

Council

06/11/13

OFFICIAL NOTICE OF MEETING
OF THE
MAUSTON COMMON COUNCIL
6:30PM
TUESDAY, JUNE 11, 2013
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 28, 2013 Council Meeting and Board of Review Meet to Adjourn
4. Citizens Address to the Council
when addressing the Council please state your full name and full address
5. Discussion and Action Regarding Licenses and Permits
 - a. New Operator's Licenses
 - i. Lisa M. Amerman
 - ii. LeRoy W. Dobbratz
 - iii. James D. Gray
 - iv. Adam J. Klein
 - b. Operator's License Renewals
 - i. Mary Ann Allen
 - ii. Heather M. Babcock
 - iii. Steven A. Berndt
 - iv. Barbara A. Bires
 - v. Brian W. Bleske Jr.
 - vi. Brad S. Bolton
 - vii. Carl F. Buttner
 - viii. Diane Chittenden
 - ix. Connie Clark
 - x. James K. Clark
 - xi. Cyndi L. Fairchild
 - xii. Danielle J. Fitzgerald
 - xiii. Charlotte A. Gardner
 - xiv. Stacy L. Hartje
 - xv. Denell Hayes
 - xvi. Ashley S. Hertz
 - xvii. John Hettstedt
 - xviii. Candace King
 - xix. Bonnie M. Kissack
 - xx. Rita F. Knickelbein
 - xxi. Melissa A. Korish
 - xxii. Kristina M.R. Lingl
 - xxiii. David A. Lisiecki
 - xxiv. Kristi L. Maki
 - xxv. Kelly L. Methews
 - xxvi. Mary J. Mathews
 - xxvii. Scott A. Nelson
 - xxviii. Laurie A. Nyen
 - xxix. Jason J. Ondrei
 - xxx. Kelly Ostrