denell M. Hayes Date 5/4/12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee [Signature] Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee [Signature] Date 5/10/12
City Officer

CCAP
T.P.P.S
SK

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) JOHN HEITSTEDT
Address: W 5404 HWY 82E Lot #81
MAUSTON WI 53948
Telephone: 608-502-0234 Birth Date: RE-ENTERED
Driver's License Number RE-ENTERED

2. Employer Information:

Name: EMERALD LOUNGE
Address: W5041 HWY 82 E
MAUSTON
Telephone: 947-5067

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

John Heitstedt Date 5-3-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/14/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/14/12
City Officer

CJK

CCAP
TIPPS

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW

RENEWAL

Cadace King

1. Applicant Information:

Name: (Last, First, Middle Initial) CADACE KING

Address: 105431 Velling Lane Lot 12 A

Mauston, Wisconsin 53948

Telephone: 608-~~800-550-0000~~ Birth Date: ~~01/20/00~~

Driver's License Number ~~000000000000000000~~

2. Employer Information:

Name: NAVIS ENTERPRISES

Address: 105041 HWY 82 E

MAUSTON

Telephone: 607-5067

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Cadace King

Date 5-3-12

Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H

Date 5/14/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H

Date 5/14/12

City Officer

Bonnie

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TIPPS

SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Kissack, Bonnie M.
Address: N4481 19th AVE
MAUSTON, WI 53948
Telephone: 608-500-2200 Birth Date: 02/02/48
Driver's License Number: 00000000000000000000

2. Employer Information:

Name: FESTIVAL FOODS
Address: 750 N. Union
MAUSTON, WI 53948
Telephone: 608-847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

none

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Bonnie M. Kissack Date 5-15-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Valerie K. Nelson Date 5-18-12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Kristina M. P. Lingl
Address: 300 W. Park St New Lisbon, WI 53950

Telephone: 608 ~~239-1240~~ Birth Date: ~~06/05/1980~~
Driver's License Number: ~~22A1390141C05~~

2. Employer Information:

Name: John Randall
Address: 130 E. State Street, Mauston WI 53948

Telephone: 608 847 6279

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

Randalls Uptown

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Kristina Lingl Date 5/22/12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee [Signature] Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ has been paid by the Applicant.

City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP *SK*
TPS

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name (Last, First, Middle Initial) Mathews Kelly L
Address: 621 E. State St
Mauston WI 53948
Telephone: 608 ~~522-1111~~ Birth Date: ~~02/01/1980~~
Driver's License Number: ~~NC2252211111~~

2. Employer Information:

Name: Kwik Trip
Address: 22 N Union St.
Mauston WI 53948
Telephone: 608 847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

K Mathews Date 4/23/12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 5/25/12
City Officer

MJ

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
CAA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Mathews Mary J

Address: 621 E State
Mauston

Telephone: 608-847-0830 Birth Date: 5/10/50

Driver's License Number WISCONSIN 41002009

2. Employer Information:

Name: Festival Foods

Address: 750 N Union St
Mauston WI 53948

Telephone: 608-847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

N/A

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Mary Jo Mathews Date 5-15-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Valerie K. Guesm Date 5-18-12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Marshall
~~Steve~~

CCAP
TBS

SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Matthe, Marshall, A
Address: W. 4285 47th St
Mauston, WI 53948
Telephone: ~~(800) 820-8220~~ Birth Date: ~~(11/22/83)~~
Driver's License Number: ~~MS00 601293 928 908~~

2. Employer Information:

Name: J & S Liquors
Address: Hwy 82
Mauston
Telephone: 847-4700

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Date 5-18-12

Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Date 5/22/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Date 5/22/12

City Officer

Over

D^m

CCAP
TPS
SH

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Miller, Doris L
Address: W5404 State Rd 82 E. Lot #82
Mauston, WI 53948
Telephone: ~~608-992-2882~~ Birth Date: 02/20/03
Driver's License Number ~~9910 927 9018 929~~

2. Employer Information:

Name: MIBP
Address: 1005 Hwy 82 Mauston, WI 53948
Telephone: 608-747-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.") none

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Doris L. Miller Date 5-5-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 5/10/12
City Officer

Application for an Operator's License

(Ord. 12.12(7) and §125.17 Wis. Stats.)

I hereby certify that the Applicant has provided proof of one of the following: (Check one and attach proof.) **The applicant...**
Please check appropriate box:

has completed the training course within the last 2 years. **RENEWAL** holds an existing operator's license.

1. Applicant has held a retail license. Name: (Last, First, Middle) Mills, Robert is enrolling or has enrolled in the Beverage Server Training Course.
Address: Mauston Wisconsin 53948

Telephone: 608-622-2328 Birth Date: 05/21/1953

Driver's License Number WISCONSIN 6452-02 Date 05/21/2005
City Officer

2. Employer Information:

Name: Karl's Truck Service Record Review

Address: Mauston Wisconsin
A review of the applicant's records has turned up (no infractions) (the following infractions) that will inhibit the applicant's ability to dispense alcohol:

Telephone: 608-563-3599 Repeated misdemeanor convictions

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 12 months, please state "none." Drug/alcohol related offenses Ordinance violations

Records are held in the Police department pursuant to Wisconsin Records Law.

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license. The Police Department (is) (is not) aware of additional information pertaining to the applicant's fitness to receive an operator's license, and it is the recommendation of the Chief of Police to (approve) (deny) (review) the application.

Robert Mills Date 5-21-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

The Ordinances, Licenses and Permits Committee (approved) (did not approve) (took no action) on this application. Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Kevin H Date 5/30/12
City Officer Council Action

Date (approved) (denied) Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant. Vote: yes no absentions absent

License Number Issued: _____ Date 5/30/12
City Officer

SK

CCAP
TPS

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) DAISEY Music
Address: 115 1/2 E State St.
Mauston WI 53948
Telephone: 608-640-5000 Birth Date: 10-02-1978
Driver's License Number: ~~9900012509609~~

2. Employer Information:

Name: EMERALD LOUNGE
Address: W5641 HWY B2 E
MAUSTON WI
Telephone: 847-5067

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Daisy Music Date May 8, 2012
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee R Date 5/14/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee R Date 5/14/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TB
CAK

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Nelson Scott A
Address: 1042 State Street, Mauston WI 53948
Telephone: (608) - 822-9800 Birth Date: 10/20/1960
Driver's License Number NOISE 1020000000000000

2. Employer Information:

Name: Mauston Park Oasis
Address: W 5041 Hwy 82 E
Mauston WI 53948
Telephone: (608) 847-6543

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

Park Oasis Restaurant

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Scott Nelson Date 5-14-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/16/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/16/12
City Officer

Laurie

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SJA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Nyen, Laurie A.
Address: W6168 Mile Bluff Rd.
Mauston, WI 53948
Telephone: ~~800-551-6212~~ Birth Date: ~~6-23-80~~
Driver's License Number ~~W5005516212100~~

2. Employer Information:

Name: Festival Foods
Address: 750 N. Union
Mauston, WI 53948
Telephone: 847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.") none

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Laurie Nyen Date 5-16-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Valerie K Nelson Date 5-18-12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SAS

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) ONDREX, Jason James

Address: 709 Prairie st
Mauston WI 53948

Telephone: 609-~~737-1200~~ Birth Date: 000000

Driver's License Number ~~000000000000000000~~

2. Employer Information:

Name: carls

Address: _____

Telephone: _____

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Jason Ondrex Date 9-21-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/21/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SJA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:
Name: (Last, First, Middle Initial) Pederson, Debra A.
Address: W1537 Hwy G EAST
Mauston WI 53948
Telephone: 608 847-4866 Birth Date: REDACTED
Driver's License Number: REDACTED

2. Employer Information:
Name: Kwik Trip
Address: 22 N. Union St. Mauston
Telephone: (608) 847-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")
NONE

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

[Signature] Date 4/23/12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

[Signature] Date 5/29/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

[Signature] Date 5/25/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SAT

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle, Initial) Ravenscroft L. Karen
Address: 503 N Harvey St
Necedah Wi 54646
Telephone: 608-502-0008 Birth Date: 09/02/00
Driver's License Number ~~7A0326302506002002~~

2. Employer Information:

Name: Mauston Interstate BP
Address: 1005 Hwy 82 E
Mauston Wi 53948
Telephone: 608-897-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Karen Ravenscroft Date 5-3-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 5/10/12
City Officer

Application for an Operator's License

(Ord. 12.12(7) and §125.17 Wis. Stats.)

I hereby certify that the Applicant has provided proof of one of the following: (Check one and attach proof.) The applicant...

Please check appropriate box:
 has completed the training course within the last 2 years. **RENEWAL** holds an existing operator's license.

1. Applicant has held a retail license **NEW** Name: (Last, first, middle initial) Ripearson Michael S is enrolling or has enrolled in the Beverage Server Training course.
Address: W. 3rd St. Mauston WI within the last 2 years.

Telephone: 608-702-0300 Birth Date: 8/20/1965
Driver's License Number: R 562 State 83042 00
City Officer: ROCK - 0376 030400

2. Employer Information:
Name: HO-CHUNK MOOSE LODGE
Address: 1000 N. Record Review
A review of the applicant's records has turned up (no infractions) (the following infractions) that will inhibit the applicant's ability to dispense alcohol:

Telephone: Felony convictions Repeated misdemeanor convictions

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 2 years. Drug/alcohol related offenses Ordinance violations
Juneau Co. Moose Lodge Records are held in the Police department pursuant to Wisconsin Records Law.

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license. I am (is) (is not) aware of additional information pertaining to the applicant's fitness to receive an operator's license, and it is the recommendation of the Chief of Police to (approve) (deny) (review) the application.

[Signature] Date: _____
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Committee Action (requested by the Chief of Police) before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.
The Ordinances, Licenses and Permits Committee (approved) (did not approve) (took no action) on this application. Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

[Signature] Date: 5/30/14
City Officer _____ Council Action

Date (approved) (denied) Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant. (absent) (absent)

License Number Issued: _____ Date: 5/30/14
City Officer _____

SAA

CCAP
TPS

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) PAM SCHRYVER
Address: N6774 Teal Dr
Mauston WI 53948
Telephone: 608-~~642-4455~~ Birth Date: ~~10-15-60~~
Driver's License Number ~~SC090269801000003~~

2. Employer Information:

Name: EMERALD LOUNGE
Address: W5641 HWY E
MAUSTON
Telephone: 847-5067

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Pamela Schryver Date 5-3-2012
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee [Signature] Date 5/14/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant

Renee [Signature] Date 5/14/12
City Officer

Jennifer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Seitz, Jennifer, N. A.
Address: N 3521 City rd G Mauston WI 53948
Telephone: 1-608-~~828-0129~~ Birth Date: ~~02-23-1980~~
Driver's License Number: ~~082004180623007~~

2. Employer Information:

Name: FESTIVAL Foods Liquor Depot
Address: 750 N. Union St
Telephone: (608) 847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

X Jennifer Seitz Date 5-16-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/21/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Valerie K. Nelson Date 5-18-12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS

SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) SHANAHAN SANDRA A
Address: N5845 VALLEY RD
NEW LISBON WI
Telephone: ~~00000000~~ Birth Date: ~~000000~~
Driver's License Number ~~0000000000~~

2. Employer Information:

Name: CARLS
Address: 419 STATE
MAUSTON
Telephone: 847-4002

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Sandra A. Shanahan
Signature of Applicant

Date May 9, 2012

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H
City Officer

Date 5/9/12

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H
City Officer

Date 5/9/12

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SK

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Turner Linda J.
Address: 100 Stonefield Circle #123
Mauston WI 53948
Telephone: ~~608 847 4266~~ Birth Date: ~~06/07/49~~
Driver's License Number: ~~00652-000080200~~

2. Employer Information:

Name: Kwik Trip Inc
Address: No. 22 Union St.
Mauston, WI 53948
Telephone: 608 847 4266

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Linda J. Turner
Signature of Applicant

Date 4/23/12

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H

Date 5/29/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H

Date 5/29/12

City Officer

CCAP
TIPPS
4

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Martin J. Valencia
Address: 960 Oak Ridge Ct 508
Mauston 53948
Telephone: 608 8475700 Birth Date: ~~10/22/69~~
Driver's License Number ~~25500000~~

2. Employer Information:

Name: Quince Mayo Restaurant
Address: 651 N Union St
Mauston 53948
Telephone: 608 8475700

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Martin Valencia Sr Date 5-25-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee Hill Date 5/30/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

City Officer Date _____

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP SA
TPS

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Veronica Valencia
Address: 960 Oak Ridge Ct 508
Mauston WI 53948
Telephone: 608 847 5700 Birth Date: ~~02/28/83~~
Driver's License Number ~~01000000~~

2. Employer Information:

Name: Cinco Mayo Restaurant
Address: 051 N Union St
Mauston
Telephone: 608-847-5700

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Veronica Valencia Date 5-25-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee Helph Date 5/30/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

City Officer Date _____

HV

CCAP
TIPS

SAK

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Vaughan Heather J
Address: 214 Carroll St. New Lisbon WI 53960

Telephone: 608-~~234-1234~~ Birth Date: ~~02/02/02~~
Driver's License Number: ~~W234-1234-5678~~

2. Employer Information:

Name: MIBP
Address: 1005 Hwy 87 Mauston WI 53948

Telephone: 608-847-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Heather Vaughan Date 5-9-12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/10/12
City Officer

Mary

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

CCAP
TPS
SAK

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Westra MARY K.

Address: N5595 16th ave
Mauston, WI

Telephone: 608-~~835-2133~~ Birth Date: ~~05-22-65~~

Driver's License Number ~~W23659162592000~~

2. Employer Information:

Name: J+S Liquors

Address: Hwy 82
Mauston

Telephone: 847-4700

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.") None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Mary Westra
Signature of Applicant

Date 5-18-12

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee Sh

Date 5/22/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee Sh

Date 5/22/12

City Officer

17.50

CCAP
TPS

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Wischki, Mary R
Address: N. 5130 Trepanza Dr
New Lisbon, WI 53950
Telephone: 604-~~202-5200~~ Birth Date: ~~02/02/00~~
Driver's License Number ~~W52A 596 6204300~~

2. Employer Information:

Name: Kwik Trip, Inc
Address: 22 N. UNION ST
Mauston, WI 53940
Telephone: 604-647-4866

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Mary R Wischki
Signature of Applicant

Date 2-14-12

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee
City Officer

Date 5/29/12

Certification of Payment

I hereby certify that an Operator's license fee of \$ 20⁰⁰ has been paid by the Applicant.

Renee
City Officer

Date 5/25/12

50

CCAP
TPS
SAA

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Whitten, Samantha M
Address: 507 Division St
Mauston, WI, 53948
Telephone: ~~(608) 847-8078~~ Birth Date: ~~8/21/89~~
Driver's License Number ~~98302 9788 9101 008~~

2. Employer Information:

Name: Mauston Interstate BP
Address: 1005 Hwy 82
Mauston, WI, 53948
Telephone: (608) 847-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Samantha Whitten Date 5/5/12
Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/10/12
City Officer

AW

CCAP
TPS
SAA

Application for an Operator's License (Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:
 Name: (Last, First, Middle Initial) Woodward, Ashley W.
 Address: 15848 US Hwy 12716
New Lisbon, WI 53950
 Telephone: 608-~~222-0179~~ Birth Date: ~~10-29-1980~~
 Driver's License Number ~~W366-0198-1163-008~~

2. Employer Information:
 Name: Mauston Interstate BP
 Address: 1005 Hwy 82 E
Mauston, WI 53948
 Telephone: 608-847-4384

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")
None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Ashley Woodward Date 5-3-12
 Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 5/10/12
 City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

Renee H Date 5/10/12
 City Officer

Class A Beer

pa 5800 5/9/12

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2012 ending: 06/30/2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } City of Mauston
County of Juneau Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number:	456-0000287614-03
Federal Employer Identification Number (FEIN):	39-1036365
LICENSE REQUESTED	
<input checked="" type="checkbox"/> Class A beer	\$ 50.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 8.00
TOTAL FEE	\$ 58.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kwik Trip, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 1626 Oak St., La Crosse, WI 54603

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	President Donald Paul Zietlow	2802 Bergamot Pl.	Onalaska, WI 54650
Vice President/Member			
Secretary/Member	Secretary Steven Donald Zietlow	N2448 Three Town Rd.	La Crosse, WI 54601
Treasurer/Member			
Agent	Agent Karen Miranda Deckert	601 Medbury St., Kendall,	WI54638
Directors/Managers	Donald P. Zietlow and Steven D. Zietlow		

C. 1. Trade Name Kwik Trip # 776 Business Phone Number 608/847-4866
2. Address of Premises 22 N Union St Post Office & Zip Code Mauston 53948

3-4-12
OK
MM

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One-story frame construction with storage in coolers & back room.
- Legal description (omit if street address is given above): _____
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for other a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side .. Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side .. Yes No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. New agent appointed July 2011 Yes No
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] .. Yes No
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 12
Deanna Hoyer
(Notary Public)

Donald P. Zietlow
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Steven D. Zietlow
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 1-19-14

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PA 5800 5/10/12

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2012 ending: June 30 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Mauston

County of Towneau Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Jeffrey T. Scully</u>	<u>P.O. Box 398</u>	<u>Lyndon Station, WI 53944</u>
Vice President/Member			
Secretary/Member	<u>Molly K. Scully</u>	<u>P.O. Box 398</u>	<u>Lyndon Station, WI 53944</u>
Treasurer/Member			
Agent	<u>Jeffrey Scully</u>		
Directors/Managers			

- C. 1. Trade Name Scully Oil Co., Inc. Business Phone Number 608-847-4384
2. Address of Premises 1005 Hwy 82 Post Office & Zip Code Mauston, WI 53948
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Convenience store
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

412
OK
MM

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May

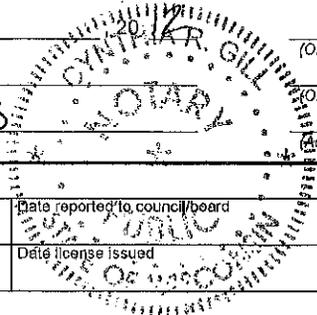
Cynthia K. [Signature] (Clerk/Notary Public)

Jeffrey T. Scully (Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 8-4-13

[Signature] (Office of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Class A Beer

Class A Liquor

pd 15800 5/15/12

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-12 ending: 6-30-13
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } MAUSTON

County of JONEAU Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company D. BURNSTAD INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Lucinda Kay Bolton</u>	<u>N731 State Rd 58</u>	<u>Woneago 53968</u>
Vice President/Member	<u>KARSTENE Kaye Burnstad</u>	<u>17883 Holiday Rd</u>	<u>Tomah 54660</u>
Secretary/Member	<u>Jeffrey Jay Bolton</u>	<u>315 Loomis DR.</u>	<u>MAUSTON 53948</u>
Treasurer/Member	<u>Jeffrey Jay Bolton</u>	<u>315 Loomis DR.</u>	<u>MAUSTON 53948</u>
Agent	<u>Kimberly Goodwin (was duplicate)</u>		

C. 1. Trade Name _____ Business Phone Number 608-847-4331
2. Address of Premises 750 N. UNION ST. Post Office & Zip Code MAUSTON 53948

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) locked storage
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

2-4-12
OK
MM

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 15th day of May, 20 12
Sandy A. Tolouse
(Clerk/Notary Public)
My commission expires 10-20-14

Lucinda A. Bolton
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Jeffrey J. Bolton
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company (if Any))

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd 158⁰⁰ 5/22/12

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2012 ending: June 30, 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Mauston

County of Juneau Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number:	<u>604-0000015965-01</u>
Federal Employer Identification Number (FEIN):	<u>32-0037985</u>
LICENSE REQUESTED ▶	
<input checked="" type="checkbox"/> Class A beer	\$ <u>50-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>100-</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>800</u>
TOTAL FEE	\$ <u>158-</u>

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ J. Rodebaugh, INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W 5745 Evergreen Ln. New Lisbon 53950
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Jason Donald Rodebaugh</u>	<u>W 5745 Evergreen Ln</u>	<u>New Lisbon 53950</u>
Vice President/Member	<u>same</u>		
Secretary/Member			
Treasurer/Member			
Agent ▶			

C. 1. Trade Name ▶ J & S Liquor Mart Business Phone Number 608 847 4700
2. Address of Premises ▶ _____ Post Office & Zip Code ▶ 53948

3rd 4-12
OK
MM

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described.) Steel pole building
5. Legal description (omit if street address is given above): 519 State Rd 825 east Mauston 53948
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 22nd day of May, 2012
Renee Sultz - Dep Clerk
(Clerk/Notary Public)
My commission expires _____

Jason Rodebaugh
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5/22/12</u>		
License number issued	Date license issued	Signature of Clerk / Deputy-Clerk

Class B Beer

Class B Liquor

PD 408^{LD} 5/7/12

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1ST 2012 20 12 ;
ending June 30TH 20 13 .

TO THE GOVERNING BODY of the: Town of }
 Village of }
 City of }

County of JUNEAU Aldermanic Dist. No. _____ (if required by ordinance)

- 1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
- CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

- 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Burton-Koppang
American Legion Post #81

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Commander ED Rodgers</u>	<u>541 Maple Dr</u>	<u>MAUSTON</u>
Vice President/Member	<u>VICE-CMDR. Jim Ahrens</u>	<u>W 2988 59TH ST</u>	<u>LYNCH STATION</u>
Secretary/Member			
Treasurer/Member	<u>JIM WOLMER</u>	<u>FINANCIAL OFFICER 603 MILWAUKEE</u>	<u>MAUSTON</u>
Agent	<u>BILL Bomber</u>	<u>145839 Woodland Hills</u>	<u>NEW LONDON</u>
Directors/Managers	<u>Bar Man Gary MacPherson</u>	<u>W 3567 Carson HTS</u>	<u>MAUSTON, WI</u>

- 3. Trade Name Burton-Koppang Post #81 Business Phone Number 847-2407
- 4. Address of Premises 1055 E. STATE ST. Post Office & Zip Code MAUSTON WI 53948

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
- 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- 8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Legion Hall

- 10. Legal description (omit if street address is given above): _____
- 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
- (b) If yes, under what name was license issued? Burton-Koppang Post #81

- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
- 13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
- 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 7th day of May, 20 12
Renee Schultz - Dep. Clerk
(Clerk/Notary Public)

Edwin Crozen
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
James R. Arens
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Dennis J. Wolmer
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires _____

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/7/12</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

OK
5.4.12

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2012 ending: June 30, 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Mauska
 Village of }
 City of }
 County of Oneida Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Bernard, June K 1933 Lakes Edge Ln Friendship 53934

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name Dry Gulch Saloon + Eatery Business Phone Number 608-847-4777

2. Address of Premises 112 E State St Post Office & Zip Code 53948

412
OK
MM

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Tavern, restaurant, kitchen, bar, banquet room

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 14th day of May, 2012
Renee Hahn - Deputy Clerk
(Clerk/Notary Public)
 My commission expires _____

June K Bernard
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/14/12</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-0000548007-03</u>
Federal Employer Identification Number (FEIN):
LICENSE REQUESTED
TYPE FEE
<input type="checkbox"/> Class A beer \$
<input checked="" type="checkbox"/> Class B beer \$ <u>100.00</u>
<input type="checkbox"/> Class C wine \$
<input type="checkbox"/> Class A liquor \$
<input checked="" type="checkbox"/> Class B liquor \$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor \$
Publication fee \$ <u>8.00</u>
TOTAL FEE \$ <u>408.00</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 2012 ending: 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Mauston

County of Juneau Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>9.00</u>
TOTAL FEE	\$ <u>409.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ Daniel Lee Frisch 609 3rd Ave Baraboo WI 53913
Susan Alice Sullivan 214 1/2 Lincoln Mauston WI 53948

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ _____
 Directors/Managers _____

C. 1. Trade Name ▶ Heinie's Tavern Business Phone Number (608) 847-6124
 2. Address of Premises ▶ 607 Union Street Post Office & Zip Code ▶ Mauston WI

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) furnace room Bar area, 2 bathrooms, store room
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 4th day of May, 2012
Rene Holt
(Clerk/Notary Public)
 My commission expires _____

x Susan A Sullivan
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 x Daniel L Frisch
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2012 ending: June 30, 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Mauston

County of Juneau Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Householder Robert R Home Address N 3605 Householder Ln. Post Office & Zip Code Mauston WI 53946

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Carl's Bright Spot LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 419 E. State St

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Carl's Bright Spot Business Phone Number 847-4002

2. Address of Premises 419 E State St Post Office & Zip Code Mauston WI 53946

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 story wooden framed building

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 7th day of May, 20 12
Renee H. Hall - Dep. Clerk
(Clerk/Notary Public)

Robert R Householder
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires _____

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/7/12</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-000619356-02</u>	
Federal Employer Identification Number (FEIN): <u>32-0047768</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>8.10</u>
TOTAL FEE	\$ <u>408.10</u>

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PC 408 5/15/10

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1st 20 12 ;
ending June 30th 20 13

TO THE GOVERNING BODY of the: Town of }
 Village of }
 City of }

County of JUNEAU Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-0000-11321-02</u>	
Federal Employer Identification Number (FEIN): <u>23-7143462</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.00</u>
TOTAL FEE	\$ <u>408.00</u>

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): _____

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Governor Robert Mills</u>	<u>2497 Co B Mauston, WI</u>	<u>53948</u>
Vice President/Member	<u>Jr. Past Governor Michael Rynearson</u>	<u>4352 51st Lyndon Station, WI</u>	<u>53944</u>
Secretary/Member	<u>Donald H Rynearson</u>	<u>46124 Fairwalk Lane Mauston, WI</u>	<u>53948</u>
Treasurer/Member	<u>Treasurer Earl E Duffy</u>	<u>19374 Winona Ave New Lisbon, WI</u>	<u>53950</u>
Agent	<u>Danica Rynearson</u>		
Directors/Managers			

3. Trade Name JUNEAU County Moose Lodge Business Phone Number 608-847-7833
4. Address of Premises 601 Colfax Street Post Office & Zip Code P.O. Box 154 53948

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar area + cooler + bathrooms
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Juneau County Moose Lodge
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 24 day of May, 20 10
Renee Adelt - Dep Clerk
(Clerk/Notary Public)

D. H. Rynearson
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Earl E. Duffy
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires _____

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/24/10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

pc 40810 5/14/11

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/12 ending: 6/30/13
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } MAUSTON

County of JUNEAU Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
▶ JAMIE NAVIS N2752 OVERGARD RD MAUSTON, WI 53948

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ NAVIS ENTERPRISES INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W5641 HWY B2 E - MAUSTON, WI 53948
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member SAME AS ABOVE
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ SAME AS ABOVE
Directors/Managers _____

C.1. Trade Name ▶ EMERALD LOUNGE Business Phone Number 847-5067
2. Address of Premises ▶ W5641 HWY B2 - MAUSTON Post Office & Zip Code ▶ 53948

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- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) LOUNGE
- 5. Legal description (omit if street address is given above): 1004 & 1006 STATE RD B2 - MAUSTON, WI 53948
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 11 day of may, 20 12
Brian A. Jew
(Clerk/Notary Public)
My commission expires 2-9-14

Jamie Navis
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Jamie Navis
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2012 ending: June 30, 13
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Mauston
 County of Juneau Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) John A Randall Home Address N3821 CC Town Line Rd Post Office & Zip Code 53948
Mauston, WI

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

- C. 1. Trade Name Randall's Uptown Business Phone Number 608-847-6279
 2. Address of Premises 130 E State Post Office & Zip Code Mauston, WI 53948
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First floor concrete
 5. Legal description (omit if street address is given above): 16 ft covered 26 ft uncovered by 18' outside
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. now single ownership Yes No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 21st day of May, 20 12
[Signature]
(Clerk/Notary Public)

[Signature: John A Randall]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/21/12</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>9.00</u>
TOTAL FEE	\$ <u>408.00</u>

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RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2012 ending: June 30 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } MAUSTON

County of SUNBELL Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>441509</u>	
Federal Employer Identification Number (FEIN): <u>39-1607491</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.00</u>
TOTAL FEE	\$ <u>408.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) CAROLAN Terry Home Address W 8621 NORTON RD MAUSTON WI 53948 Post Office & Zip Code MAUSTON WI 53948
SANDIN Angelo A u z z w

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ _____
 Directors/Managers _____

C. 1. Trade Name ▶ ANUSCLOS SPORTS BROS BERY Business Phone Number 608-847-4000
 2. Address of Premises ▶ 533 STATE ST Post Office & Zip Code ▶ MAUSTON WI 53948

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3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR AREA, DINING ROOM, PATIO, BANQUET ROOM, SIDE ROOMS, BASEMENT, RESTROOMS
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges** for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 24th day of May, 20 12
Vicky L. Leavitt
(Clerk/Notary Public)
 My commission expires 2-14-16

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/24/12</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2012 ending: June 30 2012
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Mauston
 Village of }
 City of }
 County of Suamico Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>441507</u>	
Federal Employer Identification Number (FEIN): <u>39-1603491</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>9.00</u>
TOTAL FEE	\$ <u>409.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
SARAZIN Sergey V W 8621 Norton Rd MAUSTON WI 53848
SARAZIN Angela A 1700 u u u u u u u u u u

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ _____

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C.1. Trade Name ▶ MAUSTON BOWL Business Phone Number _____

2. Address of Premises ▶ 531 STATE RD 82E Post Office & Zip Code ▶ _____

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR, Bowling Area, Game Room, KITCHEN ROOM, Storage Room

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of May, 20 12

Vicky D. Leavitt
(Clerk/Notary Public)

My commission expires 2-14-16

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/24/12</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

456-00000258-05

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 20 12 ending June 30, 20 12

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): <u>39-1410613</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>9.00</u>
TOTAL FEE	\$ <u>409.00</u>

TO THE GOVERNING BODY of the: Town of Village of City of Mauwin

County of Juneau Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Gary Tousea

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name HARMONIC PUB Business Phone Number 947-5969 - 853-2124

4. Address of Premises 101 E Hwy 82 Post Office & Zip Code 53948

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Lounge in hotel + storage + 30' x 50' Gravel area

10. Legal description (omit if street address is given above): _____

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Pub + Bar Bar + Joyce Pub

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]. Yes No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 22nd day of May, 20 12
Gene Hyatt - Dep Clerk
(Clerk/Notary Public)

Gary R Tousea
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires _____

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>5/22/12</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

OK
5/22/12

WHEN RECEIVED

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 12 ending: June 30, 13
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Mouston
 Village of }
 City of }

County of Jones Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

COPY

Applicant's Wisconsin Seller's Permit Number:	<u>456-002726 V794-04</u>
Federal Employer Identification Number (FEIN):	<u>45-2569191</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>160.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.00</u>
TOTAL FEE	\$ <u>408.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) NMI Home Address 651 Union St #5 Post Office & Zip Code Mouston WI 53948
Andres Valencia

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Andres Valencia</u>	<u>651 Union St</u>	<u>53948</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C.1. Trade Name Cinco de Mayo Mexican Restaurant Business Phone Number 608 847 5700

2. Address of Premises 651 Union St #5 Post Office & Zip Code 53948

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records.
 (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, storage area, cooler, kitchen

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 30th day of May, 2012
Rene Helber - Dep Clerk
(Clerk/Notary Public)

Andres Valencia
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires _____

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5/30/12</u>	<u>6/12/12</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Class B Beer

Class C Wine

pd 208¹² 5/10/12

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 12 ;
ending JUNE 30 20 13

TO THE GOVERNING BODY of the: Town of }
 Village of } MAUSTON
 City of }

County of JUNEAU Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number: <u>456-0000141775-03</u>	
Federal Employer Identification Number (FEIN): <u>39-1806670</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Wholesale beer	\$
<input checked="" type="checkbox"/> Class C wine	\$ 100.00
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 8.00
TOTAL FEE	\$ 208.00

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Pizza Hut of Southern Wisconsin, Inc.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code	
President/Member	<u>President</u>	<u>Richard J. Divelbiss</u>	<u>434 S. Yellowstone Drive</u>	<u>Madison, WI 53719</u>
Vice President/Member	<u>Vice President</u>	<u>Gayla L. Divelbiss</u>	<u>434 S. Yellowstone Drive</u>	<u>Madison, WI 53719</u>
Secretary/Member	<u>Secretary</u>	<u>Gayla L. Divelbiss</u>	<u>434 S. Yellowstone Drive</u>	<u>Madison, WI 53719</u>
Treasurer/Member	<u>Treasurer</u>	<u>Matthew B. Anderson</u>	<u>434 S. Yellowstone Drive</u>	<u>Madison, WI 53719</u>
Agent ▶	<u>Agent</u>	<u>Carl P. Walz</u>	<u>302 S. Preston Ave.</u>	<u>Reedsburg, WI 53959</u>
Directors/Managers	<u>Richard J. Divelbiss</u>	<u>434 S. Yellowstone Drive</u>	<u>Madison, WI 53719</u>	

3. Trade Name ▶ Pizza Hut Business Phone Number 608-847-1717
4. Address of Premises ▶ 623 State Road Highway 82 East Post Office & Zip Code ▶ Mauston, WI 53948

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 11/01/68 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) one story brick structure, all rooms accessible

10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Pizza Hut of Southern Wisconsin, Inc.
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]. Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign. Corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of May 2012

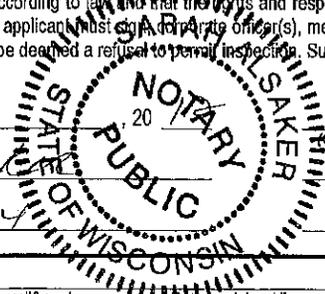
[Signature]
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 05/23/2014

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

pd 208.00 5/16/12

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 2012 ending: July 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Mauston

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>004-0002930722-01</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.00</u>
TOTAL FEE	\$ <u>208.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Arva J. Imashek</u>	<u>PO Box 25 Mauston WI</u>	<u>53948</u>
Vice President/Member	<u>Chadwyn Imashek</u>	<u>PO Box 25 Mauston WI</u>	<u>53948</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____

C. 1. Trade Name Mauston Park Oasis Bar & Grill Business Phone Number _____
2. Address of Premises _____ Post Office & Zip Code _____

0.412
OK
MM

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
5. Legal description (omit if street address is given above): 500 sq foot area w/ locked facility S.E. corner
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
this 16th day of May, 2012
Paula Sheer Dep. Clerk
(Clerk/Notary Public)

Arva J. Imashek
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Chadwyn Imashek
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5/16/12</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2012 ending: June 30, 2013
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Mauston
 County of Tuneau Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Roman Castle Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Alex Tserkezis</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Alex Tserkezis</u>		
Directors/Managers			

C. 1. Trade Name Roman Castle Restaurant Business Phone Number 608-847-3714
 2. Address of Premises _____ Post Office & Zip Code Mauston, 53948

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One story restaurant building
5. Legal description (omit if street address is given above): 532 Hwy 82 East
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 15th day of May, 20 12
Rhner H (Clerk/Notary Public) Alex Tserkezis (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 My commission expires _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/15/12</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>39-1843251</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.-</u>
TOTAL FEE	\$ <u>208.-</u>

4-12
O.K.
Mm

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

pd fee
6/13/12

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10-

Application Date: 6/7/12

Town Village City of Mauston County of JUNEAU

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Jun 30, 2012 and ending July 2, 2012 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Juneau County Moose Lodge 1913

(b) Address 605 Colfax Street P.O. Box 154 Mauston, WI 53948
(Street) Town Village City

(c) Date organized 12/8/1968

(d) If corporation, give date of incorporation July 1, 1988

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Governor - Robert Mills - N5497 City Rd B Mauston, WI 53948

Vice President Past Governor - Michael Fynearson - W5382 57th St Lyndon Station WI

Secretary ADMINISTRATOR - D. Ab. Rynearson - W6127 Fairway Ln. Mauston, WI 53948

Treasurer Trustee Charles Schend - N10051 Hwy G Necedah, WI 57646

(g) Name and address of manager or person in charge of affair: Donald H Fynearson
W6124 Fairway Lane, Mauston, Wisconsin 53948

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number Veteran's Park

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. NAME OF EVENT

(a) List name of the event Summer Smash

(b) Dates of event June 30th, 2012 OR July 1st, 2012

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Juneau County Moose Lodge 1913
(Name of Organization)

Officer Robert Mills
(Signature/date)

Officer D. Rynearson
(Signature/date)

Officer Mary
(Signature/date)

Officer Charles Schend
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

**PUBLIC WORKS
COMMITTEE
ITEMS**

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Influent Flow and Loading

Questions								
1.	Monthly average flows and (C)BOD loadings.							
	InFluent No.701	Influent Monthly Average Flow, MGD	X	Influent Monthly Average (C)BOD Concentrati on mg.l	X	8.34	=	Influent Monthly Average(C) BOD Loading, pounds/day
	January	0.4527	X	311	X	8.34	=	1175
	February	0.4976	X	265	X	8.34	=	1101
	March	0.8288	X	196	X	8.34	=	1357
	April	0.9159	X	176	X	8.34	=	1342
	May	0.7162	X	182	X	8.34	=	1084
	June	0.5862	X	225	X	8.34	=	1100
	July	0.5438	X	285	X	8.34	=	1294
	August	0.5265	X	354	X	8.34	=	1556
	September	0.4790	X	349	X	8.34	=	1395
	October	0.4505	X	307	X	8.34	=	1152
	November	0.4857	X	341	X	8.34	=	1383
	December	0.4698	X	240	X	8.34	=	939
2.	Maximum month design flow and design (C)BOD loading.							
		Design	X	%	=	% of Design		
	Max Month Design Flow, MGD	1.5	x	90	=	1.35		
			x	100	=	1.5		
	Design (C)BOD, lbs./day	2480	x	90	=	2232		
			x	100	=	2480		

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Influent Flow and Loading (Continued)

3. Number of times the flow and (C)BOD exceeded 90% or 100% of design, points earned, and score:

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

4. Was the influent flow meter calibrated in the last year?

- Yes Enter last calibration date, MM/DD/YYYY 05/03/2012
 No -explain

5. Sewer Use Ordinance

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

- Yes
 No

If No, please describe:

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/22/2012**

Reporting Year: 2011

Influent Flow and Loading (Continued)

	<p>5.2 Was it necessary to enforce?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	--

6. Septage Receiving

	<p>6.1 Did you have requests to receive septage at your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table> <p>6.2 Did you receive septage at your facility? If yes, indicate volume in gallons</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Septic Tanks</th> <th style="width: 33%;">Holding Tanks</th> <th style="width: 33%;">Grease Traps</th> </tr> <tr> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td><input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> <tr> <td>gal</td> <td>gal</td> <td>gal</td> </tr> </table> <p>6.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Septic Tanks	Holding Tanks	Grease Traps	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	gal	gal	gal
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
Septic Tanks	Holding Tanks	Grease Traps														
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No														
gal	gal	gal														

7. Pretreatment

	<p>7.1 Did your facility experience operational problems, permit violations, biosolids quality concerns or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, describe the situation and your community's response:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>7.2 Did your facility accept hauled industrial wastes, landfill leachate, etc?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the plant from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	---

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Effluent Quality and Plant Performance ((C)BOD)

Questions							
1.	Monthly average effluent values, exceedances, and points for (C)BOD:						
	Outfall No.001	Monthly Average C(BOD) Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average C(BOD) (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	30	27	2	1	0	0
	February	30	27	2	1	0	0
	March	30	27	4	1	0	0
	April	30	27	11	1	0	0
	May	30	27	10	1	0	0
	June	30	27	11	1	0	0
	July	30	27	21	1	0	0
	August	30	27	13	1	0	0
	September	30	27	8	1	0	0
	October	30	27	8	1	0	0
	November	30	27	4	1	0	0
	December	30	27	2	1	0	0
	* Equals limit if limit is <=10						
	Months of Discharge/yr				12		
	Points per each exceedance with 12 months of discharge:					7	3
	Exceedances					0	0
	Points					0	0
	Total Number of Points						0
	<p>NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is 12/6 = 2.0</p>						
2.	If any violations occurred, what action was taken to regain compliance?						
3.	Was the effluent flow meter calibrated in the last year?						
	<input checked="" type="radio"/> Yes - enter last calibration date, MM/DD/YYYY:					05/03/2012	
	<input type="radio"/> No - explain:						

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Effluent Quality and Plant Performance ((C)BOD) (Continued)

4.	What problems, if any, were experienced over the last year that threatened treatment?
	none
5.	Other Monitoring and Limits
	<p>5.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as metals, pH, residual chlorine, or fecal coliform?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<p>5.2 At any time in the past year was there an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<p>5.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA </p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Effluent Quality and Plant Performance (Total Suspended Solids)

Questions							
1.	Monthly average effluent values, exceedances, and points for TSS:						
	Outfall No.001	Monthly Average TSS Limit (mg/L)	90% of Permit Limit >10 (mg/L)*	Effluent Monthly Average TSS (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
	January	30	27	7	1	0	0
	February	30	27	6	1	0	0
	March	30	27	10	1	0	0
	April	30	27	17	1	0	0
	May	30	27	16	1	0	0
	June	30	27	29	1	0	1
	July	30	27	18	1	0	0
	August	30	27	13	1	0	0
	September	30	27	8	1	0	0
	October	30	27	7	1	0	0
	November	30	27	6	1	0	0
	December	30	27	4	1	0	0
	* Equals limit if limit is <=10						
	Months of Discharge/yr				12		
	Points per each exceedance with 12 months of discharge:					7	3
	Exceedances					0	1
	Points					0	3
	Total Number of Points						3
	<p>NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$</p>						
2.	If any violations occurred, what action was taken to regain compliance?						

Total Points Generated	3
Score (100 - Total Points Generated)	97
Section Grade	A

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Effluent Quality and Plant Performance (Phosphorus)

Questions					
1.	Monthly average effluent values, exceedances, and points for Phosphorus:				
	Outfall No.001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
	January	1	0.7	1	0
	February	1	0.8	1	0
	March	1	0.7	1	0
	April	1	0.5	1	0
	May	1	0.6	1	0
	June	1	0.6	1	0
	July	1	0.6	1	0
	August	1	0.3	1	0
	September	1	0.3	1	0
	October	1	0.4	1	0
	November	1	0.7	1	0
	December	1	0.3	1	0
	Months of Discharge/yr			12	
	Points per each exceedance with 12 months of discharge:				10
	Exceedances				0
	Total Number of Points				0
	<p>NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$</p>				
2.	If any violations occurred, what action was taken to regain compliance?				

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Ponds And Lagoon Leakage

	Questions	Points																																										
1.	What material was used to line your ponds? <div style="border: 1px solid black; padding: 5px; width: fit-content;">PVC sheeting</div>																																											
2.	Did you measure influent flow to your wastewater ponds or lagoons? <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points - Go to 8) 2.1 Enter your method of influent flow measurement in the box below: <div style="border: 1px solid black; padding: 5px; width: fit-content;">Ultrasonic flow meter</div>	0																																										
3.	Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream? <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points - Go to 8) <input type="radio"/> No Discharge (0 points) 3.1 Enter your method of effluent flow measurement in the box below: <div style="border: 1px solid black; padding: 5px; width: fit-content;">ultrasonic flow meter</div>	0																																										
4.	Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #000080; color: white;"> <th style="width: 30%;">Total Monthly Influent Volume(million gal)</th> <th style="width: 40%;"></th> <th style="width: 30%;">Total Monthly Effluent Volume(million gal)</th> </tr> </thead> <tbody> <tr><td>14.034</td><td>January</td><td>11.588</td></tr> <tr><td>13.933</td><td>February</td><td>13.395</td></tr> <tr><td>25.694</td><td>March</td><td>26.514</td></tr> <tr><td>27.476</td><td>April</td><td>29.422</td></tr> <tr><td>22.202</td><td>May</td><td>24.559</td></tr> <tr><td>17.587</td><td>June</td><td>14.24</td></tr> <tr><td>16.857</td><td>July</td><td>14.177</td></tr> <tr><td>16.322</td><td>August</td><td>9.544</td></tr> <tr><td>14.371</td><td>September</td><td>12.899</td></tr> <tr><td>13.965</td><td>October</td><td>11.034</td></tr> <tr><td>14.571</td><td>November</td><td>14.57</td></tr> <tr><td>14.564</td><td>December</td><td>13.512</td></tr> <tr><td>211.5760</td><td>Years Total</td><td>195.4540</td></tr> </tbody> </table>	Total Monthly Influent Volume(million gal)		Total Monthly Effluent Volume(million gal)	14.034	January	11.588	13.933	February	13.395	25.694	March	26.514	27.476	April	29.422	22.202	May	24.559	17.587	June	14.24	16.857	July	14.177	16.322	August	9.544	14.371	September	12.899	13.965	October	11.034	14.571	November	14.57	14.564	December	13.512	211.5760	Years Total	195.4540	
Total Monthly Influent Volume(million gal)		Total Monthly Effluent Volume(million gal)																																										
14.034	January	11.588																																										
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13.965	October	11.034																																										
14.571	November	14.57																																										
14.564	December	13.512																																										
211.5760	Years Total	195.4540																																										

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Ponds And Lagoon Leakage (Continued)

	<p>8.1 <input type="radio"/> Yes Year <input style="width: 100px;" type="text"/></p> <p> <input checked="" type="radio"/> No</p> <p>8.2 If yes, what was the Field Test Calculated Leakage Rate for your ponds/lagoons?</p> <p><input style="width: 100px;" type="text"/> gpad</p> <p>NOTE: if 8.1 is answered Yes, the value in 8.2 will be used in 9 to compute points generated.</p> <p>8.3 Leakage Rate Comments:</p> <p><input style="width: 600px; height: 20px;" type="text"/></p>													
9.	<p>The CMAR Estimated Leakage Rate (from 7) is used to determine the points generated in the table below.</p> <p>IF an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 8.2) is used to determine the points earned from the table below</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">gpap</th> <th style="width: 50%;">points</th> </tr> </thead> <tbody> <tr> <td>0-1,000</td> <td>0</td> </tr> <tr> <td>1,001-2,000</td> <td>10</td> </tr> <tr> <td>2,001-4,000</td> <td>20</td> </tr> <tr> <td>4,001-7,000</td> <td>30</td> </tr> <tr> <td>>7,000</td> <td>40</td> </tr> </tbody> </table> <p>Based on the leakage rate in gpap, the points earned are:</p>	gpap	points	0-1,000	0	1,001-2,000	10	2,001-4,000	20	4,001-7,000	30	>7,000	40	10
gpap	points													
0-1,000	0													
1,001-2,000	10													
2,001-4,000	20													
4,001-7,000	30													
>7,000	40													

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	B

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Biosolids Quality and Management

Questions	Points
1. Biosolids Use/Disposal:	
<p>1.1 How did you use or dispose of your biosolids?(Check all that apply)</p> <p> <input type="checkbox"/> Land Applied Under Your Permit <input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids <input type="checkbox"/> Hauled to Another Permitted Facility <input type="checkbox"/> Landfilled <input type="checkbox"/> Incinerated <input checked="" type="checkbox"/> Other </p> <p>NOTE:If you do not remove biosolids from your system annually, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc, and if biosolids were land applied last year, please also check top box above.</p> <p>1.1.1 If you checked Other, Please describe:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Lagoons no hauling</div>	
6. Biosolids Storage:0	
<p>6.1 How many days of actual,current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p> <input checked="" type="radio"/> >+ 180 days (0 points) <input type="radio"/> 150 - 179 days (10 points) <input type="radio"/> 120 - 149 days (20 points) <input type="radio"/> 90 - 119 days (30 points) <input type="radio"/> < 90 days (40 points) <input type="radio"/> Not Applicable (0 points) </p>	0
<p>6.2 If you check Not Applicable above, explain why.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
7. Issues:	
<p>7.1 Describe any outstanding biosolids issues with treatment, use or overall mgt?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Staffing and Preventative Maintenance (All Treatment Plants)

Questions	Points
<p>1. Was your wastewater treatment plant adequately staffed last year?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>If No, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No. Explain </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>3. Did your plant have a <u>documented AND implemented</u> plan for preventative maintenance on major equipment items?</p> <p> <input checked="" type="radio"/> Yes (Continue with questions below) <input type="radio"/> No (40 points and go to question 6) </p> <p>If No, explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0
<p>4. Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No (10 points) </p>	0
<p>5. Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> (Paper file system) <input type="radio"/> (Computer program) <input checked="" type="radio"/> (Both Paper and Computer) <input type="radio"/> No (10 points) </p>	0
<p>6. Did your plant have a detailed O&M Manual that was used as a reference when needed?</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>	
<p>7. Rate the overall maintenance of your wastewater plant.</p> <p> <input checked="" type="radio"/> Excellent </p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Staffing and Preventative Maintenance (All Treatment Plants) (Continued)

	<p> <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor </p> <p>Describe your rating:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Experienced staff and well educated.</div>	
--	--	--

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/22/2012

Reporting Year: 2011

Operator Certification and Education

Questions		Points
1.	Did you have a designated operator-in-charge during the report year?	0
	<p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p> <p>Name: <input style="width: 500px;" type="text" value="ROBERT A NELSON"/></p> <p>Certification No: <input style="width: 500px;" type="text" value="20512"/></p>	
2.	In accordance with Chapter NR 114.08 and 114.09, Wisconsin Administrative Code, what grade and subclass(es) were required for the operator-in-charge to operate the wastewater treatment plant and what grade and subclass(es) were held by the operator-in-charge?	
	<p>Required: <input style="width: 500px;" type="text" value="2 - DI; D - PONDS/AERATED LAGOONS; I - PHOSPHORUS REMOVAL"/></p> <p>Held: <input style="width: 500px;" type="text" value="4 - ABCDJ; 2 - EI; 4 - A=PRIMARY SETTLING GRADE 4; B=TRICKLING FILTER/RBC GRADE 4; C=ACTIVATED SLUDGE GRADE 4; D=PONDS/AERATED LAGOONS GRADE 4; J=LABORATORY GRADE 4; 2 - E=DISINFECTION GRADE 2; I=PHOSPHORUS REMOVAL GRADE 2"/></p>	
3.	Was the operator-in-charge certified at the appropriate level to operate this plant?	0
	<p> <input checked="" type="radio"/> Yes (0 point) <input type="radio"/> No (20 points) </p>	
4.	In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation & maintenance of the plant that includes one or more of the following options (check all that apply):	0
	<p>4.1 <input checked="" type="checkbox"/> one or more additional certified operators on staff</p> <p>4.2 <input type="checkbox"/> an arrangement with another certified operator</p> <p>4.3 <input type="checkbox"/> an arrangement with another community with a certified operator</p> <p>4.4 <input type="checkbox"/> an operator on staff who has an operator-in-training certificate for your plant and is expected be certified within one year</p> <p>4.5 <input type="checkbox"/> a consultant to serve as your certified operator</p> <p>4.6 <input type="checkbox"/> None of the above (20 points)</p> <p>Explain: <input style="width: 500px;" type="text"/></p>	
5.	If you had a designated operator-in-charge, was the operator-in-charge earning continuing education credits at the following rates?	
	<p>Grades T, 1, and 2:</p> <p><input type="radio"/> Averaging 6 or more CEUs per year</p> <p><input type="radio"/> Averaging less than 6 CEUs per year</p> <p>Grades 3 and 4:</p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/22/2012**

Reporting Year: 2011

Operator Certification and Education (Continued)

	<input checked="" type="radio"/>	Averaging 8 or more CEUs per year	
	<input type="radio"/>	Averaging less than 8 CEUs per year	
	Not applicable:		
	<input type="radio"/>	See Question 1.	

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/23/2012**

Reporting Year: 2011

Financial Management

	Questions	Points									
1.	Person Providing This Financial Information										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="border: 1px solid black; padding: 2px;">Cindy Schlichting</td> </tr> <tr> <td>Telephone:</td> <td style="border: 1px solid black; padding: 2px;">(608) 847-6676</td> </tr> <tr> <td>E-Mail Address(optional):</td> <td style="border: 1px solid black; padding: 2px;">cindys@mauston.com</td> </tr> </table>	Name:	Cindy Schlichting	Telephone:	(608) 847-6676	E-Mail Address(optional):	cindys@mauston.com				
Name:	Cindy Schlichting										
Telephone:	(608) 847-6676										
E-Mail Address(optional):	cindys@mauston.com										
2.	Are User Charge or other Revenues sufficient to cover O&M Expenses for your wastewater treatment plant AND/OR collection system ?	0									
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) </p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>										
3.	When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: 2011	0									
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> 0-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable (Private Facility) </p>										
4.	Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	0									
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No (40 points) </p>										
REPLACEMENT FUNDS(PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 5)											
5.	Equipment Replacement Funds										
	5.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: 2011	0									
	<p style="margin-left: 40px;"> <input checked="" type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> Not Applicable Explain: </p> <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 40px;"></div>										
	5.2 What amount is in your Replacement Fund?										
	Equipment Replacement Fund Activity										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5.2.1 Ending Balance Reported on Last Year's CMAR:</td> <td style="width: 10%;"></td> <td style="width: 30%; text-align: right;">\$423,445.01</td> </tr> <tr> <td>5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>5.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$423,445.01</td> </tr> </table>	5.2.1 Ending Balance Reported on Last Year's CMAR:		\$423,445.01	5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$0.00	5.2.3 Adjusted January 1st Beginning Balance		\$423,445.01	
5.2.1 Ending Balance Reported on Last Year's CMAR:		\$423,445.01									
5.2.2 Adjustments if necessary (e.g., earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	\$0.00									
5.2.3 Adjusted January 1st Beginning Balance		\$423,445.01									

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/23/2012**

Reporting Year: 2011

Financial Management (Continued)

	<p>5.2.4 Additions to Fund (e.g., portion of User Fee, earned interest, etc.) + \$6,862.30</p> <p>5.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 5.2.5.1 below*) - \$28,380.63</p> <p>5.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$401,926.68</p> <p>(All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.)</p> <p>*5.2.5.1. Indicate adjustments, equipment purchases and/or major repairs from 5.2.5 above</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;">we purchased lift station pumps that were worn out.</div>							
	<p>5.3 What amount <u>should</u> be in your replacement fund? \$375,000.00</p> <p>(If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP option button.)</p>							
	<p>5.3.1 Is the Dec. 31 Ending Balance in your Replacement Fund above (#5.2.6) equal to or greater than the amount that should be in it(#5.3)?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
6.	Future Planning							
	<p>6.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating or new construction of your treatment facility or collection system?</p> <p><input type="radio"/> Yes (If yes, please provide major project information, if not already listed below)</p> <p><input checked="" type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Project Description</th> <th style="width: 20%;">Estimated Cost</th> <th style="width: 20%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Project Description	Estimated Cost	Approximate Construction Year				
Project Description	Estimated Cost	Approximate Construction Year						
7.	Financial Management General Comments:							
	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>							

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

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:
5/23/2012

Reporting Year: 2011

Sanitary Sewer Collection Systems

Questions	Points
<p>1. Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?</p> <p style="margin-left: 40px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	
<p>2. Did you have a <u>documented</u> (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance or CMOM program last calendar year?</p> <p style="margin-left: 40px;"> <input checked="" type="radio"/> Yes (go to question 3) <input type="radio"/> No (30 points) (go to question 4) </p>	0
<p>3. Check the elements listed below that are included in your Operation and Maintenance (O&M) or CMOM program.:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Goals: Describe the specific goals you have for your collection system: <div style="border: 1px solid black; padding: 2px; margin-left: 40px;">To continue the replace old sewer main through street rehab projects</div> </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Organization: Do you have the following written organizational elements (check only those that you have): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ownership and governing body description <input checked="" type="checkbox"/> Organizational chart <input checked="" type="checkbox"/> Personnel and position descriptions <input checked="" type="checkbox"/> Internal communication procedures <input type="checkbox"/> Public information and education program </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Legal Authority: Do you have the legal authority for the following (check only those that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sewer use ordinance Last Revised MM/DD/YYYY <div style="border: 1px solid black; padding: 2px; margin-left: 20px;">03/11/2008</div> <input checked="" type="checkbox"/> Pretreatment/Industrial control Programs <input type="checkbox"/> Fat, Oil and Grease control <input type="checkbox"/> Illicit discharges (commercial, industrial) <input checked="" type="checkbox"/> Private property clear water (sump pumps, roof or foundation drains, etc) <input checked="" type="checkbox"/> Private lateral inspections/repairs <input type="checkbox"/> Service and management agreements </p> <p style="margin-left: 20px;"> <input type="checkbox"/> Maintenance Activities: details in Question 4 </p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Design and Performance Provisions: How do you ensure that your sewer system is designed and constructed properly? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> State plumbing code <input checked="" type="checkbox"/> DNR NR 110 standards <input checked="" type="checkbox"/> Local municipal code requirements <input checked="" type="checkbox"/> Construction, inspection and testing <input type="checkbox"/> Others: </p>	

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: **Mauston Wastewater Treatment Facility**

Last Updated:
5/23/2012

Reporting Year: **2011**

Sanitary Sewer Collection Systems (Continued)

	<p><input checked="" type="checkbox"/> Overflow Emergency Response Plan: Does your emergency response capability include (check only those that you have):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alarm system and routine testing <input checked="" type="checkbox"/> Emergency equipment <input checked="" type="checkbox"/> Emergency procedures <input checked="" type="checkbox"/> Communications/Notifications (DNR, Internal, Public, Media etc) <p><input checked="" type="checkbox"/> Capacity Assurance: How well do you know your sewer system? Do you have the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Current and up-to-date sewer map <input checked="" type="checkbox"/> Sewer system plans and specifications <input checked="" type="checkbox"/> Manhole location map <input checked="" type="checkbox"/> Lift station pump and wet well capacity information <input checked="" type="checkbox"/> Lift station O&M manuals <p>Within your sewer system have you identified the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Areas with flat sewers <input type="checkbox"/> Areas with surcharging <input type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSO's <input checked="" type="checkbox"/> Areas with excess debris, solids or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input type="checkbox"/> Areas with excessive infiltration/inflow (I/I) <input type="checkbox"/> Sewers with severe defects that affect flow capacity <input type="checkbox"/> Adequacy of capacity for new connections <input checked="" type="checkbox"/> Lift station capacity and/or pumping problems <p><input checked="" type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed.</p> <p><input type="checkbox"/> Special Studies Last Year(check only if applicable):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: 	
--	---	--

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

Cleaning	<input style="width: 50px;" type="text" value="25"/>	% of system/year
Root Removal	<input style="width: 50px;" type="text" value="5"/>	% of system/year
Flow Monitoring	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Smoke Testing	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Sewer Line Televising	<input style="width: 50px;" type="text" value="3"/>	% of system/year

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/23/2012**

Reporting Year: 2011

Sanitary Sewer Collection Systems (Continued)

Manhole Inspections	<input style="width: 50px;" type="text" value="10%"/>	% of system/year
Lift Station O&M	<input style="width: 50px;" type="text" value="100%"/>	# per L.S./year
Manhole Rehabilitation	<input style="width: 50px;" type="text" value="0"/>	% of manholes rehabed
Mainline Rehabilitation	<input style="width: 50px;" type="text" value="1"/>	% of sewer lines rehabed
Private Sewer Inspections	<input style="width: 50px;" type="text" value="0"/>	% of system/year
Private Sewer I/I Removal	<input style="width: 50px;" type="text" value="0"/>	% of private services
Please include additional comments about your sanitary sewer collection system below:		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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

<input style="width: 80px;" type="text" value="31.7"/>	Total Actual Amount of Precipitation Last Year
<input style="width: 80px;" type="text" value="28.00"/>	Annual Average Precipitation (for your location)
<input style="width: 80px;" type="text" value="27"/>	Miles of Sanitary Sewer
<input style="width: 80px;" type="text" value="13"/>	Number of Lift Stations
<input style="width: 80px;" type="text" value="0"/>	Number of Lift Station Failure
<input style="width: 80px;" type="text" value="0"/>	Number of Sewer Pipe Failures
<input style="width: 80px;" type="text" value="5"/>	Number of Basement Backup Occurrences
<input style="width: 80px;" type="text" value="0"/>	Number of Complaints
<input style="width: 80px;" type="text" value="0.5794"/>	Average Daily Flow in MGD
<input style="width: 80px;" type="text" value="0.9159"/>	Peak Monthly Flow in MGD(if available)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/23/2012**

Reporting Year: 2011

Sanitary Sewer Collection Systems (Continued)

NUMBER OF SANITARY SEWER OVERFLOWS (SSO) REPORTED (10 POINTS PER OCCURRENCE)					10
	Date	Location	Cause	Estimated Volume (MG)	
1.	10/03/2011 08:00:00 AM to 10/03/2011 08:30:00 AM	Pine St and LaCrosse St	Plugged Sewer	0.0006	
<p>Were there SSOs that occurred last year that are not listed above?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, list the SSOs that occurred:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
PERFORMANCE INDICATORS					
	0.00	Lift Station Failures(failures/ps/year)			
	0.00	Sewer Pipe Failures(pipe failures/sewer mile/yr)			
	0.04	Sanitary Sewer Overflows (number/sewer mile/yr)			
	0.19	Basement Backups(number/sewer mile)			
	0.00	Complaints (number/sewer mile)			
	1.6	Peaking Factor Ratio (Peak Monthly:Annual Daily Average)			
	0.0	Peaking Factor Ratio(Peak Hourly:Annual daily Average)			
6.	Was infiltration/inflow(I/I) significant in your community last year?				
	<p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
7.	Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?				
	<p style="margin-left: 20px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

**Last Updated:
5/23/2012**

Reporting Year: 2011

Sanitary Sewer Collection Systems (Continued)

8.	Explain any infiltration/inflow(I/I) changes this year from previous years?	
9.	What is being done to address infiltration/inflow in your collection system?	

Total Points Generated	10
Score (100 - Total Points Generated)	90
Section Grade	B

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:

Reporting Year: 2011

WPDES No.0024635

GRADING SUMMARY				
SECTION	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent Loadings	A	4.0	3	12
Effluent Quality:BOD	A	4.0	10	40
Effluent Quality:TSS	A	4.0	5	20
Effluent Quality:P	A	4.0	3	12
Pond/Lagoons	B	3.0	7	21
Biosolids Mgt.	A	4.0	5	20
Prev.Maintenance.Staffing	A	4.0	1	4
Operator Certification	A	4.0	1	4
Financial Management	A	4.0	1	4
Collection Systems	B	3.0	3	9
TOTALS			39	146
GRADE POINT AVERAGE(GPA)=3.74		3.74		

Notes:

A = Voluntary Range

B = Voluntary Range

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

COMPLIANCE MAINTENANCE ANNUAL REPORT

Facility Name: Mauston Wastewater Treatment Facility

Last Updated:

Reporting Year: 2011

Resolution or Owner's Statement

NAME OF GOVERNING BODY OR OWNER	DATE OF RESOLUTION OR ACTION TAKEN
RESOLUTION NUMBER	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B, required for grade C, D, or F):	
Influent Flow and Loadings: Grade=A	
Effluent Quality: BOD: Grade=A	
Effluent Quality: TSS: Grade=A	
Effluent Quality: Phosphorus: Grade=A	
Ponds: Grade=B	
Biosolids Quality and Management: Grade=A	
Staffing: Grade=A	
Operator Certification: Grade=A	
Financial Management: Grade=A	
Collection Systems: Grade=B	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) G.P.A. = 3.74	

DAVY ENGINEERING CO.

115 6th Street S.
La Crosse, WI 54601
(608) 782-3130
FAX (608) 784-6611
www.davyinc.com



AGENDA

TRANSMITTAL – CONTRACTORS PAY ESTIMATE

TO: City of Mauston	DATE: 5/23/12	PROJECT NO.: 1076-145.040
	ATTENTION: Rob Nelson	
	CONTRACTORS PAY ESTIMATE #6	

PROJECT:	Standby Power and Storage Building
CONTRACTOR:	Eagle Construction Co., Inc.
OWNER:	City of Mauston
AMOUNT DUE:	\$36,368.50
CUMULATIVE AMOUNT:	\$186,470.50
CONTRACT AMOUNT:	\$218,731.05 (Original Contract Amount \$199,899.00)
COMPLETION DATE:	July 1, 2012 (Final)

ACTIONS REQUIRED:	
1.	City Approve Pay Estimate
2.	Sign Pay Estimate
3.	Send a completed copy to Rural Development and Contractor. Payment to Contractor
4.	Send copy of signed application to Davy Engineering Co.
5.	See Remarks.

REMARKS:
Enclosed are three (3) copies of the Eagle Construction's Payment Request #6. Please have all copies of the enclosed payment request copies signed and dated, and write in the amount approved above the signature. Please contact me if you have any questions.

CC:
File

SIGNED:



CONTRACTOR'S APPLICATION FOR PAYMENT NO. Six

Application Period:	04.24.12	Application Date:	4/23/2012
To (Owner):	City of Mauston	Via (Engineer):	Davy Engineering Co.
Project:	Standby Power and Storage Building	Contract:	#1076-145.030
Owner's Contract No.:	11-2075	Engineer's Project No.:	1076-145.040

Approved Change Order Summary

Number	Additions	Deductions	COST BREAKDOWN
1	\$18,832.05		1. ORIGINAL CONTRACT PRICE..... \$ \$199,899.00
			2. Net change by Change Orders..... \$ \$18,832.05
			3. Current Contract Price (Line 1 ± 2)..... \$ \$218,731.05
			4. TOTAL COMPLETED AND STORED TO DATE
			(Column F on Progress Estimate)..... \$ \$196,284.50
			5. RETAINAGE:
			a. 5% X <u> </u> \$196,284.50 Work Completed..... \$ \$9,814.00
			b. 0% X <u> </u> \$0.00 Stored Material..... \$ \$0.00
			c. Total Retainage (Line 5a + Line 5b)..... \$ \$9,814.00
			6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c)..... \$ \$186,470.50
			7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)..... \$ \$150,102.00
			8. AMOUNT DUE THIS APPLICATION..... \$ \$36,368.50
			9. BALANCE TO FINISH, PLUS RETAINAGE
			(Column G on Progress Estimate + Line 5 above)..... \$ \$32,260.55
TOTALS	\$18,832.05	\$0.00	
NET CHANGE BY CHANGE ORDERS			\$18,832.05

Contractor's Certification

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

Contractor: Eagle Construction Co., Inc.

By: Paul J. Ball Date: 04.23.12

Payment of: \$ 36,368.50 (Lines 8 or other - attach explanation of the other amount)

is recommended by: [Signature] Date 4/23/12
Davy Engineering Co.

Payment of: \$ _____ (Line 8 or other - attach explanation of the other amount)

is approved by: _____ Owner _____ Date _____

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

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:
 City of Mauston
 303 Mansion Street
 Mauston, WI 53948

FROM CONTRACTOR:
 Eagle Construction Co., Inc.
 3031 Saratoga St., P.O. Box 219
 Wisconsin Rapids, WI 54495-0219
 CONTRACT FOR: General Construction

PROJECT:
 City of Mauston
 Standby Power Storage Building
 Mauston, WI

VIA ARCHITECT:
 Davy Engineering Co.
 PO Box 2076
 La Crosse, WI 54602-2076

APPLICATION NO.: Six
PERIOD TO: 04.24.12

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

PROJECT NO.: #1076-145.030
CONTRACT DATE: September 21, 2011

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet. AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 199,899.00
2. Net change by Change Orders \$ 18,832.05
3. CONTRACT SUM TO DATE (Line 1 +/ - 2) ... \$ 218,731.05
4. TOTAL COMPLETED & STORED TO DATE \$ 196,284.50
 (Column G on G703)
5. RETAINAGE:
 - a. 5% of Completed Work \$ 9,814.00
 (Columns D + E on G703)
 - b. ___ % of Stored Material \$ _____
 (Column F on G703)
 Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ 9,814.00
6. TOTAL EARNED LESS RETAINAGE \$ 186,470.50
 (Line 4 less line 5 total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
 (Line 6 from prior Certificate) \$ 150,102.00
8. CURRENT PAYMENT DUE \$ 36,368.50
9. BALANCE TO FINISH, INCLUDING RETAINAGE
 (Line 3 less Line 6) \$ 32,260.55

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by owner	18,832.05	
Total approved this Month		
TOTALS	18,832.05	
NET CHANGES by Change Order		18,832.05

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all previous progress payments received on account of the work have been applied on account to discharge contractors' legitimate obligations associated with prior applications, and that current payments shown herein is now due.

CONTRACTOR: **EAGLE CONSTRUCTION CO., INC.**

By: *[Signature]* Date: April 23, 2012

State of: Wisconsin
 County of: Wood
 Subscribed and sworn to before me this 23rd day of April, 2012

Notary Public: Jerry A. King
 My Commission expires: February 21, 2016

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising this applications, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... \$ _____

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Davy Engineering Co. Date: _____
 By: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



CONTRACTOR'S APPLICATION FOR PAYMENT NO. Seven

Application Period: 05.23.12	Application Date: 5/23/2012		Seven
To (Owner): City of Mauston	From (Contractor): Eagle Construction Co., Inc.	Via (Engineer): Davy Engineering Co.	
Project: Standby Power and Storage Building	Contract: #1076-145.030	Engineer's Project No.: 1076-145.040	
Owner's Contract No.: ---	Contractor's Project No.: 11-2075		

Approved Change Order Summary		COST BREAKDOWN	
Number	Additions	Deductions	
1	\$18,832.05		1. ORIGINAL CONTRACT PRICE..... \$ \$199,899.00
2	\$3,887.00		2. Net change by Change Orders..... \$ \$22,719.05
			3. Current Contract Price (Line 1 + 2)..... \$ \$222,618.05
			4. TOTAL COMPLETED AND STORED TO DATE (Column F on Progress Estimate)..... \$ \$219,785.50
			5. RETAINAGE:
		a. 5% X \$219,785.50 Work Completed..... \$ \$10,989.00	
		b. 0% X \$0.00 Stored Material..... \$ \$0.00	
		c. Total Retainage (Line 5a + Line 5b)..... \$ \$10,989.00	
			6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c)..... \$ \$208,796.50
			7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)..... \$ \$186,470.50
			8. AMOUNT DUE THIS APPLICATION..... \$ \$22,326.00
			9. BALANCE TO FINISH, PLUS RETAINAGE (Column G on Progress Estimate + Line 5 above)..... \$ \$13,821.55
TOTALS			
NET CHANGE BY CHANGE ORDERS		\$22,719.05	

Contractor's Certification

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

Contractor: Eagle Construction Co., Inc. Date: 5.23.12

By: [Signature]

Payment of: \$ 22,326.00
(Line 8 or other - attach explanation of the other amount)

is recommended by: [Signature] Date: 5/12
Davy Engineering Co.

Payment of: \$ _____
(Line 8 or other - attach explanation of the other amount)

is approved by: _____ Date: _____
Owner

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

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:
 City of Mauston
 303 Mansion Street
 Mauston, WI 53948

FROM CONTRACTOR:
 Eagle Construction Co., Inc.
 3031 Saratoga St., P.O. Box 219
 Wisconsin Rapids, WI 54495-0219
 CONTRACT FOR: General Construction

PROJECT:
 City of Mauston
 Standby Power Storage Building
 Mauston, WI
 VIA ARCHITECT:
 Davy Engineering Co.
 PO Box 2076
 La Crosse, WI 54602-2076

APPLICATION NO.: Seven
PERIOD TO: 05.23.12
PROJECT NO.: #1076-145.030
CONTRACT DATE: September 21, 2011

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$ 199,899.00
2. Net change by Change Orders	\$ 22,719.05
3. CONTRACT SUM TO DATE (Line 1 +/- 2) ...	\$ 222,618.05
4. TOTAL COMPLETED & STORED TO DATE \$ (Column G on G703)	219,785.50
5. RETAINAGE:	
a. 5% of Completed Work \$ 10,989.00 (Columns D + E on G703)	
b. ___ % of Stored Material \$ _____ (Column F on G703)	
Total Retainage (Line 5a + 5b or Total in Column I of G703	\$ 10,989.00
6. TOTAL EARNED LESS RETAINAGE	\$ 208,796.50
(Line 4 less line 5 total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 186,470.50
8. CURRENT PAYMENT DUE	\$ 22,326.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 13,821.55

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by owner	18,832.05	
Total approved this Month	3,887.00	
TOTALS	22,719.05	
NET CHANGES by Change Order		22,719.05

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all previous progress payments received on account of the work have been applied on account to discharge contractors' legitimate obligations associated with prior applications, and that current payments shown herein is now due.

CONTRACTOR: EAGLE CONSTRUCTION CO., INC.

By: [Signature] Date: May 23, 2012

State of: Wisconsin
 County of: Wood

Subscribed and sworn to before me this 23rd day of May, 2012

Notary Public: Jerry A. King
 My Commission expires: February 21, 2016

[Signature]

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising this applications, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED. \$ _____

(Attach explanation if amount certified differs from the amount applied for. Initial allfigures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Davy Engineering Co.

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

Seven

05.23.12

05.23.12

A ITEM NO.	B Description of Work	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D O R E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	II BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD						
1.	Performance Bond	2,891.00	2,891.00				2,891.00	100		
2.	General Conditions	18,717.00	17,867.00	850.00			18,717.00	100		
3.	Excavation & Earth Work	19,300.00	17,465.00	1,835.00			19,300.00	100		
4.	Asphalt paving	12,578.00		12,578.00			12,578.00	100		
5.	Concrete walks	2,786.00	2,786.00				2,786.00	100		
6.	Concrete floor	39,310.00	39,310.00				39,310.00	100		
7.	Guard posts	1,721.00	1,721.00				1,721.00	100		
8.	Framed building	33,646.00	33,646.00				33,646.00	100		
9.	Building insulation	12,783.00	12,783.00				12,783.00	100		
10.	Siding & roof panels	38,804.00	38,804.00				38,804.00	100		
11.	Doors & Hardware	2,145.00	2,048.00	97.00			2,145.00	100		
12.	Overhead doors	8,235.00	8,235.00				8,235.00	100		
13.	Access hatches	6,983.00	4,223.00	2,760.00			6,983.00	100		
14.										
15.	Change Order #1									
16.	Add'l Road Base									
17.	Undercut - 85 CY @ 7.82	664.70	664.70				664.70	100		
18.	Gravel - 121 tn @ 13.80	1,518.00	1,669.80				1,669.80	110	(151.80)	
19.	Place & compact - 121 tn @ 2.56	281.60	309.76				309.76	110	(28.16)	
20.	Add Breaker Rock									
21.	Undercut: 476 CY @ 7.82	3,722.32	3,722.32				3,722.32	100		
22.	Recycled Concrete Breaker									
23.	413 Tn @ 12.28	7,564.48	5,071.64				5,071.64	67	2,492.84	
24.	Place & Compact									
25.	413 tn @ 2.56	1,576.95	1,057.28				1,057.28	53	519.67	
26.	Add Geotextile Fabric	2,010.00	2,010.00				2,010.00			
27.	Increase Concrete sidewalk									
28.	8 CY @ 186.75	1,494.00		1,494.00			1,494.00			
29.										
30.	Change Order #2									
31.	Repair concrete & access hatch	3,887.00		3,887.00			3,887.00			
32.										
33.										
34.										
35.										
36.										
37.										
38.										
Totals to here		222,618.05	196,284.50	23,501.00			219,785.50	99	2,832.55	

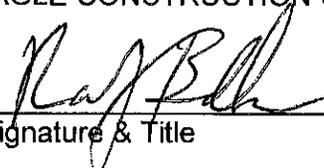
PARTIAL WAIVER OF LIEN

To All Whom It May Concern:

WHEREAS, the undersigned has been employed by **THE CITY OF MAUSTON**, to furnish labor and materials for **GENERAL CONSTRUCTION**, under an agreement dated **SEPTEMBER 21, 2011** for the improvements of the premises described as **STANDBY POWER STORAGE BUILDING** in the **CITY OF MAUSTON**, County of **JUNEAU**, state of **WISCONSIN** of which the **CITY OF MAUSTON** is the owner.

NOW, THEREFORE, this **23RD** day of **MAY, 2012**, for and in consideration of the sum of **TWENTY TWO THOUSAND THREE HUNDRED TWENTY SIX** Dollars (\$22,326.00), contingent upon receipt of said funds, the undersigned does hereby waive and release any lien rights to, or claim of lien with respect to and on said above-described premises, and the improvements thereon, and on the monies or other considerations due or to become due from the owner, by virtue of said contract, on account of labor, services, materials, fixtures, apparatus or machinery furnished by the undersigned to or for the above-described premises, but only after receipt of such payment.

EAGLE CONSTRUCTION CO., INC.



Signature & Title

DAVY engineering co.

115 6th Street S.
 La Crosse, WI 54601
 (608) 782-3130
 FAX (608) 784-6611
 www.davyinc.com



LETTER OF TRANSMITTAL

TO:
 City of Mauston

DATE: 5/29/12	JOB NO.: 1076-145.040
ATTENTION: Rob Nelson	
RE: Visu Sewer Pay Request #2	

WE ARE SENDING YOU:

<input type="checkbox"/> Shop Drawing	<input type="checkbox"/> Plans	<input type="checkbox"/> Specifications	<input type="checkbox"/> Reports	<input checked="" type="checkbox"/> Payment Application
<input type="checkbox"/> Copy of Letter	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other: _____		

COPIES	DATE	NO.	DESCRIPTION
5	5/29/12	5	Pay Request #2

THESE ARE TRANSMITTED as checked below:

<input checked="" type="checkbox"/> For Approval	<input type="checkbox"/> Approved as Submitted	<input type="checkbox"/> Resubmit _____ copies
<input type="checkbox"/> For Your Use	<input type="checkbox"/> Approved as Noted	<input type="checkbox"/> Submit _____ copies for distribution
<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned for Corrections	<input type="checkbox"/> For Review and Comment
<input type="checkbox"/> Other _____		

REMARKS:

CC:

SIGNED:



CONTRACTOR'S APPLICATION FOR PAYMENT NO. 2

To (Owner): City of Mauston	Application Period: 4/27/12 - 4/27/12	Application Date: 4/27/2012
Project: 2011 Sewer Rehabilitation and Replacement	From (Contractor): Visu-Sewer	Via (Engineer): Davy Engineering Co.
Owner's Contract No.:	Contractor's Project No.:	Engineer's Project No.:
		1076-145 040

Approved Change Order Summary		COST BREAKDOWN	
Number	Additions	Deductions	
1		-\$37,889.35	
TOTALS		-\$37,889.35	
NET CHANGE BY CHANGE ORDERS		-\$37,889.35	

1. ORIGINAL CONTRACT PRICE..... \$ 222,544.00
2. Net change by Change Orders..... \$ -37,889.35
3. Current Contract Price (Line 1 + 2)..... \$ 184,654.65
4. TOTAL COMPLETED AND STORED TO DATE (Column F on Progress Estimate)..... \$ 131,651.65
5. RETAINAGE:
 - a. 5% X \$131,651.65 Work Completed..... \$ 6,582.58
 - b. X _____ Stored Material..... \$ _____
 - c. Total Retainage (Line 5a + Line 5b)..... \$ 6,582.58
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c)..... \$ 125,069.07
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application)..... \$ 89,113.80
8. AMOUNT DUE THIS APPLICATION..... \$ 35,955.27
9. BALANCE TO FINISH, PLUS RETAINAGE (Column G on Progress Estimate + Line 5 above)..... \$ 59,585.58

Contractor's Certification

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

Contractor: VISU-SEWER, INC.
 By: *Mike J. Parks* Date: 5/16/12

Payment of: \$ 35,955.27
 (Line 8 or other - attach explanation of the other amount)

is recommended by: *[Signature]* Date: 5/29/12
 Davy Engineering Co.

Payment of: \$ _____
 (Line 8 or other - attach explanation of the other amount)

is approved by: _____ Date: _____
 Owner

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

PROGRESS ESTIMATE - UNIT PRICE

CONTRACTOR'S APPLICATION NO. 2

For (contract):

2011 Sewer Rehabilitation & Replacement

Application Number:

Application Date:

Application Period: 4/2/12 to 4/27/12

Application Date:

4/27/2012

Item		A		B		C		D		E		F	
Bid Item No.	Description	Bid Quantity	Unit Price (\$)	Bid Item Value (\$)	Estimated Quantity Installed	Value of Work Installed to Date	Materials Presently Stored (not in C)	Total Completed and Stored to Date (D + E)	% (F/B)	Balance to Finish (B-F)			
1	8" CIPP Sewer Lining	2070	\$28.00	\$57,960.00	1769	\$49,532.00		\$49,532.00	85.5%	\$8,428.00			
2	12" CIPP Sewer Lining	292	\$52.00	\$15,184.00	291	\$15,132.00		\$15,132.00	99.7%	\$52.00			
3	24" CIPP Sewer Lining	63	\$300.00	\$18,900.00	39.6	\$5,940.00		\$5,940.00	99.0%	\$18,900.00			
4	Manhole Rehabilitation	40	\$150.00	\$6,000.00	3	\$1,500.00		\$1,500.00	60.0%	\$60.00			
5	Ream Protruding Taps	5	\$500.00	\$2,500.00	17	\$1,700.00		\$1,700.00	77.3%	\$500.00			
6	Reconnect Laterals	22	\$100.00	\$2,200.00									
7	Lateral/Main Seals												
8	Abandon Existing Sanitary Sewer	1	\$13,500.00	\$13,500.00	1	\$15,000.00		\$15,000.00	100.0%	\$13,500.00			
9	Traffic Control	1	\$15,000.00	\$15,000.00	1	\$5,000.00		\$5,000.00	100.0%	\$8,800.00			
10	Bypass Pumping	1	\$5,000.00	\$5,000.00									
11	Lateral Televising, Documentation & Report	22	\$400.00	\$8,800.00						\$8,800.00			
12	Pre-Liner Spot Repair & Surface Restoration	3	\$17,500.00	\$52,500.00						\$52,500.00			
Alt. Bid #3 - 1		50	\$500.00	\$25,000.00						\$25,000.00			
<u>Change Order No. 1</u>													
1	8" SDR 35 PVC	80	\$56.00	\$4,480.00	80	\$4,480.00		\$4,480.00	100.0%				
2	10" SDR 35 PVC	77	\$61.00	\$4,697.00	77	\$4,697.00		\$4,697.00	100.0%				
3	Remove & Dispose Existing Manhole	1	\$1,500.00	\$1,500.00	1	\$1,500.00		\$1,500.00	100.0%				
4	Manhole	2	\$3,500.00	\$7,000.00	2	\$7,000.00		\$7,000.00	100.0%				
5	Connect Existing Mains	4	\$550.00	\$2,200.00	4	\$2,200.00		\$2,200.00	100.0%				
6	Breaker Rock 18"	112	\$15.50	\$1,736.00	112	\$1,736.00		\$1,736.00	100.0%				
7	Aggregate Base Course 18"	180	\$15.50	\$2,790.00	180	\$2,790.00		\$2,790.00	100.0%				
8	Traffic Control	1	\$2,850.00	\$2,850.00	1	\$2,850.00		\$2,850.00	100.0%				
9	Dewatering	1	\$1,000.00	\$1,000.00	1	\$1,000.00		\$1,000.00	100.0%				
	Felt	97	\$32.45	\$3,147.65	97	\$3,147.65		\$3,147.65	100.0%				
	Resin	1270	\$2.35	\$2,984.50	1270	\$2,984.50		\$2,984.50	100.0%				
	Labor, Equip - Wet Out	5.5	\$375.00	\$2,062.50	5.5	\$2,062.50		\$2,062.50	100.0%				
	Labor, Equip - Pipe Prep & Inspect	4	\$350.00	\$1,400.00	4	\$1,400.00		\$1,400.00	100.0%				
Totals				\$260,391.65		\$131,651.65		\$131,651.65	50.6%	\$128,740.00			



PROFESSIONAL SERVICES

More ideas. Better solutions.

TO: City of Mauston
1260 North Rd.
Mauston, WI 53948

LETTER OF TRANSMITTAL

DATE: May 24, 2012 JOB NO. 00044027
ATTENTION: Rob Nelson
RE: Mauston Industrial Park - contract B

WE ARE SENDING YOU:

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

Table with columns: COPIES, DATE, DESCRIPTION. Row 1: 4, 5/24/12, Pay App. #3 (contract B)

THESE ARE TRANSMITTED AS CHECKED BELOW:

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

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

REMARKS:

Rob - Attached are 4 copies of pay request #3 (contract B). Please sign all 4 copies, return one to the contractor with payment, one to MSA and the others are for your records.

Handwritten signature of Tim Petersen

Tim Petersen, Senior Engineering Technician

COPY TO:

Offices in Illinois, Iowa, Minnesota, and Wisconsin

1230 South Boulevard, Baraboo, WI 53913
(608) 356-2771 (800) 362-4505
FAX: (608) 356-2770 WEB ADDRESS: www.msa-ps.com

Contractor's Application For Payment No. 3

To (Owner): City of Mauston	Application Period: 11/22/11 - 05/01/12	Application Date: 05/01/12
Project: West Side Industrial Park - Contract B	From (Contractor): A-1 Excavating, Inc.	Notice to Proceed Date: July 27, 2011
Owner's Contract No.:	Contract:	Via (Engineer): MSA
	Contractor's Project No.: 1132	Engineer's Project No.: 00044015

Application for Payment
Change Order Summary

Approved Change Orders	Additions	Deductions
Number		
TOTALS	\$0.00	\$0.00
NET CHANGE BY CHANGE ORDERS		\$0.00

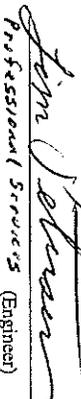
1. ORIGINAL CONTRACT PRICE \$ 378,079.00
2. Net change by Change Orders \$ 0.00
3. CURRENT CONTRACT PRICE (Line 1 ± 2) \$ 378,079.00
4. TOTAL COMPLETED AND STORED TO DATE \$ 258,604.00
(Column G on Progress Estimate)
5. RETAINAGE:
 - a. 5 % x \$ 258,604 Work Completed (50% of current contract) \$ 12,930.20
 - b. % x \$ Stored Material \$
 - c. Total Retainage (Line 5a + Line 5b) \$ 12,930.20
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c) \$ 245,673.80
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application) \$ 194,825.24
8. AMOUNT DUE THIS APPLICATION \$ 50,848.56
9. BALANCE TO FINISH, PLUS RETAINAGE \$ 132,405.20
(Column G on Progress Estimate + Line 5 above)

Contractor's Certification

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

By:  Date: 4-MAY-12

Payment of: \$ 50,848.56
(Line 8 or other - attach explanation of other amount)

is recommended by:  5/24/12
Tim Johnson
AISM Professional Services (Engineer) (Date)

Payment of: \$ _____
(Line 8 or other - attach explanation of other amount)

is approved by: _____ (Date)
(Owner)

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

Progress Estimate

Contractor's Application

Item		A		B		C		D		E		F		G		H		I	
Bid Item No.	Description	Bid Quantity	Unit Price	Bid Value	From Previous Application	Work Completed Quantity this Period	Value this Application	Materials Presently Stored (not in C or E)	Total Completed and Stored to Date \$ (C + E + F)	% (G/B)	Balance to Finish (B - G)								
For (contract): West Side Industrial Park																			
Application Period: 11/22/11 - 05/01/12																			
Application Number: 3																			
Application Date: 05/01/12																			
GENERAL																			
1	MOBILIZATION, BONDS & INSURANCE	1.0	\$ 9,000.00	\$9,000.00	\$9,000.00		\$0.00	\$0.00	\$9,000.00	1	\$0.00								
2	PROJECT SIGN	1.0	\$ 750.00	\$750.00	\$0.00		\$0.00	\$0.00	\$2,400.00	0	\$750.00								
3	TRAFFIC CONTROL	1.0	\$ 750.00	\$750.00	\$562.50	0.15	\$112.50	\$0.00	\$675.00	0.9	\$75.00								
4	EROSION CONTROL	1.0	\$ 1,800.00	\$1,800.00	\$1,350.00	0.15	\$270.00	\$0.00	\$1,620.00	0.9	\$180.00								
5	CLEARING & GRUBBING	1.0	\$ 2,400.00	\$2,400.00	\$2,400.00		\$0.00	\$0.00	\$2,400.00	1	\$0.00								
6	CONCRETE QUALITY CONTROL	1.0	\$ 150.00	\$150.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$150.00								
7	TURF & SITE RESTORATION (EST= 1800 SY)	1.0	\$ 2,500.00	\$2,500.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$2,500.00								
8	EROSION MAT	500.0	\$ 1.50	\$750.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$750.00								
9	ROCK EXCAVATION (UTILITY WORK)	50.0	\$ 75.00	\$3,750.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$3,750.00								
10	IMPORTED GRANULAR BACKFILL	300.0	\$ 12.00	\$3,600.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$3,600.00								
11	DEWATERING ROADWAY	1.0	\$ 1.00	\$1.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$1.00								
12	UNCLASSIFIED EXCAVATION & SITE GRAD	1.0	\$ 10,000.00	\$10,000.00	\$9,000.00	0.10	\$1,000.00	\$0.00	\$10,000.00	1	\$0.00								
13	ROADWAY BASE COURSE	2,800.0	\$ 12.10	\$33,880.00	\$12,100.00	1,000.00	\$12,100.00	\$0.00	\$24,200.00	0.71428571	\$9,680.00								
14	BREAKER RUN	4,200.0	\$ 11.10	\$46,620.00	\$37,817.70	593.00	\$6,582.30	\$0.00	\$44,400.00	0.95238095	\$2,220.00								
15	EXCAVATION BELOW SUBGRADE W/BREA	300.0	\$ 20.00	\$6,000.00	\$0.00	1,600.00	\$0.00	\$0.00	\$0.00	0	\$6,000.00								
16	30" CURB & GUTTER	1,660.0	\$ 8.25	\$13,695.00	\$0.00		\$13,200.00	\$0.00	\$13,200.00	0.9638542	\$495.00								
17	4" ASPHALTIC CONCRETE PAVEMENT	1,325.0	\$ 50.00	\$66,250.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$66,250.00								
18	TACK COAT	135.0	\$ 3.00	\$405.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$405.00								
19	MEDIUM RIP-RAP & FABRIC	5.0	\$ 70.00	\$350.00	\$350.00		\$0.00	\$0.00	\$350.00	1	\$0.00								
20	ROADWAY UNDERDRAIN	200.0	\$ 10.00	\$2,000.00	\$0.00	124.00	\$1,240.00	\$0.00	\$1,240.00	0.62	\$760.00								
STORM SEWER																			
21	STORM MANHOLE, TYPE 1	1.0	\$ 1,750.00	\$1,750.00	\$1,750.00		\$0.00	\$0.00	\$1,750.00	1	\$0.00								
22	STORM MANHOLE, TYPE 2	1.0	\$ 2,400.00	\$2,400.00	\$2,400.00		\$0.00	\$0.00	\$2,400.00	1	\$0.00								
23	STORM INLET, TYPE 3	4.0	\$ 1,200.00	\$4,800.00	\$3,600.00	1.00	\$1,200.00	\$0.00	\$4,800.00	1	\$0.00								
24	15" RCP STORM SEWER	132.0	\$ 30.00	\$3,960.00	\$3,662.00	16.00	\$480.00	\$0.00	\$4,140.00	1.04545455	-\$180.00								
25	18" RCP STORM SEWER	172.0	\$ 32.00	\$5,504.00	\$5,632.00		\$0.00	\$0.00	\$5,632.00	1.02325581	-\$128.00								
26	14" X 23" HERCP STORM SEWER	185.0	\$ 33.00	\$9,805.00	\$9,805.00		\$0.00	\$0.00	\$9,805.00	1	\$0.00								
27	14" X 23" HERCP APRON ENDWALL W/PIPE	1.0	\$ 1,750.00	\$1,750.00	\$1,750.00		\$0.00	\$0.00	\$1,750.00	1	\$0.00								
28	CONNECT TO EXISTING DRAIN TILE	1.0	\$ 100.00	\$100.00	\$0.00		\$0.00	\$0.00	\$0.00	0	\$100.00								
WATER MAIN																			
29	HYDRANT, COMPLETE	1.0	\$ 2,750.00	\$2,750.00	\$2,750.00		\$0.00	\$0.00	\$2,750.00	1	\$0.00								
30	6" VALVE & BOX	1.0	\$ 1,125.00	\$1,125.00	\$1,125.00		\$0.00	\$0.00	\$1,125.00	1	\$0.00								
31	8" VALVE & BOX	4.0	\$ 1,400.00	\$5,600.00	\$5,600.00		\$0.00	\$0.00	\$5,600.00	1	\$0.00								
32	10" VALVE & BOX	2.0	\$ 2,050.00	\$4,100.00	\$4,100.00		\$0.00	\$0.00	\$4,100.00	1	\$0.00								
33	UTILITY INSULATION	200.0	\$ 2.00	\$400.00	\$64.00		\$0.00	\$0.00	\$64.00	0.16	\$336.00								
34	CONNECT TO EXISTING WATER MAIN	1.0	\$ 750.00	\$750.00	\$750.00		\$0.00	\$0.00	\$750.00	1	\$0.00								
35	6 X 10" TEE	1.0	\$ 660.00	\$660.00	\$660.00		\$0.00	\$0.00	\$660.00	1	\$0.00								
36	8 X 6" TEE	1.0	\$ 475.00	\$475.00	\$475.00		\$0.00	\$0.00	\$475.00	1	\$0.00								
37	8 X 10" TEE	3.0	\$ 740.00	\$2,220.00	\$2,220.00		\$0.00	\$0.00	\$2,220.00	1	\$0.00								
38	10 X 8" CUT-IN TEE	1.0	\$ 1,040.00	\$1,040.00	\$1,040.00		\$0.00	\$0.00	\$1,040.00	1	\$0.00								

39	10" PLUG	1.0	\$	200.00	\$200.00	\$200.00	\$0.00	\$0.00	\$200.00	1	\$0.00
40	8" PLUG	4.0	\$	175.00	\$700.00	\$700.00	\$0.00	\$0.00	\$700.00	1	\$0.00
41	SALVAGED 6" VALVE & BOX	1.0	\$	550.00	\$550.00	\$550.00	\$0.00	\$0.00	\$550.00	1	\$0.00
42	SALVAGED HYDRANT	1.0	\$	900.00	\$900.00	\$900.00	\$0.00	\$0.00	\$900.00	1	\$0.00
43	SANITARY SEWER										
43	TYPE I MANHOLE COMPLETE	5.0	\$	2,400.00	\$12,000.00	\$12,000.00	\$0.00	\$0.00	\$12,000.00	1	\$0.00
44	10" SANITARY SEWER	975.0	\$	29.00	\$28,275.00	\$28,391.00	\$0.00	\$0.00	\$28,391.00	1.00410256	-\$116.00
45	10" CAP	6.0	\$	160.00	\$960.00	\$960.00	\$0.00	\$0.00	\$960.00	1	\$0.00
46	CONNECT TO EXISTING SEWER	1.0	\$	750.00	\$750.00	\$750.00	\$0.00	\$0.00	\$750.00	1	\$0.00
47	SPECIAL TRENCH BEDDING	120.0	\$	10.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$1,200.00
	ADDITIVE ALT. 2- PVC WATERMAIN										
A2.1	6" PVC HYDRANT LEAD W/TRACER WIRE	26.0	\$	24.00	\$624.00	\$720.00	\$0.00	\$0.00	\$720.00	1.15384615	-\$96.00
A2.2	8" PVC WATER MAIN W/TRACER WIRE	120.0	\$	31.00	\$3,720.00	\$3,627.00	\$0.00	\$0.00	\$3,627.00	0.975	\$93.00
A2.3	10" PVC WATER MAIN W/TRACER WIRE	440.0	\$	28.00	\$12,320.00	\$12,320.00	\$0.00	\$0.00	\$12,320.00	1	\$0.00
	ADDITIVE ALTERNATE 4- GEOSYNTHETIC										
A4.1	GEOSYNTHETIC (TEN GATE MRAFRS 580)	6.175.0	\$	4.80	\$29,640.00	\$24,000.00	\$5,280.00	\$0.00	\$29,280.00	0.98785425	\$360.00
	ADDITIVE ALTERNATE 5- STREET LIGHTING										
A5.1	POLE: FIXTURE W/BASE (COMPLETE)	4.0	\$	3,700.00	\$14,800.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$14,800.00
A5.2	PULL BOX	2.0	\$	625.00	\$1,250.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$1,250.00
A5.3	#2 CU FEEDER PLUS GROUND IN 2" CONDUIT	850.0	\$	12.00	\$10,200.00	\$0.00	\$7,440.00	\$0.00	\$7,440.00	0.72941176	\$2,760.00
A5.4	#4 CU FEEDER PLUS GROUND IN 2" CONDUIT	300.0	\$	9.00	\$2,700.00	\$0.00	\$2,070.00	\$0.00	\$2,070.00	0.76666667	\$630.00
A5.5	SPARE 2" CONDUIT	1,150.0	\$	3.00	\$3,450.00	\$0.00	\$2,550.00	\$0.00	\$2,550.00	0.73913043	\$900.00
	Totals				\$378,079.00	\$205,079.20	\$53,524.80	\$0.00	\$258,604.00		\$119,475.00

EDDC No. C-620 (2007 Edition)
 Prepared by the Engineers' Joint Contract Documents Committee and endorsed by the Associated General Contractors of America and the Construction Specifications Institute.

**CITY OF MAUSTON
REQUEST FOR BIDS
STREET REPAIR AND MAINTENANCE
BIDDING DOCUMENTS – THREE PAGES**

1. ADVERTISEMENT FOR BIDS PLACED IN JUNEAU COUNTY STAR-TIMES 5/19/12 AND 5/26/12 – Class II Legal Notice

**CITY OF MAUSTON
REQUEST FOR BIDS
STREET REPAIR AND MAINTENANCE**

The City of Mauston is requesting bids for the repair and maintenance of streets as described below:

Item#	Description
1	Ultra-thin pavement overlay of Meyer Rd - 0.8 miles
2	Ultra-thin pavement overlay of Monroe St from Colfax to Union - 0.12 miles
3	Ultra-thin pavement overlay Grant St Grote to Colfax - 0.07 miles
4	3 inch asphalt Paving of STH 12/16 boat landing parking lot.
5	3 inch asphalt paving of the gravel portion of Highview Street - 0.3 mile
6	Crack filling of various streets please provide price per pound installed.

Prices are to be itemized separately for each item being bid from the above list. All work to be completed between 8/1 and 8/31/12. Interested parties may bid on any or all of the items listed. Bid documents are available at City Hall, Mon-Fri 8a-4:30p, via e-mail at mausgov@mauston.com, or on the city web site www.mauston.com.

Bids are to be placed in an opaque envelope marked "Street Repair" and returned to Mauston City Hall, 303 Mansion Street, Mauston, WI 53948-1329. All Bids shall be accompanied by a certified check or Bid Bond equal to five percent (5%) of the Bid payable to the City of Mauston.

Bids are due at Mauston City Hall no later than 12pm, Monday, June 11, 2012, at that time all bids will be publicly opened and read aloud. It is anticipated bids will be awarded at the regular Council meeting on June 12, 2012.

The City of Mauston reserves the right to waive any informalities and to reject any or all bids. The letting of the work described herein is subject to the provisions of Sections 62.15 of the Wisconsin Statutes.

Rob Nelson
Director of Public Works

Publish 05/19 and 05/26/12



May 31, 2012

Rob Nelson, DPW
City of Mauston
1260 North Road
Mauston, WI 53948

Re: State Street Utilities Proposal for Professional Services

Dear Rob:

Thank you for the opportunity to submit a proposal for utility design and construction services in conjunction with the upcoming WisDOT reconstruction of State Street. We are confident that our involvement in the project will allow for a more efficient design process and ease coordination efforts with the WisDOT design team. Additionally, MSA is quite familiar with the WisDOT local utility design process and have recently completed similar efforts for the City. In order to provide the City of Mauston trusted service and continuity, MSA is happy to provide you with the proven project team of John Langhans, Raine Gardner, and Tim Petersen.

Please find attached our proposed scope of services and associated fee breakdown (Exhibit A). Our proposed total fee is \$37,100 and is based on a time and materials basis. This fee is composed of two separate phases.

Design/Permitting/Bidding Phase =	\$20,800 (260 hours)
Construction Services Phase =	\$16,300 (226 hours)
<u>Total Fee =</u>	<u>\$37,100</u>

Please note that we have included our participation (10 hours) in several anticipated WisDOT-facilitated meetings. At your discretion, we are happy to reduce our fee accordingly if you deem our attendance is not necessary at some/all of these meetings. Our proposal is based upon a time and material basis; however, we are more than willing to negotiate a different contract format at the City's request.

We truly look forward to assisting the City of Mauston with this important project. Should you have any questions on this proposal, please contact me directly.

If this proposal is acceptable to you, please contact me and we will follow up with the respective contract documents.

Sincerely,

MSA Professional Services, Inc.

John M. Langhans, P.E.
Team Leader

JML/kh

Offices in Illinois, Iowa, Minnesota, and Wisconsin

1230 SOUTH BOULEVARD • BARABOO, WI 53913-2791
608.356.2771 • 1.800.362.4505 • FAX: 608.356.2770

www.msa-ps.com

Exhibit A

Description of Basic Engineering Services and Related Matters (Scope of Services)

SECTION A2--BASIC SERVICES OF ENGINEER

A.2.0. General

The Basic Services are premised on the following general scope of professional services:

City of Mauston

State Street - Utility Reconstruction (WisDOT Project 5880-02-02)

Project Description

Provide design and construction services for the reconstruction of sewer and water utilities in conjunction with WisDOT highway reconstruction. Our understanding of the project is as follows:

State Street Utilities:

- Reconstruct water main, sewer main, and associated services from Pine Street westerly to Hanover Street. Approximately 1,800 LF of sewer reconstruction and 1,800 LF of water main reconstruction.

Scope of Services

Design/Permitting/Bidding Phase – Estimated Fee = \$20,800 (260 hours)

- Perform sanitary sewer manhole and water main valve “dips” to determine/verify pipe diameters and elevations for design purposes.(Traffic control support by City)
- Prepare plan and profile sheets and standard detail drawings for utility construction for incorporation into WisDOT bidding package
- Prepare “Standard Sewer and Water Specifications for WisDOT Let Projects” for incorporation into WisDOT bidding package
- Prepare special provisions (SPV’s) for utility construction for incorporation into WisDOT project specification
- Prepare Miscellaneous Quantity Sheet for incorporation into WisDOT plan set
- Prepare preliminary and final versions of the bid item list and Engineer’s Estimate of Probable Costs
- Review CCTV Sewer Inspection videos to determine location and status of all sewer services
- Review temporary water service and sewer bypass scenarios with the City and specify as necessary
- Review existing record drawings
- Prepare and submit water and sewer permit applications to WisDNR
- Coordination with WisDOT design consultants

- Attend one (1) project kick-off and scope review and one (1) design review meeting with the City
- *Attend two (2) WisDOT utility coordination meetings with the City and WisDOT*
- *Attend one (1) Local Officials Meeting*
- Project management and correspondence
- Prepare fifteen (15) sets of specifications and distribute for the City
- Answer questions from Contractors during the bidding process
- Mileage, reimbursables, deliverables

Construction Services Phase – Estimated Fee = \$16,300 (226 hours)

- One-time Construction Staking for sewer and water utilities
- Attend pre-construction conference
- Review shop drawings
- **Provide 180 hours of Construction Observation Services (estimated 4 week construction duration @ 9 hrs/day)**
- Water main testing
- Sanitary sewer post construction CCTV inspection review
- Prepare record drawings (3 sets) and digital (.pdf) copy
- Develop punch list
- Mileage, reimbursables, deliverables

Total Estimated Fee = \$37,100 (Time and Materials)

Items to be completed/provided by Owner.

- Identify all active and non-active sewer and water services. Provide information to MSA
- Provide as-built drawings to MSA for the entire project area.
- Coordinate and Contract for Soil Borings in Project Area (if necessary)
- Provide traffic control support during manhole and valve field investigations

Estimated Schedule (Based Upon WisDOT Project Schedule)

Kickoff Meeting/Begin Design – June 2012
30% Plan Submittal to WisDOT – July 2012
60% Plan Submittal to WisDOT – February 2013
90% Plan Submittal to WisDOT – February 2014
Final PS&E Submittal to WisDOT – May 1, 2014
Begin Construction Services – Spring of 2015

Note: Final design and specifications (for City Review) are expected to be completed no later than February 2013

From: [Rob Nelson](#)
To: [Diane Kropiwka](#)
Subject: FW: State St Sewer and Water Engineering Proposal
Date: Friday, June 08, 2012 3:52:56 PM
Attachments: [MAUSTON SANITARY MAP.PDF](#)
[MAUSTON WATERMAIN MAP.PDF](#)

From: Davy, Michael [mailto:MFDavy@Davyinc.com]
Sent: Tuesday, May 29, 2012 2:32 PM
To: Rob Nelson
Cc: Wittenberg, Gary; Davy, Mark
Subject: State St Sewer and Water Engineering Proposal

Mauston plans to replace the **Sanitary Sewer and Water in State St. (USH 12/16) from Hanover St. to Pine St.** in conjunction with the DOT street replacement project. Construction is tentatively planned for 2015 with design taking place in 2013 – 2014. We have reviewed the available plans and developed the following scope of work:

Sanitary Sewer

Replace the existing 10'-12' deep 12" sewer main with SDR 35 PVC. The existing manholes have been reconstructed recently and are believed to be in good condition. Existing laterals will be replaced to near the right of way lines. Existing TV reports or new TV will need to be reviewed to determine lateral locations. If there are many unused laterals it may be best to dye test the existing services to determine those that can be abandoned. Previous smoke test reports need to be reviewed to determine if there are clear water connections that will need to be relocated to the storm sewer. DOT's borings show the existence of petroleum contaminated soil in several locations along State St. We have budgeted for removing and replacing 1,000 cu. yds. in the sanitary sewer excavation. No DNR plan approval is required for replacing sewer mains with the same size, grade and location. The preliminary estimated cost for the **Sanitary Sewer** work is **\$302,000.00**.

Water

The existing 6" main will be replaced with 8" main. Because of the known contamination, the replacement pipe will be double wrapped CI 52 DI, the current standard. By the time this project is constructed it's expected that DNR will have a revised standard for watermain in contaminated soils that may be less expensive. Existing services will be replaced to near the right of way lines. We have budgeted for removing and replacing 1,000 cu. yds. in the water excavation. DNR plan approval is required for the increase in the size of the State St. main to 8" and the Hickory connection to 6". The preliminary estimated cost for the **Water** work is **\$448,000.00**.

The estimates above are based on 2012 prices and include Engineering, Legal, Administrative and Contingencies. The included budget for Engineering is as follows:

Preliminary	\$	1,000.00
Field Surveys	\$	2,000.00

Design	\$	40,000.00
Utility Permit Worksheets	\$	1,500.00
Biding Phase	\$	2,000.00
Construction Phase	\$	45,000.00
Total Engineering	\$	91,500.00

Please note the following:

1. While DOT will perform the basic field surveys we have found it necessary to run a level loop and field locate all manholes and valve boxes ourselves. Inverts also need to be measured.
2. During the preliminary and design phases there will be many occasions to negotiate the responsibility for payment (DOT or City) of various items. The City will benefit by having an advocate for their position.
3. Multiple plan revisions can be an issue with DOT projects. The sanitary sewer and water is designed first but revisions may be necessary to accommodate storm sewer changes. We are assuming the future storm sewer will be similar in size and location to the existing.
4. If the City pursues funding for the Sewer and Water costs there may be additional preliminary engineering required for reports or environmental assessments (EA). The EA can normally piggyback on the DOT EA but special report formats or detail may be required.
5. We have completed several similar projects with DOT and are familiar with the bid units terminology and specification formats required.
6. The Utility Permit Worksheets are detailed listings of the sewer and water stations with DOT stationing and offsets for the permits. These may not be required in Mauston.
7. Responding to contractors' questions during bidding can be difficult to coordinate with DOT as they do not issue addenda as readily as is common in sewer and water contracting.
8. DOT will specify detours and signing and we expect that State St. will be closed to traffic while the sewer and water work is being done.
9. The construction staking is normally a contractor responsibility bon DOT projects. We believe it is more cost effective for staking to be done by the City's engineer and have included that cost.
10. DOT may charge the City a Contract Administration fee for the Sewer and Water work.
11. The construction schedule is largely under DOT's control. We have budgeted for full time inspection during construction with highly experienced staff and expect a fairly tight time frame.

This project is a good fit for us. We understand how to work with DOT and have good background on the conditions in Mauston. Many of the side street connections match up with projects we have designed and constructed.

Mike

Sincerely,
Michael F. Davy, P.E.
Davy Engineering Co.
115 6th St S

La Crosse WI 54601
608-782-3130 x205
Fax 608-784-6611
www.davyinc.com





**FINANCE AND
PURCHASING
COMMITTEE
ITEMS**

**OFFICIAL MINUTES OF MEETING
OF THE
MAUSTON COMMON COUNCIL FINANCE AND PURCHASING COMMITTEE
MAY 22, 2012**

Call to Order/Roll Call The Finance and Purchasing Committee of the Mauston Common Council met on Tuesday, May 22, 2012, in the administrative offices of Mauston City Hall. Chair Paul Huebner called the meeting to order at 6:10pm. Members present were Dennis Nielsen, Dan May, and Huebner. Also present was Deputy Treasurer Cindy Schlichting.

Minutes May/Nielsen to approve the minutes of the May 8, 2012, meeting. Motion carried by voice vote.

Vouchers May/Nielsen to recommend to the Council to approve vouchers in the amount of \$178,324.68. Motion carried by voice vote.

Adjourn Nielsen/Huebner to adjourn. Motion carried by voice vote. Meeting adjourned at 6:20pm.

Paul Huebner, Chair

Date

June 12, 2012

ACH payments & checks # 46357 – 465120
05/23/2012-06/12/2012

Total = \$783,506.11
(Includes June 1, debt service payments)

Plus

Payroll = \$81,657.60
(includes Firemen pay for Dec – May)

Total to approve \$865,163.71

You'll Notice Several Checks were voided & re-entered with a different Transaction date, these are not duplicates or double Payments, we just had to process with a different date.

	2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
Mayor & Council	4,477.56	36,643.16	72,388.00	35,744.84	50.62
Administration	19,269.49	248,793.83	455,000.00	206,206.17	54.68
Other Non City Groups	0.00	30,140.76	42,010.00	11,869.24	71.75
Peg - Communications	2,983.56	27,126.90	61,927.00	34,800.10	43.80
Zoning	3,469.91	27,327.44	72,191.00	44,863.56	37.85
Police Department	39,144.53	375,731.40	822,028.00	446,296.60	45.71
Fire Department	46,028.09	56,848.60	371,854.00	315,005.40	15.29
Streets	31,990.36	285,787.21	690,721.00	404,933.79	41.38
Water	24,496.40	195,831.61	356,279.00	160,447.39	54.97
Sewer	50,119.09	320,797.24	509,431.00	188,633.76	62.97
Summer Rec	2,760.84	4,343.49	56,654.00	52,310.51	7.67
=====					
Total Expenses	224,739.83	1,609,371.64	3,510,483.00	1,901,111.36	45.84
=====					
Net Totals	-224,739.83	-1,609,371.64	-3,510,483.00	-1,901,111.36	45.84

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
ACH	6/01/2012	USDA-RURAL DEVELOPMENT	42,691.50
	Manual Check	LOAN 91-03,91-05,91-09 WATER LOANS	
ACH	6/01/2012	USDA-RURAL DEVELOPMENT	46,840.50
	Manual Check	LOANS 92-11 AND 92-07 SEWER	
ACH	6/01/2012	Associated Wealth Management/Trust (ACH)	18,060.00
	Manual Check	SERIES 2005A TIF 2	
ACH	6/01/2012	Bank of Mauston	39,527.50
	Manual Check	LOAN 2010A	
ach	5/31/2012	M & I BANK CC PROCESSING CENTER	600.47
	Manual Check	may statement	
ACH	6/08/2012	City of Mauston	302.97
	Manual Check	WATER AND SEWER LIBRARY	
BOM	6/01/2012	Bank of Mauston	39,527.50 (D)
	Manual Check	INTEREST ON 2010A WATER SYSTEM REV BOND	
DEF	6/05/2012	GREAT WEST DEFFERED COMP	450.00
	Manual Check	PAYROLL 6/1	
FED	6/05/2012	FEDERAL WITHHOLDING TAX ELECTRONIC	13,876.13
	Manual Check	PAYROLL 6/1	
RDA	6/01/2012	USDA-RURAL DEVELOPMENT	46,840.50 (D)
	Manual Check	INTEREST 92-11 SEWER 2010D	
RDA	6/01/2012	USDA-RURAL DEVELOPMENT	42,691.50 (D)
	Manual Check	91-09 INTEREST 91-09	
WIS	6/05/2012	Wis Tax Withholding	3,195.75
	Manual Check	PAYROLL JULY 1	
Alli	5/25/2012	Alliant 663322-001	43.81
	Manual Check	Beach St Lift Station	
ALLI	5/25/2012	Alliant 558085-001	290.75
	Manual Check	Street lights on Division	
ALLI	5/25/2012	Alliant 587331-001	21.78
	Manual Check	Stonefield cir St Light	
ALLI	5/25/2012	Alliant 518223-001	67.18
	Manual Check	RIVERSIDE PARK	
ALLI	5/25/2012	Alliant 119420-011	22.48
	Manual Check	tennis court	
ALLI	5/25/2012	Alliant 323393-010	15.19
	Manual Check	TFL	
ALLI	5/25/2012	Alliant 607548.001	2,350.23
	Manual Check	Library electric	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
ALLI	6/12/2012	Alliant 607548.001	2,350.23
		Manual Check Library electric	
alli	6/12/2012	Alliant 579987-001	1.31
		Manual Check	
ALLI	6/12/2012	Alliant 2604910-010	17.75
		Manual Check TRAFFIC LIGHT UNION ST	
ALLI	6/12/2012	Alliant 182459-010	27.42
		Manual Check BRIDGE HEATER	
ALLI	6/12/2012	Alliant 126485-010	9.87
		Manual Check dam	
ALLI	6/12/2012	Alliant 107358-010	1,186.18
		Manual Check admin 55%	
ALLI	6/12/2012	Alliant 619934-001	59.87
		Manual Check chemical building 12/16	
ALLI	6/12/2012	Alliant 650205-01	126.69
		Manual Check Street lights on North Union	
ALLI	6/12/2012	Alliant 418552-01	10.27
		Manual Check lift on Monroe Street	
ALLI	6/12/2012	Alliant 559382-001	285.34
		Manual Check Street lights	
ALLI	6/12/2012	Alliant 601820-001	9.94
		Manual Check well	
ALLI	6/12/2012	Alliant 704791-001	31.19
		Manual Check Kiosk Electric	
ALLI	6/12/2012	Alliant 430527-010	676.36
		Manual Check Well #3 ELECTRIC	
ALLI	6/12/2012	Alliant 165556-010	166.52
		Manual Check Jones Park	
ALLI	6/12/2012	Alliant 130475-010	113.86
		Manual Check Ball Field	
ALLI	6/12/2012	Alliant 107380-010	12.54
		Manual Check FLAG POLE	
ALLI	6/12/2012	Alliant 663316-01	34.48
		Manual Check Street lights on Kennedy	
ALLI	6/12/2012	Alliant 202353-010	109.40
		Manual Check Roosevelt Rd SWG	
ALLI	6/12/2012	Alliant 317395-010	847.29
		Manual Check Kennedy St Well #5	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
ALLI	6/12/2012	Alliant 454355-010	20.03
	Manual Check	Signal on State Rd 82	
ALLI	6/12/2012	Alliant 243398-010	39.47
	Manual Check	CTY RD Q SWG	
ALLI	6/12/2012	Alliant 534405-001	129.75
	Manual Check	LIFT STATION ON S UNION	
ALLI	6/12/2012	Alliant 559413-001	182.26
	Manual Check	TENNIS COURT ON DIVISION	
ALLI	6/12/2012	Alliant 579989-001	1.31
	Manual Check	FIRE SIREN ON WEST AVE	
ALLI	6/12/2012	Alliant 680069-001	37.05
	Manual Check	VINE ST	
ALLI	6/12/2012	Alliant 463405-010	30.42
	Manual Check	ELM ST SWG	
ALLI	6/12/2012	Alliant 232320-010	41.76
	Manual Check	ATTEWELL STREET	
ALLI	6/12/2012	Alliant 220526-01	43.23
	Manual Check	Monroe St SWG	
ALLI	6/12/2012	Alliant 558889-01	34.23
	Manual Check	DOCKSTADER ST	
ALLI	6/12/2012	Alliant 360392-01	203.22
	Manual Check	LIBERTY ST SWG	
ALLI	6/12/2012	Alliant 127355-01	27.92
	Manual Check	REMINGTON RD SWG	
ALLI	6/12/2012	Alliant 265367-010	4,975.89
	Manual Check	street lights	
CITY	6/08/2012	City of Mauston	1,851.46
	Manual Check	000-1235-00	
DEBT	5/30/2012	M & I BANK	138,736.88
	Manual Check	Wire transfer for Curran Property	
DEBT	6/02/2012	Bank of Mauston	39,527.50
	Manual Check	JUNE 1 DEBT 2010 A WATER SYS REV BOND	
DEBT	6/02/2012	USDA-RURAL DEVELOPMENT	46,840.50
	Manual Check	SEWER 92-11 SEWER2010D INTEREST	
DEBT	6/02/2012	USDA-RURAL DEVELOPMENT	42,691.50
	Manual Check	INTEREST ON 91-09	
DEBT	5/30/2012	Wells Fargo Bank	81,552.43
	Manual Check	WIRE PAYMENT	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
DEBT	6/01/2012	Associated Wealth Management/Trust (ACH)	-18,060.00
	Manual Check	INTEREST ONLY 2005A REDEVELOPMENT REV BD	
DEBT	5/30/2012	Associated Wealth Management/Trust (ACH)	18,060.00
	Manual Check	DEBT	
DETF	6/12/2012	Department of Employee Trust Fund (ETF)	33,285.40
	Manual Check	INSURANCE PREMIUM	
FRON	6/12/2012	FRONTIER	178.35
	Manual Check	Library local phone services	
FRON	6/12/2012	FRONTIER	161.05
	Manual Check	608-847-4070-111709-5	
FRON	6/12/2012	FRONTIER	37.91
	Manual Check	INV 608-847-5610-021401-5	
FRON	6/12/2012	FRONTIER	114.69
	Manual Check		
FRON	6/12/2012	FRONTIER	40.30
	Manual Check		
FRON	6/12/2012	FRONTIER	6.40
	Manual Check		
FRON	6/12/2012	FRONTIER	29.00
	Manual Check		
FRON	6/12/2012	FRONTIER	915.83
	Manual Check	STREETS 10%	
KWIK	6/12/2012	KWIK TRIP, INC	14.33
	Manual Check	ice for shipping tests	
KWIK	6/12/2012	KWIK TRIP, INC	267.10
	Manual Check	police dept	
RETI	5/31/2012	Wis Retirement Fund (ETF)	14,192.31
	Manual Check	MAY RETIREMENT	
46338	5/23/2012	KOHN LAW FIRM S.C.	100.50
		final interest	
46339	5/23/2012	LA CROSSE LOGGERS	482.50
		INVOICE ANNA LAMM	
46340	5/23/2012	UPS	500.00
		on account 580222 invoice 580222192	
46341	5/23/2012	PETTY CASH, C. MAUSTON	290.12
		Admin	
46342	5/23/2012	MAUSTON AREA CHAMBER OF COMMERCE	1,910.00
		June	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46343	5/25/2012	Bond Trust Services invoice 7491 Paying Agent Services 2009A	350.00
46344	5/25/2012	Bond Trust Services INV 7524 SERIES 2010 C FILING 8038CP	150.00
46345	5/25/2012	Bond Trust Services INV 7525 FILING 8038 CP FOR 2010D	150.00
46346	5/25/2012	Bond Trust Services INVOICE 16727 SERIES 2009A GO PAYMENT	185,098.75
46357	5/23/2012	KOHN LAW FIRM S.C. final interest due	100.50
46357	5/23/2012 Manual Check	KOHN LAW FIRM S.C. vd	-100.50
46364	5/23/2012	USA BLUE BOOK, CORP inv 656786	90.48
46372	6/12/2012	AD LIT INC brochure distribute inv 118470 (3)	831.25
46373	6/12/2012	AFLAC INSURANCE Administration Expense	135.00
46374	6/12/2012	Albrecht Labor & Employment Law, S.C. ADMIN LEGAL INVOICE #1927	114.00
46375	6/12/2012	Associated Appraisal INV 13058 PROF SVCS FOR MONTH OF MAY	1,688.68
46376	6/12/2012	Baker & Taylor, INC INV 2027035236	468.67
46377	6/12/2012	BEST SERVICE, LLC INVOICE 108704	88.53
46378	6/12/2012	BOB CURRAN ANTIFREEZE FOR QUINT	14.12
46379	6/12/2012	Boberg's Gas & Go MAY CHARGES	706.14
46380	6/12/2012	Bruce Municipal Equip, INC INV 5121843	1,118.44
46381	6/12/2012	BTU Management, INC INV 90555 / 90647	1,743.53
46382	6/12/2012	BWI Public Library Specialists INV 123131E	331.58
46383	6/12/2012	Capital Newspapers 2518440 INV 890808	99.45

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46384	6/12/2012	Capital Newspapers 2518440 INV 898894	89.89
46385	6/12/2012	Capital Newspapers 2518440 inv 8895617 ADJOURN Board of Appea	43.00
46386	6/12/2012	Capital Newspapers 2518440 INV 892041	56.32
46387	6/12/2012	Capital Newspapers 2518440 Inv 893138 Water Quality Certification	90.83
46388	6/12/2012	Capital Newspapers 2518440 inv 901937 Election Ballot	73.75
46389	6/12/2012	Capital Newspapers 2518440 inv 901924 NOTICE OF RECALL ELECT	25.05
46390	6/12/2012	Capital Newspapers 2518440 FINAL RES REGARD ASSESSMENTS HWY 82	119.41
46391	6/12/2012	Capital Newspapers 2537848 INV 1905963	303.75
46392	6/12/2012	Capital Newspapers 2598463 inv 1913194 Cemetery notice annual meet	165.00
46393	6/12/2012	Capital Newspapers 501357 inv 1913105/1913259	255.10
46394	6/12/2012	Car Wash Doctors 2 FOAM BRUSH BOOMS W HARDWARE	850.96
46395	6/12/2012	CARQUEST OF REEDSBURG INV 125592	45.00
46396	6/12/2012	Carr Valley Cheese Company, INC inv #6402	29.64
46397	6/12/2012	Castle Rock Graphix, LLC STATIONARY inv 193942 POLICE DEP	90.00
46398	6/12/2012	Central Insurance Services, INC LIABILITY INS FOR THE CEMETERY	359.00
46399	6/12/2012	City of Mauston labor for parking lot	240.00
46400	6/12/2012	Code Formatting Services 17 hrs Apr & May	204.00
46401	6/12/2012	Communications Service, INC inv 39950 k9 unit equipment installed	706.30
46402	6/12/2012	Communications Service, INC inv 39961 Installation of new radios	337.50

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46403	6/12/2012	Concept Printing (CPC) INV 1200693	385.00
46404	6/12/2012	Croell Redi-Mix INV 285059 AND 285121 LES DISCOUNTS	170.00
46405	6/12/2012	D & B Industrial Supply INV 5048	35.70
46406	6/12/2012	Davidson Titles, INC INV 226700	680.47
46407	6/12/2012	Delta Dental of Wisconsin EE june DENTAL	2,671.98
46408	6/12/2012	Demco, INC INVOICE #4616213	450.52
46409	6/12/2012	Digger's Hotline, INC ON ACCOUNT	200.00
46410	6/12/2012	DL GASSER CONSTRUCTION INC INV #9202 GROTE	2,549.00
46411	6/12/2012	DWD-UI MAY UE	50.37
46412	6/12/2012	E O JOHNSON CO, INC INV 557612	41.00
46413	6/12/2012	Eagle Construction, INC INV 22665	75.95
46414	6/12/2012	EAGLE PROMOTIONS, INC SHIRTS FOR SUMMER REC #22743 & 22742	2,217.41
46415	6/12/2012	FALLS TAXI, INC MAY 2012	9,001.25
46416	6/12/2012	FARM PLAN-MAUSTON EQUIPMENT May statement	176.98
46417	6/12/2012	FESTIVAL FOODS	38.91
46418	6/12/2012	Fleming, Anthony New Web design	600.00
46419	6/12/2012	FRONTIER acct #608-847-7048-012610-5	91.49
46420	6/12/2012	G-LINE FENCE & LANDSCAPING 5/25/2012	405.00
46421	6/12/2012	GALE GROUP 4 INVOICES	188.17

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46422	6/12/2012	GAPPA SECURITY SOLUTIONS, LLC INV #2477	12.77
46423	6/12/2012	GAPPA SECURITY SOLUTIONS, LLC INV 2401	213.00
46424	6/12/2012	GE MONEY BANK / AMAZON JUNE ACH - MAY CHARGES	684.57
46425	6/12/2012	GENERAL ENGINEERING APRIL INSPECTIONS	574.00
46426	6/12/2012	GRAY ELECTRIC INV 11976 LAMPS FOR CH	21.99
46427	6/12/2012	GRAY'S COMPUTER SOLUTIONS, LLC INV 2223	5,615.92
46428	6/12/2012	HALL TREE SERVICE inv 3135 523 TREMONT	175.00
46429	6/12/2012	HAWKINS, INC INV 3344103	691.97
46430	6/12/2012	HAWKINS, INC INV 3339140 ALUM SULFATE LIQUID	5,311.09
46431	6/12/2012	HD SUPPLY WATERWORKS inv 4527429	2,056.96
46432	6/12/2012	HOLIDAY WHOLESALE STREETS -	324.91
46433	6/12/2012	HOLIDAY WHOLESALE INV 6213023	157.64
46434	6/12/2012	INA CHERINGTON book - Living with Your Exchange Student	15.95
46435	6/12/2012	INFOGROUP 1 year subscription renewal thru 5/2013	1,375.00
46436	6/12/2012	INSPIRED BY DESIGN, LLC inv 189 consulting at library	176.60
46437	6/12/2012	JCOMP TECHNOLOGIES, INC INV 43703	212.50
46438	6/12/2012	JEFFERSON FIRE & SAFETY, INC INV 186979 BADGES	1,270.89
46439	6/12/2012	JOHNSON, BLOCK & COMPANY, INC PAYROLL COMPLIANCE SERVICES	300.00
46440	6/12/2012	JOHNSON, BLOCK & COMPANY, INC INV 400539 GENERAL	7,375.00

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46441	6/12/2012	JUNEAU COUNTY LANDFILL 2080 lb garbage	58.24
46442	6/12/2012	JUNEAU COUNTY MEN'S SOFTBALL REFUND OVERPAYMENT OF 2011 FEES FOR PARK	200.00
46443	6/12/2012	K-MART CORPORATION flowers for Renee	25.19
46444	6/12/2012	KOHN LAW FIRM S.C. payroll 6/1/2012	278.13
46445	6/12/2012	LEMONWEIR VALLEY TELEPHONE CO CITY HALL INTERNET	115.45
46446	6/12/2012	Liberty Flag & Specialty Company INV 04120444	1,438.20
46447	6/12/2012	LULICH LANDSCAPING LLC replace tree that was hit by car	200.00
46448	6/12/2012	MAR-HAN, INC inv 22950	198.20
46449	6/12/2012	MAUSTON AREA CHAMBER OF COMMERCE CHAMBER BUCKS FOR JON	50.00
46450	6/12/2012	MAUSTON PLUMBING, INC inv 23091	416.37
46451	6/12/2012	MAUSTON TRUE VALUE, LLC inv 199892	628.33
46452	6/12/2012	MIDWEST TAPE INV 90127261	245.56
46453	6/12/2012	Milwaukee Map Services, INC INV #335832	164.65
46454	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 4 Proj R00044032 Pedestrian Improv	8,345.36
46455	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 3 Proj R00044035.0 Grant apps/Admi	1,175.94
46456	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 11 Proj R00044027.0 Enschede Street	1,928.78
46457	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 3 Proj R00044031.0 Mansion/Riversi	5,446.00
46458	6/12/2012	MSA PROFESSIONAL SERVICES, CORP INV 2 R00044031.00 PROFSERV 3/25 -4/21	5,446.00
46459	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 10 Proj R00044027.0	4,041.32

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46460	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 3 proj R00044032.0	3,765.95
46461	6/12/2012	MSA PROFESSIONAL SERVICES, CORP inv 2 Proj R00044035.0	5,097.36
46462	6/12/2012	MSA PROFESSIONAL SERVICES, CORP INV 19 R00044015.0	4,130.54
46463	6/12/2012	MSA PROFESSIONAL SERVICES, CORP INV 20 PROJ R00044018.0 STH 82 UTILITI	3,172.53
46464	6/12/2012	NEW LIFE PRESS, CORP June 5 ballots #43345	347.10
46465	6/12/2012	NORTHSIDE MOBIL 6996 tow stolen vehicle	40.00
46466	6/12/2012	NORTHSTAR EMERGENCY VEHICLE inv 297 routine maintenance on pumps	645.88
46467	6/12/2012	OAKDALE ELECTRIC COOPERATIVE May electric	978.63
46468	6/12/2012	OAKDALE ELECTRIC COOPERATIVE 3 PHASE ELECT EXT W IND PARK PRJ	14,950.00
46469	6/12/2012	OCCUPATIONAL & MEDICAL TESTING INV 2674 DRUG TEST JOHN K	59.00
46470	6/12/2012	OFFICE DEPOT inv 610804321001	76.13
46471	6/12/2012	PUMPKIN BOOKS, INC inv 49405	145.27
46472	6/12/2012	QUILL CORPORATION INV 3241783	143.83
46473	6/12/2012	Ray Allen, Professional K-9 Equipment INV 5/21/2012	698.89
46474	6/12/2012	RAY'S SHOES inv 1521 NATE BLASCO	100.00
46475	6/12/2012	RHYME BUSINESS INV 12312279	1,162.14
46476	6/12/2012	RHYME BUSINESS PRODUCTS LLC Inv 12295500 Sharp MFP	970.87
46477	6/12/2012	RURAL WELDING & FABRICATING INC INV 4430 STRAP	26.00
46478	6/12/2012	S & S WORLDWIDE, INC INV 7324407	132.37

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46479	6/12/2012	SAL'S TRUCK REPAIR inv 22975,23042,23053	246.80
46480	6/12/2012	SHERWIN INDUSTRIES, INC INV 46335 WHITE & YELLOW PAINT	1,487.50
46481	6/12/2012	SHIPWRECK BAY GIFT CERT FOR BILL BOMBER	50.00
46482	6/12/2012	Signarama Madison plaque for Parks	375.00
46483	6/12/2012	SKORIK, EMIL Parks landsc & mow #244123, 124, 126	1,005.84
46484	6/12/2012	SMITH SERVICES INV 02992 RING/CLASPS FOR FLAGS	58.62
46485	6/12/2012	Staples Advantage order #260769867-001	3.56
46486	6/12/2012	Staples Advantage order #261174757001	11.40
46487	6/12/2012	Staples Advantage streets	73.29
46488	6/12/2012	Staples Advantage ORDER #0261538115001	30.94
46489	6/12/2012	STATE CHEMICAL MFG CO INV	345.81
46490	6/12/2012	State of WI Department of Justice L2902 06/01/2012	100.00
46491	6/12/2012	State of WI Department of Natural Resources.. Environmental fee	3,908.47
46492	6/12/2012	SUN LIFE FINANCIAL JUNE COVERAGE	263.89
46493	6/12/2012	THE MESSENGER OF JUNEAU COUNTY LLC PD HELP WANTED	147.00
46494	6/12/2012	THE MESSENGER OF JUNEAU COUNTY LLC SPRING CLEAN UP INV 36917	101.50
46495	6/12/2012	TRAFFIC & PARKING CONTROL CO, INC INV #1395017	160.18
46496	6/12/2012	TRAFFIC & PARKING CONTROL CO, INC INV 1395355	1,200.15
46497	6/12/2012	TREMAIN, KRISTI MUNI COURT TRAINING	196.47

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46498	6/12/2012	TREML AG SERVICE, LLC invoice 358 LAWN FERTILIZER	682.50
46499	6/12/2012	TROPHY PLACE, THE INV 34970	10.00
46500	6/12/2012	TVRP UNIT REPLENISH FUND TO SUSPEND PLATES	200.00
46502	6/12/2012	UNITED COMMUNICATION CORP INV 782317	208.71
46503	6/12/2012	US CELLULAR CI cell phone	63.30
46504	6/12/2012	US CELLULAR Ims Digital Sign inv 213513578-017	122.13
46505	6/12/2012	US CELLULAR INV 204614264-075	229.33
46506	6/12/2012	US CELLULAR INV #204608517-075 KATHY	533.36
46507	6/12/2012	US CELLULAR INV #209436666-046	119.88
46508	6/12/2012	US CELLULAR FIRE 277409980-178	38.80
46509	6/12/2012	Viking Electric Supply INV 6369000	110.43
46510	6/12/2012	WESTERN TECHNICAL COLLEGE inv 974 Rapid Intervention Team trainin	1,965.00
46511	6/12/2012	WESTERN TECHNICAL COLLEGE INV 1182497	95.00
46512	6/12/2012	WESTERN TECHNICAL COLLEGE INV 1011	1,530.00
46513	6/12/2012	WESTERN WI WATERWORKS PROFESSIONALS Chad, Thomas, Kerry, Dave- Tomah Meeting	80.00
46514	6/12/2012	Winding Rivers Library System INV 001697	415.61
46515	6/12/2012	WIS SCTF N BLASCO	88.61
46516	6/12/2012	Wisconsin Law Enforcement Canine Handler Asso	175.00
46517	6/12/2012	Wisconsin Municipal Judges Association ANNUAL DUES	50.00

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

Check Nbr	Check Date	Payee	Amount
46518	6/12/2012	WISCONSIN VISION SERVICE PLAN EE SHARE	734.66
46519	6/12/2012	Yerke, Dave inv 115	75.00
46520	6/12/2012	UNITED AUTO SUPPLY, INC INV 40303598	444.23
Grand Total			783,506.11

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/23/2012 From Account:
Thru: 6/12/2012 Thru Account:

	Amount
Total Expenditure from Fund # 100 - General Fund	190,658.42
Total Expenditure from Fund # 109 - Cemetery	1,280.52
Total Expenditure from Fund # 250 - Library Fund	22,532.12
Total Expenditure from Fund # 270 - Room Tax Fund	3,316.35
Total Expenditure from Fund # 280 - Taxi Fund	9,001.25
Total Expenditure from Fund # 320 - TIF #2	34,481.06
Total Expenditure from Fund # 330 - TIF #3	152,126.45
Total Expenditure from Fund # 400 - Capital Projects Fund	196,588.22
Total Expenditure from Fund # 610 - Water Utility Fund	106,960.14
Total Expenditure from Fund # 620 - Sewer Utility Fund	66,297.69
Total Expenditure from Fund # 710 - Risk Management	263.89
Total Expenditure from all Funds	783,506.11

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
100-00-51110-110-000	M & C Salary/Wages	723.06	7,953.66	18,800.00	10,846.34	42.31
100-00-51110-130-000	M & C FICA/Medicare	55.36	705.72	1,438.00	732.28	49.08
100-00-51110-160-000	M & C Employee Recog	50.00	143.34	2,250.00	2,106.66	6.37
100-00-51110-211-000	M & C Auditing	2,625.00	12,125.00	13,500.00	1,375.00	89.81
100-00-51110-212-000	M & C Assessing	1,688.68	10,870.54	23,000.00	12,129.46	47.26
100-00-51110-213-000	M & C Legal	0.00	560.00	3,800.00	3,240.00	14.74
100-00-51110-312-000	M & C Code Maintenance	204.00	738.00	300.00	-438.00	246.00
100-00-51110-313-000	M & C Elections	-868.54	1,860.32	4,000.00	2,139.68	46.51
100-00-51110-330-000	M & C Educ/Trng/Travel	0.00	0.00	1,800.00	1,800.00	0.00
100-00-51110-390-000	M & C Miscellaneous	0.00	676.30	2,000.00	1,323.70	33.82
100-00-51110-591-000	M & C Delinquent Tax Write off	0.00	1,010.28	1,500.00	489.72	67.35
Mayor & Council		4,477.56	36,643.16	72,388.00	35,744.84	50.62
100-00-51400-110-000	Admin Salary/Wages	7,116.33	76,939.53	188,156.00	111,216.47	40.89
100-00-51400-130-000	Admin FICA/Medicare	528.40	5,709.31	14,328.00	8,618.69	39.85
100-00-51400-131-000	Admin Health Ins	4,672.64	28,035.84	56,072.00	28,036.16	50.00
100-00-51400-132-000	Admin FSA Contribution	152.75	1,685.20	4,200.00	2,514.80	40.12
100-00-51400-133-000	Admin Dental Ins	298.88	1,494.40	3,692.00	2,197.60	40.48
100-00-51400-134-000	Admin Vision Ins	95.89	575.34	1,109.00	533.66	51.88
100-00-51400-135-000	Admin WI Retirement	820.66	9,001.23	21,726.00	12,724.77	41.43
100-00-51400-210-000	Admin Prof Services	0.00	0.00	1,000.00	1,000.00	0.00
100-00-51400-213-000	Admin Legal	114.00	1,067.00	5,000.00	3,933.00	21.34
100-00-51400-216-000	Admin Hiring	0.00	0.00	1,000.00	1,000.00	0.00
100-00-51400-221-000	Admin Electricity	643.90	4,074.04	11,000.00	6,925.96	37.04
100-00-51400-222-000	Admin Gas/Heat	41.85	1,326.73	4,000.00	2,673.27	33.17
100-00-51400-223-000	Admin Water/Sewer	604.27	2,548.91	7,000.00	4,451.09	36.41
100-00-51400-224-000	Admin Telephone/Fax	523.79	2,474.76	6,500.00	4,025.24	38.07
100-00-51400-240-000	Admin Building Maint	1,740.65	10,920.84	6,000.00	-4,920.84	182.01
100-00-51400-290-000	Admin Contract Services	300.00	946.68	500.00	-446.68	189.34
100-00-51400-310-000	Admin Office Supplies	212.65	1,249.74	8,900.00	7,650.26	14.04
100-00-51400-311-000	Admin Postage/Shipping	0.00	712.21	2,000.00	1,287.79	35.61
100-00-51400-320-000	Admin Memberships/Dues	0.00	1,407.72	2,000.00	592.28	70.39
100-00-51400-321-000	Admin Publications	191.39	1,313.88	4,500.00	3,186.12	29.20
100-00-51400-330-000	Admin Educ/Trng/Travel	356.00	2,401.04	5,000.00	2,598.96	48.02
100-00-51400-350-000	Admin Equip Maint (Non-Office)	773.94	1,994.02	500.00	-1,494.02	398.80
100-00-51400-352-000	Admin Office Equip Maint	0.00	0.00	2,100.00	2,100.00	0.00
100-00-51400-353-000	Admin Info Tech	81.50	4,953.06	8,640.00	3,686.94	57.33
100-00-51400-390-000	Admin Miscellaneous	0.00	836.77	3,000.00	2,163.23	27.89
100-00-51400-510-000	Admin Ins (Non-Labor)	0.00	87,077.00	87,077.00	0.00	100.00
100-00-51400-821-000	Admin Building Improvement	0.00	48.58	0.00	-48.58	0.00
Administration		19,269.49	248,793.83	455,000.00	206,206.17	54.68
100-00-51120-213-000	BBC Legal	0.00	130.00	500.00	370.00	26.00
100-00-51120-330-000	BBC Educ/Trng/Travel	0.00	157.95	1,000.00	842.05	15.80
100-00-51120-390-000	BBC Miscellaneous	0.00	614.36	1,400.00	785.64	43.88
100-00-52300-215-000	Ambulance Contract Assessment	0.00	28,238.45	28,010.00	-228.45	100.82
100-00-53500-291-000	Non-City Equipment Rental	0.00	0.00	1,100.00	1,100.00	0.00
100-00-55310-390-000	Celebrations/Entertainment	0.00	1,000.00	10,000.00	9,000.00	10.00
Other Non City Groups		0.00	30,140.76	42,010.00	11,869.24	71.75

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
100-00-51200-110-000	PEG Salary/Wages	1,427.95	15,700.38	37,386.00	21,685.62	42.00
100-00-51200-130-000	PEG FICA/Medicare	106.29	1,168.64	2,860.00	1,691.36	40.86
100-00-51200-131-000	PEG Health Ins	1,112.54	6,675.24	13,351.00	6,675.76	50.00
100-00-51200-132-000	PEG FSA Contribution	38.46	423.06	1,000.00	576.94	42.31
100-00-51200-133-000	PEG Dental Ins	81.99	409.95	879.00	469.05	46.64
100-00-51200-134-000	PEG Vision Ins	22.83	136.98	264.00	127.02	51.89
100-00-51200-135-000	PEG WI Retirement	168.50	1,852.66	4,337.00	2,484.34	42.72
100-00-51200-330-000	PEG Educ/Trng/Travel	25.00	759.99	850.00	90.01	89.41
100-00-51200-390-000	PEG Miscellaneous	0.00	0.00	1,000.00	1,000.00	0.00
Peg - Communications		2,983.56	27,126.90	61,927.00	34,800.10	43.80
100-00-56400-110-000	Plan & Zoning-Salary/Wages	1,208.19	13,272.49	31,603.00	18,330.51	42.00
100-00-56400-130-000	Bldg & Permits FICA/Medicare	88.00	966.65	2,418.00	1,451.35	39.98
100-00-56400-131-000	Bldg & Permits Health Ins	1,112.54	6,675.24	13,351.00	6,675.76	50.00
100-00-56400-132-000	Bldg & Permit FSA Contribution	38.46	423.06	1,000.00	576.94	42.31
100-00-56400-133-000	Bldg & Permits Dental Ins	81.99	409.95	879.00	469.05	46.64
100-00-56400-134-000	Bldg & Permits Vision Ins	22.83	136.98	264.00	127.02	51.89
100-00-56400-135-000	Bldg & Permits WI Retirement	142.57	1,566.19	3,666.00	2,099.81	42.72
100-00-56400-202-000	Bldg & Perm Contracted Service	0.00	0.00	0.00	0.00	0.00
100-00-56400-202-010	Bldg & Permits Building Inspec	519.00	1,783.02	8,000.00	6,216.98	22.29
100-00-56400-202-020	Bldg & Permits Health/Welfare	55.00	1,244.52	4,000.00	2,755.48	31.11
100-00-56400-213-000	Bldg & Permits Legal/Recording	0.00	493.75	500.00	6.25	98.75
100-00-56400-214-000	Bldg & Perm Professnl Serv-Map	0.00	0.00	1,200.00	1,200.00	0.00
100-00-56400-224-000	Bldg & Permits Telephone/Fax	5.33	25.93	2,000.00	1,974.07	1.30
100-00-56400-310-000	Bldg & Permits Office Supplies	0.00	0.00	1,660.00	1,660.00	0.00
100-00-56400-321-000	Bldg & Permits Publications	43.00	176.66	500.00	323.34	35.33
100-00-56400-330-000	Bldg&Permits Educ/Trng/Travel	153.00	153.00	800.00	647.00	19.13
100-00-56400-353-000	Bldg & Permits InfoTech	0.00	0.00	150.00	150.00	0.00
100-00-56400-390-000	Bldg & Permits Miscellaneous	0.00	0.00	200.00	200.00	0.00
Zoning		3,469.91	27,327.44	72,191.00	44,863.56	37.85
100-00-52100-110-000	PD Salary/Wages	17,625.60	192,302.04	421,570.00	229,267.96	45.62
100-00-52100-111-000	PD Clerical PT Wages	110.00	798.10	5,985.00	5,186.90	13.34
100-00-52100-112-000	PD Officer PT Wages	1,573.00	14,655.83	20,000.00	5,344.17	73.28
100-00-52100-116-000	PD Officer OT Wages	0.00	2,130.25	32,000.00	29,869.75	6.66
100-00-52100-120-000	PD Parking Enforcement Wages	42.00	177.00	800.00	623.00	22.13
100-00-52100-121-000	PD Crossing Guard Wages	1,350.00	12,993.63	22,500.00	9,506.37	57.75
100-00-52100-122-000	PD LEA/Matron Expense	0.00	75.00	800.00	725.00	9.38
100-00-52100-130-000	PD FICA/Medicare	1,546.50	16,644.20	32,164.00	15,519.80	51.75
100-00-52100-131-000	PD Health Ins	9,346.92	56,081.52	112,163.00	56,081.48	50.00
100-00-52100-132-000	PD FSA Contribution	335.68	3,718.50	8,500.00	4,781.50	43.75
100-00-52100-133-000	PD Dental Ins	692.44	3,462.20	7,425.00	3,962.80	46.63
100-00-52100-134-000	PD Vision Ins	194.90	1,169.40	2,253.00	1,083.60	51.90
100-00-52100-135-000	PD WI Retirement	3,072.12	33,068.85	73,577.00	40,508.15	44.94
100-00-52100-190-000	PD Clothing Allowance	0.00	0.00	3,835.00	3,835.00	0.00
100-00-52100-191-000	PD Protective Cloth/Gear	0.00	0.00	618.00	618.00	0.00
100-00-52100-213-000	PD Legal	0.00	4,316.80	10,000.00	5,683.20	43.17
100-00-52100-216-000	PD Hiring	0.00	63.00	1,500.00	1,437.00	4.20
100-00-52100-217-000	PD Investigations	140.00	3,021.56	5,000.00	1,978.44	60.43
100-00-52100-221-000	PD Electricity	0.00	0.00	0.00	0.00	0.00

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
100-00-52100-224-000	PD Telephone/Fax	663.83	2,733.74	6,180.00	3,446.26	44.24
100-00-52100-290-000	PD Contract Services	0.00	0.00	500.00	500.00	0.00
100-00-52100-293-000	PD Animal Control	0.00	0.00	200.00	200.00	0.00
100-00-52100-310-000	PD Office Supplies	103.18	1,761.20	4,120.00	2,358.80	42.75
100-00-52100-320-000	PD Membership/Dues	0.00	265.00	515.00	250.00	51.46
100-00-52100-321-000	PD Publications	264.60	388.40	258.00	-130.40	150.54
100-00-52100-330-000	PD Educ/Trng/Travel	576.00	1,727.80	4,120.00	2,392.20	41.94
100-00-52100-331-000	PD Motor Fuel	524.49	9,244.73	18,000.00	8,755.27	51.36
100-00-52100-341-000	PD Prof Equip/Supplies	0.00	2,897.36	5,390.00	2,492.64	53.75
100-00-52100-352-000	PD Office Equip Maint/Service	0.00	0.00	2,650.00	2,650.00	0.00
100-00-52100-353-000	PD Info Tech	42.50	8,569.12	13,815.00	5,245.88	62.03
100-00-52100-354-000	PD Equipmnt Maint-NonOffice	732.27	1,883.42	2,575.00	691.58	73.14
100-00-52100-361-000	PD Building Maintenance	8.50	189.23	515.00	325.77	36.74
100-00-52100-390-000	PD Miscellaneous	200.00	1,393.52	2,500.00	1,106.48	55.74
100-00-52100-510-000	PD Ins (Non-Labor)	0.00	0.00	0.00	0.00	0.00
Police Department		39,144.53	375,731.40	822,028.00	446,296.60	45.71
100-00-52200-110-000	FD Salary/Wages	5,380.37	5,514.69	10,660.00	5,145.31	51.73
100-00-52200-120-000	FD Hourly Wages	32,389.11	34,177.11	65,340.00	31,162.89	52.31
100-00-52200-130-000	FD FICA/Medicare	2,885.49	3,022.26	5,900.00	2,877.74	51.22
100-00-52200-191-000	FD Protective Clothing/Gear	0.00	0.00	6,000.00	6,000.00	0.00
100-00-52200-213-000	FD Legal	0.00	40.00	380.00	340.00	10.53
100-00-52200-221-000	FD Electricity	502.17	3,167.72	7,500.00	4,332.28	42.24
100-00-52200-222-000	FD Heating Gas	34.23	1,085.49	4,250.00	3,164.51	25.54
100-00-52200-223-000	FD Water/Sewer	0.00	0.00	1,000.00	1,000.00	0.00
100-00-52200-224-000	FD Telephone/Fax	241.62	1,088.98	2,200.00	1,111.02	49.50
100-00-52200-241-000	FD Extinguisher Maint/Repair	0.00	120.25	300.00	179.75	40.08
100-00-52200-292-000	FD Hydrant Rental	0.00	0.00	231,924.00	231,924.00	0.00
100-00-52200-310-000	FD Office Supplies	0.00	214.40	750.00	535.60	28.59
100-00-52200-321-000	FD Publications	0.00	0.00	150.00	150.00	0.00
100-00-52200-330-000	FD Educ/Trng/Travel	2,118.00	2,118.00	2,500.00	382.00	84.72
100-00-52200-331-000	FD Motor Fuel	0.00	458.30	2,000.00	1,541.70	22.92
100-00-52200-352-000	FD Office Equip Maint/Service	0.00	339.28	500.00	160.72	67.86
100-00-52200-353-000	FD Info Tech	0.00	281.62	2,000.00	1,718.38	14.08
100-00-52200-354-000	FD Equipmnt Maint (Non-Office)	208.71	1,042.74	5,500.00	4,457.26	18.96
100-00-52200-355-000	FD Truck Maintenance	660.00	660.00	5,500.00	4,840.00	12.00
100-00-52200-357-000	FD Pager Repair	0.00	0.00	0.00	0.00	0.00
100-00-52200-361-000	FD Building Maintenance	0.00	461.75	1,500.00	1,038.25	30.78
100-00-52200-390-000	FD Miscellaneous	337.50	797.11	2,500.00	1,702.89	31.88
100-00-52200-510-000	FD Ins (non-labor)	0.00	0.00	0.00	0.00	0.00
100-00-52200-811-000	FD Equipment Purchases	1,270.89	1,550.11	0.00	-1,550.11	0.00
100-00-52200-812-000	FD Jaws	0.00	0.00	0.00	0.00	0.00
100-00-52200-813-000	FD Small Item Purchases	0.00	708.79	13,500.00	12,791.21	5.25
100-00-52200-821-000	FD Building Improvement	0.00	0.00	0.00	0.00	0.00
Fire Department		46,028.09	56,848.60	371,854.00	315,005.40	15.29
100-00-53100-110-000	Streets Wage/Salary	8,613.26	93,523.14	226,379.00	132,855.86	41.31
100-00-53100-130-000	Streets FICA/Medicare	636.54	6,908.43	16,098.00	9,189.57	42.91
100-00-53100-131-000	Streets Health Ins	5,340.72	32,044.32	64,089.00	32,044.68	50.00
100-00-53100-132-000	Streets FSA Contribution	186.15	2,047.73	4,833.00	2,785.27	42.37

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
100-00-53100-133-000	Streets Dental Ins	394.80	1,974.00	4,233.00	2,259.00	46.63
100-00-53100-134-000	Streets Vision Ins	110.61	663.66	1,279.00	615.34	51.89
100-00-53100-135-000	Streets WI Retirement	1,004.81	10,865.67	24,410.00	13,544.33	44.51
100-00-53100-191-000	Streets Protective Clthng/Gear	255.97	833.14	1,500.00	666.86	55.54
100-00-53100-213-000	Streets Legal	0.00	0.00	3,000.00	3,000.00	0.00
100-00-53100-215-000	Streets Hired Services	0.00	255.25	500.00	244.75	51.05
100-00-53100-218-000	Streets Drug Testing	59.00	252.00	250.00	-2.00	100.80
100-00-53100-219-000	Streets Internal Work Performd	0.00	0.00	0.00	0.00	0.00
100-00-53100-221-000	Streets Electricity/Gas	274.74	2,982.62	9,500.00	6,517.38	31.40
100-00-53100-223-000	Streets Water/Sewer	624.46	2,060.77	6,500.00	4,439.23	31.70
100-00-53100-224-000	Streets Telephone/Fax	257.96	1,368.96	3,000.00	1,631.04	45.63
100-00-53100-231-000	Streets Signage	1,377.01	1,771.68	2,500.00	728.32	70.87
100-00-53100-232-000	Streets Tree/Brush Removal	175.00	175.00	5,000.00	4,825.00	3.50
100-00-53100-240-000	Streets Maintenance/Repair	1,487.50	3,981.23	108,000.00	104,018.77	3.69
100-00-53100-290-000	Streets Contract Services	0.00	1,869.16	2,000.00	130.84	93.46
100-00-53100-290-100	Streets Contract Serv-Mowing	405.00	405.00	2,000.00	1,595.00	20.25
100-00-53100-290-102	Streets Contract Serv-Shovel	0.00	0.00	2,000.00	2,000.00	0.00
100-00-53100-291-000	Streets Equipment Rental	0.00	0.00	250.00	250.00	0.00
100-00-53100-294-000	Streets State/Other Fees	0.00	85.00	0.00	-85.00	0.00
100-00-53100-310-000	Streets Office Supplies	114.58	194.70	500.00	305.30	38.94
100-00-53100-320-000	Streets Memberships/Dues	0.00	0.00	100.00	100.00	0.00
100-00-53100-321-000	Streets Publications	0.00	0.00	150.00	150.00	0.00
100-00-53100-330-000	Streets Educ/Tmg/Travel	102.00	151.93	500.00	348.07	30.39
100-00-53100-331-000	Streets Motor Fuel	0.00	5,526.90	12,000.00	6,473.10	46.06
100-00-53100-340-000	Streets Hand Tls,Matals,Spplies	371.70	6,117.70	10,000.00	3,882.30	61.18
100-00-53100-352-000	Streets Office Equip Maint.	256.38	1,487.37	1,300.00	-187.37	114.41
100-00-53100-353-000	Streets Info Tech	33.95	446.38	2,500.00	2,053.62	17.86
100-00-53100-354-000	Streets Equip Maint (Non-Offc)	516.52	11,284.13	32,000.00	20,715.87	35.26
100-00-53100-361-000	Streets Building Maintenance	344.54	1,868.45	1,500.00	-368.45	124.56
100-00-53100-362-000	Streets Grounds Maintenance	0.00	578.40	1,500.00	921.60	38.56
100-00-53100-390-000	Streets Miscellaneous	1,438.20	2,491.43	2,000.00	-491.43	124.57
100-00-53100-510-000	Streets Ins (Non-Labor)	0.00	0.00	0.00	0.00	0.00
100-00-53100-821-000	Streets Building Improvement	0.00	0.00	500.00	500.00	0.00
100-00-53320-215-000	Ice Hired/Contractual	0.00	1,387.25	7,000.00	5,612.75	19.82
100-00-53320-291-000	Ice Equipment Rental	0.00	0.00	500.00	500.00	0.00
100-00-53320-340-000	Ice Hand Tool,Mater./Supplies	0.00	699.27	500.00	-199.27	139.85
100-00-53320-354-000	Ice Equipment Maint-Non Office	0.00	3,627.55	3,500.00	-127.55	103.64
100-00-53320-371-000	Ice Salt/Sand	0.00	42,197.93	30,000.00	-12,197.93	140.66
100-00-53320-372-000	Ice Contingency for Snow	0.00	0.00	8,000.00	8,000.00	0.00
100-00-53320-390-000	Ice Miscellaneous	0.00	0.00	0.00	0.00	0.00
100-00-53330-221-000	Signals Electricity	37.78	270.99	600.00	329.01	45.17
100-00-53330-240-000	Signals Maint/Repair	0.00	175.05	5,000.00	4,824.95	3.50
100-00-53330-390-000	Signals Miscellaneous	0.00	0.00	0.00	0.00	0.00
100-00-53340-354-000	Storm Equip Maint-Non Office	1,896.14	5,061.22	2,500.00	-2,561.22	202.45
100-00-53340-390-000	Storm Miscellaneous	85.00	2,104.72	1,000.00	-1,104.72	210.47
100-00-53420-221-000	Street Lights Electricity	5,481.07	29,706.51	75,000.00	45,293.49	39.61
100-00-53420-240-000	Street Lights Maint/Repair	0.00	3,935.08	2,000.00	-1,935.08	196.75
100-00-53420-354-000	Strt Lghts Equip Maint-Non Off	97.98	1,515.13	1,000.00	-515.13	151.51
100-00-53420-373-000	Street Lights Installation	0.00	0.00	2,000.00	2,000.00	0.00
100-00-53420-390-000	Street Lights Miscellaneous	10.99	892.36	250.00	-642.36	356.94

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
Streets						
		31,990.36	285,787.21	690,721.00	404,933.79	41.38
610-00-57510-000-600	Source Salary/Wages	332.81	3,645.01	16,538.00	12,892.99	22.04
610-00-57510-000-601	Source Purchased Water	0.00	0.00	0.00	0.00	0.00
610-00-57510-000-602	Operations Supplies/Expenses	0.00	275.53	0.00	-275.53	0.00
610-00-57510-000-605	Source Building Maintenance	60.90	1,568.93	3,250.00	1,681.07	48.27
610-00-57520-000-620	Pumping Wage/Salary	332.81	3,645.01	16,538.00	12,892.99	22.04
610-00-57520-000-621	Pumping-Fuel for Power Prod	686.30	3,893.56	0.00	-3,893.56	0.00
610-00-57520-000-622	Pumpg-Fuel/Pwr Prchsd for Pump	1,139.58	10,382.14	36,000.00	25,617.86	28.84
610-00-57520-000-623	Pumping Operation Supplies/Exp	0.00	1,818.69	1,800.00	-18.69	101.04
610-00-57520-000-625	Pumping Maint of Plant	0.00	199.26	0.00	-199.26	0.00
610-00-57530-000-630	Treatment Salary/Wages	332.81	3,645.01	16,538.00	12,892.99	22.04
610-00-57530-000-631	Treatment Chemicals	6,003.06	50,341.64	40,500.00	-9,841.64	124.30
610-00-57530-000-632	Treatment Operation Supp/Exp	0.00	0.00	0.00	0.00	0.00
610-00-57530-000-635	Treatment Plant Maintenance	0.00	0.00	0.00	0.00	0.00
610-00-57540-000-640	T&D Salary/Wages	332.81	3,645.01	16,538.00	12,892.99	22.04
610-00-57540-000-641	T&D Operation Supplies/Expense	0.00	0.00	750.00	750.00	0.00
610-00-57540-000-650	T&D Maintenance Pipes/Reservoir	0.00	14.95	0.00	-14.95	0.00
610-00-57540-000-651	T&D Maintenance Mains	1,878.00	3,895.18	15,000.00	11,104.82	25.97
610-00-57540-000-652	T&D Maintenance of Services	0.00	458.51	6,350.00	5,891.49	7.22
610-00-57540-000-653	T&D Meter Purchases/Maint	2,056.96	2,056.96	1,500.00	-556.96	137.13
610-00-57540-000-654	T&D Hydrant Maintenance	0.00	0.00	5,000.00	5,000.00	0.00
610-00-57540-000-655	T&D Maintenance of Other Plant	283.65	283.65	0.00	-283.65	0.00
610-00-57550-000-901	Meter Reading Labor	0.00	0.00	0.00	0.00	0.00
610-00-57550-000-902	Accounting & Collecting Labor	0.00	0.00	0.00	0.00	0.00
610-00-57550-000-903	Supplies/Expenses	0.00	398.10	10,000.00	9,601.90	3.98
610-00-57550-000-904	Uncollectible Accounts	0.00	0.00	0.00	0.00	0.00
610-00-57550-000-906	Customer Serv & Information	0.00	0.00	0.00	0.00	0.00
610-00-57560-000-910	Sales Expense	0.00	0.00	0.00	0.00	0.00
610-00-57570-000-920	Admin General Wage/Salary	3,717.52	40,599.15	69,067.00	28,467.85	58.78
610-00-57570-000-921	Water Office Supplies	473.09	3,587.44	10,000.00	6,412.56	35.87
610-00-57570-000-923	Outside Services Contracted	2,142.50	8,007.12	0.00	-8,007.12	0.00
610-00-57570-000-924	Water Ins-Property	0.00	13,208.00	13,208.00	0.00	100.00
610-00-57570-000-926	Water FICA/Medicare	375.90	4,159.85	9,857.00	5,697.15	42.20
610-00-57570-000-928	Regulatory Commission Exp	0.00	0.00	0.00	0.00	0.00
610-00-57570-000-930	Water Miscellaneous	107.00	500.30	500.00	-0.30	100.06
610-00-57570-000-931	Water Telephone/Fax	44.46	480.63	0.00	-480.63	0.00
610-00-57570-000-933	Water Transportation	0.00	5,499.83	10,000.00	4,500.17	55.00
610-00-57570-000-935	Water Maintenance of Plant	23.88	1,005.12	500.00	-505.12	201.02
610-00-57570-001-926	Health Ins	3,004.39	18,026.34	36,053.00	18,026.66	50.00
610-00-57570-002-926	FSA Contribution	104.90	1,139.34	2,733.00	1,593.66	41.69
610-00-57570-003-926	Dental Insurance	222.62	1,113.10	2,387.00	1,273.90	46.63
610-00-57570-004-926	Vision Insurance	62.69	376.14	725.00	348.86	51.88
610-00-57570-005-926	WIS Retirement	595.76	6,589.85	14,947.00	8,357.15	44.09
610-00-57570-006-926	Training, Travel	182.00	1,372.26	0.00	-1,372.26	0.00
Water						
		24,496.40	195,831.61	356,279.00	160,447.39	54.97
620-00-57310-000-820	Supervision & Labor	0.00	0.00	86,655.00	86,655.00	0.00
620-00-57310-000-821	Power & Fuel for Pumping	1,142.18	33,548.02	98,500.00	64,951.98	34.06
620-00-57310-000-822	Power & Fuel for Aeration Equ	57.34	174.15	0.00	-174.15	0.00

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
620-00-57310-000-823	Chlorine	0.00	0.00	0.00	0.00	0.00
620-00-57310-000-824	Phosphorous Removal Chemicals	0.00	0.00	0.00	0.00	0.00
620-00-57310-000-825	Sludge Conditioning Chemicals	0.00	0.00	0.00	0.00	0.00
620-00-57310-000-826	Other Chemicals for Sewer Trea	0.00	0.00	0.00	0.00	0.00
620-00-57310-000-827	Other Operating Supplies/Exp	0.00	2,858.30	12,000.00	9,141.70	23.82
620-00-57310-000-828	Transportation	0.00	5,549.47	10,500.00	4,950.53	52.85
620-00-57310-000-829	Rents	0.00	0.00	0.00	0.00	0.00
620-00-57320-000-831	Maint Sewage Collection System	325.54	12,394.21	85,250.00	72,855.79	14.54
620-00-57320-000-832	Maint Collection Pumping Equip	0.00	0.00	0.00	0.00	0.00
620-00-57320-000-833	Maint of T&D Plant Equip	0.00	0.00	10,650.00	10,650.00	0.00
620-00-57320-000-834	Maint Of Plant,Structures,Equi	60.90	1,303.96	13,250.00	11,946.04	9.84
620-00-57320-000-835	Sludge Removal	0.00	0.00	0.00	0.00	0.00
620-00-57330-000-840	Billing,Collecting,& Acctg	0.00	0.00	0.00	0.00	0.00
620-00-57330-000-841	Flat Rate Inspections	0.00	0.00	0.00	0.00	0.00
620-00-57330-000-842	Meter Reading	0.00	0.00	0.00	0.00	0.00
620-00-57330-000-843	Uncollectible Accounts	0.00	0.00	0.00	0.00	0.00
620-00-57340-000-850	Sewer Salary/Wage	5,247.93	56,948.92	52,529.00	-4,419.92	108.41
620-00-57340-000-851	Office Supplies/Expenses	472.58	5,660.90	21,350.00	15,689.10	26.51
620-00-57340-000-852	Hired/Contractual Services	2,100.00	6,629.87	9,875.00	3,245.13	67.14
620-00-57340-000-853	Insurance-Property & Liability	0.00	13,208.00	13,208.00	0.00	100.00
620-00-57340-000-854	Sewer FICA/Medicare	391.14	4,326.76	11,864.00	7,537.24	36.47
620-00-57340-000-855	Sewer Regulatory Commission	3,908.47	3,908.47	7,500.00	3,591.53	52.11
620-00-57340-000-856	Sewer Miscellaneous	112.00	175.09	1,500.00	1,324.91	11.67
620-00-57340-000-857	Rent Expense	0.00	0.00	0.00	0.00	0.00
620-00-57340-000-931	Sewer Telephone/Fax	44.46	489.69	0.00	-489.69	0.00
620-00-57340-001-854	Health Ins	3,004.39	18,026.34	48,952.00	30,925.66	36.82
620-00-57340-002-854	FSA Contribution	105.10	1,139.61	3,667.00	2,527.39	31.08
620-00-57340-003-854	Dental Ins	222.61	1,113.05	3,223.00	2,109.95	34.53
620-00-57340-004-854	Vision Ins	62.69	376.14	968.00	591.86	38.86
620-00-57340-005-854	WIS Retirement	619.26	6,847.61	17,990.00	11,142.39	38.06
620-00-57340-006-854	Training, Travel, Education	102.00	865.31	0.00	-865.31	0.00
620-00-57390-000-403	Depreciation	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-404	Amor of Limited Term Utili Pla	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-405	Amor of other Utility Plant	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-406	Amor of Utility Plant Acq Adj	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-407	Amor of Property Losses	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-408	Taxes	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-425	Miscell Amortization	0.00	0.00	0.00	0.00	0.00
620-00-57390-000-426	Other Income Deductions	0.00	0.00	0.00	0.00	0.00
620-00-58200-000-427	Interest on Long term Debt	32,140.50	145,253.37	0.00	-145,253.37	0.00
620-00-58200-000-428	Amorti of Debt Disc't & Exp	0.00	0.00	0.00	0.00	0.00
620-00-58200-000-429	Amor of Prem on Debt - Cr	0.00	0.00	0.00	0.00	0.00
620-00-58200-000-430	Interest on Debt to Municipali	0.00	0.00	0.00	0.00	0.00
620-00-58200-000-431	Other Interest	0.00	0.00	0.00	0.00	0.00
620-00-58200-000-432	Intrst Chrg'd to Construction-Cr	0.00	0.00	0.00	0.00	0.00
Sewer		50,119.09	320,797.24	509,431.00	188,633.76	62.97
100-00-55300-110-000	Sum Rec Salary/Wages	244.50	566.25	36,000.00	35,433.75	1.57
100-00-55300-130-000	Sum Rec FICA/Medicare	18.70	43.31	2,754.00	2,710.69	1.57
100-00-55300-220-000	Sum Rec Transportation	0.00	0.00	6,700.00	6,700.00	0.00
100-00-55300-224-000	Sum Rec Telephone/Fax	10.36	31.75	200.00	168.25	15.88

Account Number		2012 June	2012 Actual 06/12/2012	2012 Budget	Budget Status	% of Budget
100-00-55300-310-000	Sum Rec Office Supplies	0.00	390.00	550.00	160.00	70.91
100-00-55300-330-000	Sum Rec Educ/Trng/Travel	0.00	0.00	1,000.00	1,000.00	0.00
100-00-55300-390-000	Sum Rec Miscellaneous	2,354.91	2,354.91	2,000.00	-354.91	117.75
100-00-55300-395-000	Sum Rec Arts/Crafts	132.37	137.27	500.00	362.73	27.45
100-00-55300-396-000	Sum Rec Softball/Baseball	0.00	0.00	750.00	750.00	0.00
100-00-55300-397-000	Sum Rec Tennis	0.00	0.00	550.00	550.00	0.00
100-00-55300-398-000	Sum Rec Golf	0.00	0.00	850.00	850.00	0.00
100-00-55300-399-000	Sum Rec Special Events	0.00	820.00	500.00	-320.00	164.00
100-00-55300-814-000	Sum Rec Baseball Equip/Uniform	0.00	0.00	4,300.00	4,300.00	0.00
Summer Rec		2,760.84	4,343.49	56,654.00	52,310.51	7.67
Total Expenses		224,739.83	1,609,371.64	3,510,483.00	1,901,111.36	45.84
Net Totals		-224,739.83	-1,609,371.64	-3,510,483.00	-1,901,111.36	45.84



MEMO

To: City of Mauston – Finance Committee
From: Nathan Thiel, City Administrator
Subject: 2013 Budget Guidelines Intro Memo
Date: June 8, 2011

Please review the proposed Budget Calendar and Summary 2011 audit numbers attached. Note this year I am proposing changing the calendar process slightly to allow time for Department Heads to take budgets and any new requests to their committees or supervising boards for review. The Library Board and Room Tax Committee Budgets are also required before the City adopts the budget.

As far as the General Fund 2011 audit, the numbers indicate a \$146,979 surplus. The City did make budget adjustments last year so that we should not see large surpluses in future years. In preparing for next year's budget, I anticipate revenues will remain pretty consistent with this year's budget. We plan on providing projections at the end of August when we will have a better handle on the total revenues coming from the state. One additional revenue source we do anticipate earning this year is the expenditure restraint revenue provided by the state. One final note, please do not be alarmed by the 2012 revenues year-to-date. The city will realize property tax and shared revenue later in the year.

When reviewing last year's actual operational expenditures with this year's operational budget, Police and Public Works appear to be underfunded. The Operational Summary should provide some guidance for the Committee to set guidelines for Department Heads in setting next year's operational budget. I have also included the Library Fund. They had a surplus in 2011 by about \$17,000 when including non-operational expenses. Arguably about \$30,000 expended under non-operating should have come from reserved funds. But, if we compare their budgeted revenue \$508K to their actual expenditures in 2011 at \$511K, they are much more balanced this year compared to the prior year. This should provide the Committee the necessary guidance to set budget guidelines for the Library Director.

CITY OF MAUSTON 2013 ANNUAL BUDGET CALENDAR

State statute, local ordinance and the City's budget development guidelines prescribe the process of budget review and adoption for the City of Mauston. The laws require public input in the budget process, including the publishing of a budget summary in the local media. Public input is also available at the public meetings at which budget information is discussed, including boards and commissions, Finance Committee, and the official public hearing before the Common Council. The following is the calendar for the 2013 budget process:

DATE (2012)	MAJOR STEPS IN BUDGET PREPARATION
June 12	Finance Committee approves Budget Preparation Calendar and reviews Audited Revenue & Expenditures and sets Budget Guidelines.
June 15	City Administrator issues Budget Guidelines, Budget Detail Sheets, and Capital and Service Enhancement Request Forms to department heads.
June 29	Department Heads submit Draft Budget Detail Sheets and New Request Forms to City Administrator.
June - July	Department Heads submit Draft Budget and New Requests Forms to Supervising Boards and Committees for review and approval.
July 24	City Administrator will bring an updated Equipment Replacement Program to Finance.
August 06-10	Department Heads meet with City Administrator to discuss requests approved by the committees. Revisions will be made as necessary.
August 28	City Administrator will bring updated forecast and requests to Finance Committee and Council for review.
August 31	Department Heads will submit Committee approved budgets and new requests to the City administrator to be brought to the Finance Committee for approval.
September 11	Finance Committee Budget Workshop.
September 25	Finance Committee Budget Workshop followed by a Council Budget Workshop for final discussion.
October 4	Room Tax, Library are to submit approved final revenue and expenditure budgets to the City Administrator.
October 23	City Administrator presents recommended budget to Finance Committee and Budget Book.
November 13	City Council Public Hearing and formal approval of the final budget.

Following budget adoption, the budget may be amended only by a 2/3 majority vote of the Common Council. Such a majority is required both for additional appropriations and for changes/transfers between appropriations. Appropriations are defined as expenditure categories such as general government, public safety, contingency, etc. Formal budget changes (i.e. appropriations) are required to be published in the official newspaper within 10 days of approval.

GENERAL FUND REVENUE

Row Labels	2011 Budget	2011 Actual	2011 Remaining	2011 % Remaining	2012 Budget	2012 YTD	% YTD Expended
Revenues							
Taxes							
Property Taxes	1,642,148	1,354,995	(287,153)	-17.5%	1,654,168	-	0.0%
Other Taxes	-	328	328	0.0%	-	-	0.0%
Payment in Lieu of Taxes	123,865	125,981	2,116	1.7%	122,000	20,098	16.5%
Special Assesments	-	132,376	132,376	0.0%	61,084	-	0.0%
Taxes Total	1,766,013	1,613,680	(152,333)	-8.6%	1,837,252	20,098	1.1%
Intergovernmental Revenue							
Shared Revenue	1,126,574	1,127,511	937	0.1%	1,020,507	-	0.0%
Transportation Aid	425,374	425,109	(265)	-0.1%	389,191	194,576	50.0%
Municipal Service Payments	105,000	104,742	(258)	-0.2%	97,312	80,587	82.8%
Other State Aid	36,833	29,004	(7,829)	-21.3%	27,584	16,560	60.0%
Intergovernmental Revenue Total	1,693,781	1,686,365	(7,416)	-0.4%	1,534,594	291,723	19.0%
Charges for Service							
Admin	16,580	16,580	-	0.0%	3,000	3,000	100.0%
Court	-	-	-	0.0%	21,000	-	0.0%
Fire	108,958	139,675	30,717	28.2%	104,747	15,340	14.6%
Garbage	132,345	160,387	28,042	21.2%	154,706	51,083	33.0%
Police	500	2,389	1,889	377.7%	500	293	58.6%
Public Works	13,800	5,280	(8,520)	-61.7%	13,800	700	5.1%
Summer Rec	12,000	11,765	(235)	-2.0%	12,000	9,589	79.9%
Zoning	-	-	-	0.0%	23,573	2,825	12.0%
Charges for Service Total	284,183	336,076	51,893	18.3%	333,326	82,830	24.8%
Licenses & Permits							
Building Permits	12,400	15,783	3,383	27.3%	12,400	5,155	41.6%
Licenses	36,740	35,616	(1,124)	-3.1%	35,000	16,475	47.1%
Licenses & Permits Total	49,140	51,398	2,258	4.6%	47,400	21,629	45.6%
Fines & Forfeitures							
Court	19,000	17,585	(1,415)	-7.4%	19,000	14,066	74.0%
Parking	10,000	10,205	205	2.1%	10,000	7,900	79.0%
Fines & Forfeitures Total	29,000	27,790	(1,210)	-4.2%	29,000	21,966	75.7%
Miscellaneous							
Interest Income	43,500	128,478	84,978	195.4%	18,500	17,862	96.6%
Other	7,825	14,209	6,384	81.6%	7,825	106,460	1360.5%
Rent	13,500	28,779	15,279	113.2%	25,500	17,350	68.0%
Sale of Property	-	56,673	56,673	0.0%	-	-	0.0%
Miscellaneous Total	64,825	228,139	163,314	251.9%	51,825	141,671	273.4%
Revenues Total	3,886,942	3,943,448	56,506	1.5%	3,833,397	579,918	15.1%
Grand Total	3,886,942	3,943,448	56,506	1.5%	3,833,397	579,918	15.1%

GENERAL FUND EXPENDITURE

Row Labels	2011 Budget	2011 Actual	2011 Remaining	2011 % Remaining	2012 Budget	2012 YTD	% YTD Expended
General Government							
Salary	275,647	268,265	(7,382)	-2.7%	286,745	103,391	✓ 36.1%
Benefit	188,717	185,233	(3,484)	-1.8%	146,834	58,950	✓ 40.1%
Contractual Service	63,320	65,627	2,307	3.6%	67,490	29,194	⚠ 43.3%
Professional Service	84,305	80,789	(3,516)	-4.2%	69,500	24,829	✓ 35.7%
Supplies	39,000	31,866	(7,135)	-18.3%	45,300	12,123	✓ 26.8%
General Government Total	650,989	631,779	(19,209)	-3.0%	615,869	228,486	✓ 37.1%
Fire							
Salary	76,000	68,354	(7,646)	-10.1%	76,000	1,922	✓ 2.5%
Benefit	11,900	10,915	(985)	-8.3%	11,900	137	✓ 1.1%
Contractual Service	17,250	15,030	(2,220)	-12.9%	17,250	4,966	✓ 28.8%
Professional Service	380	30	(350)	-92.1%	380	40	✓ 10.5%
Supplies	28,900	26,888	(2,012)	-7.0%	28,900	3,450	✓ 11.9%
Fire Total	134,430	121,217	(13,213)	-9.8%	134,430	10,515	✓ 7.8%
Police							
Salary	509,155	499,541	(9,614)	-1.9%	503,655	202,431	✓ 40.2%
Benefit	301,497	290,117	(11,380)	-3.8%	240,535	98,956	✓ 41.1%
Contractual Service	22,695	24,979	2,284	10.1%	25,695	13,478	⚠ 52.5%
Professional Service	17,740	12,415	(5,325)	-30.0%	11,500	4,380	✓ 38.1%
Supplies	37,403	46,416	9,013	24.1%	40,643	22,308	⚠ 54.9%
Police Total	888,490	873,467	(15,023)	-1.7%	822,028	341,553	✓ 41.6%
Public Works							
Salary	235,239	250,551	15,312	6.5%	248,379	92,026	✓ 37.1%
Benefit	182,677	182,322	(355)	-0.2%	151,587	58,868	✓ 38.8%
Contractual Service	369,445	378,673	9,228	2.5%	383,200	86,748	✓ 22.6%
Professional Service	2,350	1,648	(702)	-29.9%	3,000	-	✓ 0.0%
Supplies	122,700	156,625	33,925	27.6%	110,550	84,649	✗ 76.6%
Public Works Total	912,411	969,820	57,408	6.3%	896,716	322,292	✓ 35.9%
Summer Rec							
Salary	36,000	30,164	(5,836)	-16.2%	36,000	322	✓ 0.9%
Benefit	3,000	2,190	(810)	-27.0%	2,754	25	✓ 0.9%
Contractual Services	6,500	4,263	(2,237)	-34.4%	6,700	-	✓ 0.0%
Supplies	11,200	10,442	(758)	-6.8%	11,200	1,236	✓ 11.0%
Summer Rec Total	56,700	47,058	(9,642)	-17.0%	56,654	1,583	✓ 2.8%
Non-Operational							
Transfer	430,050	447,344	17,294	4.0%	534,314	305,017	⚠ 57.1%
Contingency	94,032	3,144	(90,888)	-96.7%	75,936	30,245	✓ 39.8%
Contributions	93,299	76,530	(16,769)	-18.0%	95,010	65,238	✗ 68.7%
Debt Service	-	-	-	0.0%	274,836	85,555	✓ 31.1%
Fixed Cost	332,016	331,586	(431)	-0.1%	326,001	88,921	✓ 27.3%
Non-Operational Total	949,397	858,604	(90,794)	-9.6%	1,306,097	574,977	⚠ 44.0%
Grand Total	3,592,417	3,501,945	(90,473)	-2.5%	3,831,794	1,479,406	✓ 38.6%

Fund Surplus: 146,979

GENERAL FUND OPERATIONAL BUDGET OVERVIEW

Row Labels	2011 Budget	2011 Actual	2011 Remaining	2012 Budget	Budget/ Actual Comparison	Comparison as % of Budget
General Government						
Contractual Service	63,320	65,627	2,307	67,490	1,863	2.8%
Professional Service	84,305	80,789	(3,516)	69,500	(11,289)	-16.2%
Supplies	39,000	31,866	(7,135)	45,300	13,435	29.7%
General Government Total	186,625	178,281	(8,344)	182,290	4,009	2.2%
Fire						
Contractual Service	17,250	15,030	(2,220)	17,250	2,220	12.9%
Professional Service	380	30	(350)	380	350	92.1%
Supplies	28,900	26,888	(2,012)	28,900	2,012	7.0%
Fire Total	46,530	41,948	(4,582)	46,530	4,582	9.8%
Police						
Contractual Service	22,695	24,979	2,284	25,695	716	2.8%
Professional Service	17,740	12,415	(5,325)	11,500	(915)	-8.0%
Supplies	37,403	46,416	9,013	40,643	(5,773)	-14.2%
Police Total	77,838	83,809	5,971	77,838	(5,971)	-7.7%
Public Works						
Contractual Service	369,445	378,673	9,228	383,200	4,527	1.2%
Professional Service	2,350	1,648	(702)	3,000	1,352	45.1%
Supplies	122,700	156,625	33,925	110,550	(46,075)	-41.7%
Public Works Total	494,495	536,947	42,452	496,750	(40,197)	-8.1%
Summer Rec						
Supplies	11,200	10,442	(758)	11,200	758	6.8%
Summer Rec Total	11,200	10,442	(758)	11,200	758	6.8%
Grand Total	816,688	851,427	34,739	814,608	(36,819)	-4.5%

Fund Surplus: 21,767

LIBRARY FUND REVENUE

Row Labels	2011 Budget	2011 Actual	2011 Remaining	2011 % Remaining	2012 Budget	2012 YTD	% YTD Expended
Library							
Operating Revenue							
County Reimbursement	183,141	175,887	(7,254)	-4.0%	173,941	169,049	✓ 97.2%
Winding Rivers Grant	6,100	13,353	7,253	118.9%	6,110	10,991	✓ 179.9%
Interest Income	-	13,556	13,556	0.0%	15,191	-	✗ 0.0%
Fines & Forfeitures	-	33,013	33,013	0.0%	21,000	-	✗ 0.0%
Doantions	-	2,476	2,476	0.0%	900	-	✗ 0.0%
Operating Revenue Total	189,241	238,284	49,043	25.9%	217,142	180,040	✓ 82.9%
Non-Operating Revenue							
Transfer from General	310,000	310,000	-	0.0%	291,400	291,400	✓ 100.0%
Non-Operating Revenue Total	310,000	310,000	-	0.0%	291,400	291,400	✓ 100.0%
Grand Total	499,241	548,284	49,043	9.8%	508,542	471,440	✓ 92.7%

LIBRARY FUND EXPENDITURE

Row Labels	2011 Budget	2011 Actual	2011 Remaining	2011 % Remaining	2012 Budget	2012 YTD	% YTD Expended
Library							
Salary	196,378	183,746	(12,632)	-6.4%	180,290	73,765	✓ 40.9%
Benefit	90,905	90,835	(70)	-0.1%	94,363	33,879	✓ 35.9%
Contractual Service	114,201	129,413	15,212	13.3%	114,201	35,117	✓ 30.7%
Professional Service	-	20	20	0.0%	-	50	✓ 0.0%
Supplies	72,349	70,688	(1,661)	-2.3%	72,834	32,829	⚠ 45.1%
Library Total	473,833	474,701	869	0.2%	461,688	175,640	✓ 38.0%
Non-Operational							
Fixed Cost	5,637	5,648	11	0.2%	5,272	5,272	✗ 100.0%
Capital Outlay	-	-	-	0.0%	22,000	3,274	✓ 14.9%
Reserve Funds	-	30,825	30,825	0.0%	-	-	✓ 0.0%
Non-Operational Total	5,637	36,473	30,836	547.0%	27,272	8,546	✓ 31.3%
Grand Total	479,470	511,174	31,705	6.6%	488,960	184,185	✓ 37.7%
Fund Surplus:			17,339				



PRESS RELEASE

From: Nathan Thiel, City Administrator
Subject: Road Project Funded by EDA Completed
Release Date: Friday, June 8, 2012

At 3:00pm on Wednesday, June 20, a ribbon cutting ceremony will be held at the intersection of the new section of Veterans Street and North Road, officially opening the road to traffic. Representatives from the US Department of Commerce Economic Development Administration (EDA), the North Central Wisconsin Regional Planning Commission, MSA-Professional Services, Inc., and Meise Construction, will join Mauston City Officials in celebrating the completion of the Veterans Street expansion project. The \$1,662,000 project began in 2009 when then City Administrator, Brian Yerges, submitted an application to the EDA for assistance to extend Veterans Street in the West Industrial Park. In May 2010, the city was awarded a \$1,246,500 EDA Financial Assistance Grant.

The project includes utilities, storm water management facilities, lighting, and complete road surface. Extending Veterans Street to connect with North Road makes the area ready for new industries interested in locating in Mauston.

“This is an excellent development opportunity for the City. Having the necessary infrastructure already in place is a real asset when businesses are looking for a place to set up shop”, said Mayor Brian McGuire. “We’re looking forward to drawing new businesses and the economic benefits they bring to our community.”



MEMO

To: City of Mauston – Common Council
From: Nathan Thiel, City Administrator
Subject: Policy Decision for Initiative #1 (Better Management of Veterans Memorial Park – JC AIRS)
Date: June 8, 2012

During the last Strategic Planning session the Council determined top priority should be better management of Veterans Memorial Park. Several potential avenues have been discussed on how to address the situation. Several Alderman have expressed their preference. It is now necessary to decide how we wish to proceed with JCAIRS and the City's intentions. Outlined below are 3 options on how to proceed, so that staff can prepare necessary next steps (bulleted below each option).

Option 1: Establish ground rules similar to the City relationship with the Lion's Club. City maintains the buildings, keys, and schedules. In the case of the Lion's Club, they have free access and are considered stewards of the facility; but the City controls the keys, set use policy, and pays for electricity, insurance, and maintenance. Facilities are public and are first come, first serve by reservation.

- Communicate to JC AIRS and other stake holders the City's new requirements and intent to establish a transition plan
- Prepare transition plan, and set a date to turn over keys.
- Assess facilities, operational costs, and determine master plan for improving the grounds

Option 2: Build alternative Community Center to meet city needs, and eliminate any dependence for the use of fairground facilities at Veteran's Memorial Park. Continue to own property, and allow JCAIRS and the fair board to continue to operate how they please.

- Set scope for the building, size, functions, operations to determine one-time capital and on-going operational costs
- Determine a funding source for a Community Center (Not a TIF eligible expense)
- Determine location, and begin design
- Communicate to JC AIRS and other stake holders the City's intentions
- If necessary renegotiate lease agreement

Option 3: Deed the property to the County, Fair Board, or JCAIRS and walk away.

- Prepare legal paperwork.

Also, as requested earlier this year, attached are cost estimates for potential Community Center type facilities. Provided are estimates for a small, medium, and large facility, as well as, an example of a typical incubator facility and what an incubator/community center facility would look like.

CITY OF MAUSTON, WI

**COMMUNITY CENTER & INCUBATOR
CONCEPTUAL COMPARISON**

June 8, 2012

Prepared by:

MSA

PROFESSIONAL SERVICES

1230 South Blvd - Baraboo WI

Project #: 00044036

Option 1A:

SMALL COMMUNITY CENTER

FACILITY TYPE: Community Gathering building for use by public service organizations, local residence and possible local businesses. One entity to use at one time.

EXAMPLE FACILITY SIZE: 2,400 square feet (\$190/sf)

TYPICAL FACILITY COMPONENTS:

- Site Features
 - Parking lot
- Building Spaces
 - Single Meeting Room (120 person capacity)
 - Catering Kitchen
 - Table & Chair Storage Room
 - Restrooms
- Building Features
 - Masonry Construction
 - Metal Roof



BALLPARK PROJECT BUDGET:

- Construction Cost \$420,000
- Site Development \$40,000
- Furnishings \$40,000
- Soft Costs \$100,000
- Site Acquisition Not Included (To Be Determined)

GRAND TOTAL \$600,000

POSSIBLE ANNUAL OPERATION COSTS:

- Utility \$ 7,000
- Maintenance \$ 5,000

ANNUAL COST \$12,000



Option 1B:

MEDIUM COMMUNITY CENTER

FACILITY TYPE: Community gathering building for use by public service organizations, local residence and possible local businesses. Multiple entity use at one time.

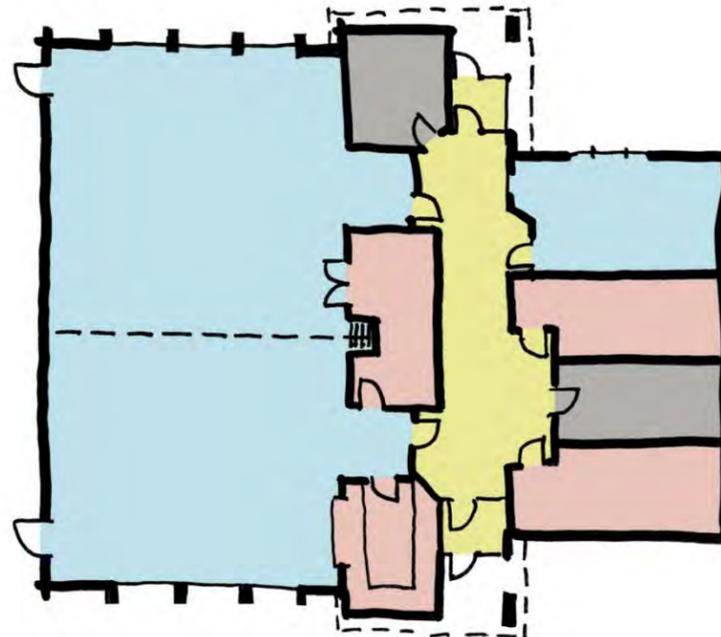
EXAMPLE FACILITY SIZE: 5,400 square feet (\$170/sf)

TYPICAL FACILITY COMPONENTS:

- Site Features
 - Parking lot
 - Drop off Entry
- Building Spaces
 - Sub-Dividable Meeting Room (300 person capacity)
 - Warming Kitchen
 - Conference Room
 - Table & Chair Storage Room
 - Restrooms
- Building Features
 - Wood Framed Construction with Brick & Cement Board
 - Metal Roof
 - Geothermal HVAC



-  GATHERING SPACE
-  COMMON AREAS
-  SUPPORT
-  CIRCULATION



BALLPARK PROJECT BUDGET:

- Construction Cost \$840,000
- Site Development \$ 80,000
- Furnishings \$ 70,000
- Soft Costs \$130,000
- Site Acquisition Not Included (To Be Determined)

GRAND TOTAL \$1,120,000

POSSIBLE ANNUAL OPERATION COSTS:

- Utility \$ 12,000
- Maintenance \$ 8,000

ANNUAL COST \$20,000



Option 1C:

LARGE COMMUNITY CENTER

FACILITY TYPE: Community Gathering building for use by public service organizations, local residence and possible local businesses. Similar facility proposed for Veteran's Memorial Park.

FACILITY SIZE: 13,800 square feet (\$141 square foot)

TYPICAL FACILITY COMPONENTS:

- Site Features
 - Parking Lot
 - Drop off Entry
- Building Spaces
 - Multipurpose Room (500 person capacity)
 - Conference Room
 - Catering Kitchen
 - Table & Chair Storage Room
 - Restrooms
- Building Features
 - Metal Roof

BALLPARK PROJECT BUDGET:

- Construction Cost \$1,950,000
- Site Development \$ 180,000
- Furnishings \$ 120,000
- Soft Costs \$ 150,000
- Site Acquisition Not Included (To Be Determined)

GRAND TOTAL \$2,400,000

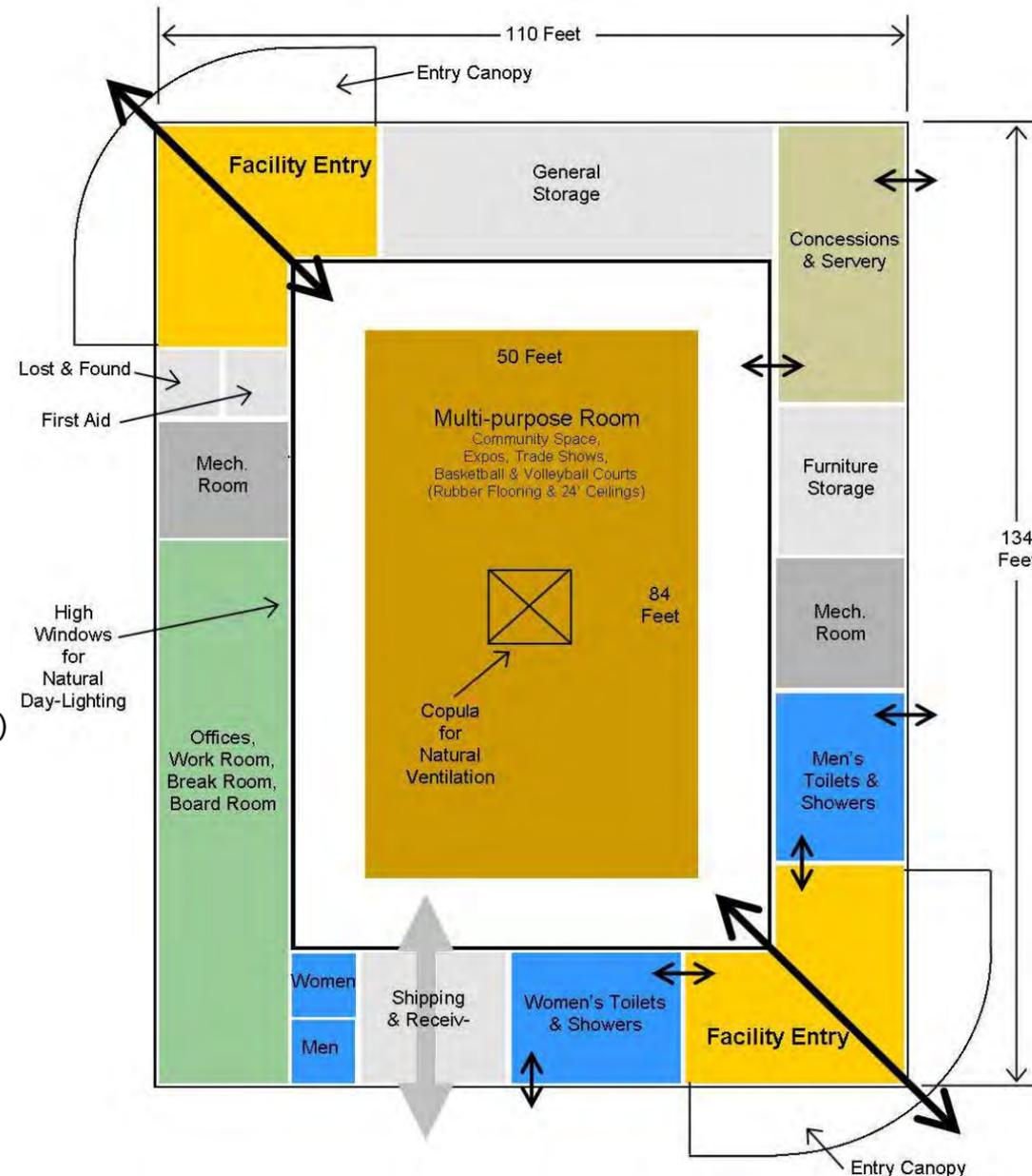
POSSIBLE ANNUAL OPERATION COSTS:

- Utility \$ 30,000
- Maintenance \$ 15,000
- Receptionist \$ 40,000

ANNUAL COST \$ 85,000



Community Building
Veteran's Memorial Park, Mauston, WI



**EXAMPLE PROJECT
AS SIMILARLY PROPOSED
FOR VETERAN'S PARK
& DESIGNED BY OTHERS**

Option 2:

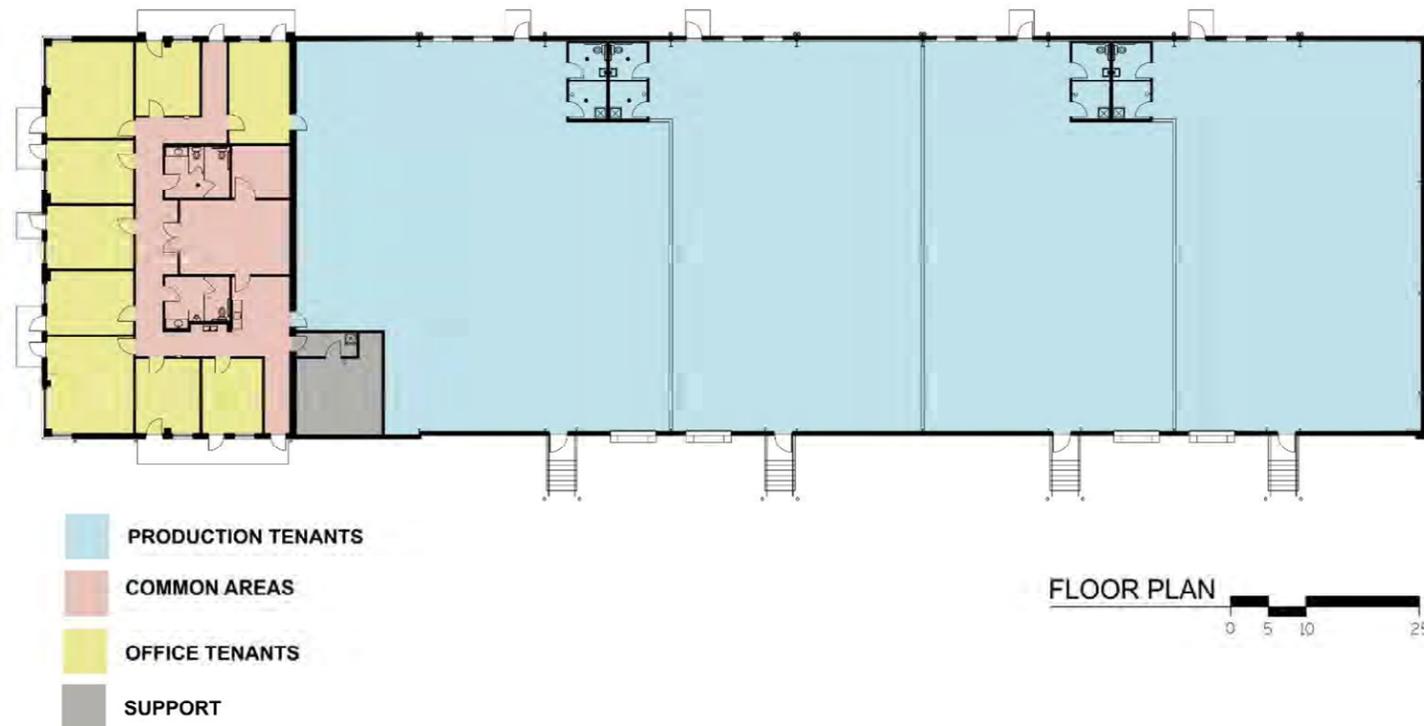
ECONOMIC INCUBATOR (tenant spaces)

FACILITY TYPE: Facility to encourage business start-ups with below market spaces for lease with limited terms (2-years +/-). Facility has expected TIF eligibility.

EXAMPLE FACILITY SIZE: 22,000 square feet (\$95 square foot)

TYPICAL FACILITY COMPONENTS:

- Site Features
 - Car parking lot
 - 4 loading Docks
- Building Spaces
 - 4,000 square foot Office Tenant Area
 - 18,000 square foot Production Tenant Area (unfinished)
 - Common Conference & Break Room
 - Restrooms
- Building Features
 - Steel Building
 - Masonry Accents



BALLPARK PROJECT BUDGET:

- Construction Cost \$1,950,000
- Site Development \$ 180,000
- Furnishings \$ 10,000
- Soft Costs \$ 140,000
- Site Acquisition Not Included (To Be Determined)

GRAND TOTAL \$2,250,000

BALLPARK/POSSIBLE ANNUAL OPERATION COSTS:

- Utility \$ 40,000 (partial tenant subsidize)
- Maintenance \$ 10,000
- Receptionist (option) \$ 40,000

ANNUAL COST \$ 90,000



Option 3:

ECONOMIC INCUBATOR (training & tenant spaces)

**EXAMPLE PROJECT
FROM NEARBY
COMMUNITY
& DESIGNED BY OTHERS**

FACILITY TYPE: Facility offer very low cost training space for local businesses and to encourage business start-ups with below market spaces for lease with limited terms (2-years +/-). Facility has expected TIF eligibility.

EXAMPLE FACILITY SIZE: 10,800 square feet (\$200 square foot)

BALLPARK PROJECT BUDGET:

- Construction Cost \$2,020,000
- Site Development \$ 140,000
- Furnishings \$ 120,000
- Soft Costs \$ 150,000
- Site Acquisition Not Included (To Be Determined)

GRAND TOTAL \$2,300,000

POSSIBLE ANNUAL OPERATION COSTS:

- Utility \$ 21,000 (partial tenant subsidize)
- Maintenance \$ 11,000
- Receptionist (option) \$ 40,000

ANNUAL COST \$ 72,000

Classrooms: Use Green TTEC for your company training! 2 individual classrooms that can be opened to accommodate up to 72 offer state-of-the-art video presentation equipment.



Computer Training: A 16-station computer training lab offers classes and can be rented for software training.



Business Incubator Space: Have a great idea for a new business but short on capital to launch the business? Focus on making your new business a success! Green TTEC can assist you with shared support services, a clean, flexible facility with conference and production and workshop space available at affordable rates. Utilities, high speed internet, audio/video presentation equipment and other shared office equipment are available; we will even plow the snow and cut the grass. Management, consulting and networking assistance are available through a full-time Development Manager. If you have a great concept for an emerging business, the Green TTEC Center has affordable rental space available for you.

Competitive Land & Site Development: Compared with other fully developed business park lots, fully developed parcels with all utilities in Honey Creek Business Park are listed for \$20,000/acre. Financial incentives and land buy down options are available for businesses creating stable, quality wage-earning jobs. Lots in Honey Creek Business Park are site graded and soil-engineered so they are ready to build. Parcels from 1 to 13 acres in size are available. Storm water detention basins have been constructed to accommodate post development runoff, alleviating the need for individual lot storm water facilities. Very little site preparation is required.

**Green Technology,
Training & Enterprise
Center**

1110 Leed Parkway, Plain, WI
53577
608-546-2349 / Fax 608-546-4750



Meeting Rooms: Green TTEC offers conference rooms with wireless internet and video presentation equipment for retreats, and meetings with seating for 24.



Exhibit Areas. Need a larger area for exhibits, demonstrations or equipment training? We offer 3 high-bay rooms with overhead doors to accommodate large groups or equipment. Tables and chairs, wireless internet and video presentation equipment and a kitchenette are available for use.



Green Technology, Training & Enterprise Center
Plain, WI



Option 4:

ECONOMIC INCUBATOR & COMMUNITY CENTER

FACILITY TYPE: Multi Purpose Facility. Facility offer very low cost training space for local businesses and to encourage business start-ups with below market spaces for lease with limited terms (2-years +/-). Education space, community gathering building for use by public service organizations, local residence and possible local businesses. Multiple entity use at one time. Facility has expected partial TIF eligibility.

FACILITY SIZE: 20,000 square feet (\$145 square foot)

TYPICAL FACILITY COMPONENTS:

- Site Features
 - parking lot
 - Loading dock
- Building Spaces
 - **Combination of options 1,2 & 3.**
 - 10,000 sf Community Training Facilities
 - Sub-dividable Meeting Rooms
 - Full Commercial Kitchen
 - Training Rooms
 - Conference Rooms
 - Table & Chair Storage Room
 - Restrooms
 - 2,000 square foot Office Tenant Area
 - 8,000 square foot Production Tenant Area (unfinished)
- Building Features
 - Steel Structure
 - Masonry Accents



BALLPARK PROJECT BUDGET:

- Construction Cost \$2,700,000
- Site Development \$ 200,000
- Furnishings \$ 130,000
- Soft Costs \$ 190,000
- Site Acquisition Not Included (To Be Determined)

GRAND TOTAL \$3,220,000

POSSIBLE ANNUAL OPERATION COSTS:

- Utility \$ 45,000 (partial tenant subsidize)
- Maintenance \$ 15,000
- Receptionist \$ 40,000

ANNUAL COST \$ 100,000

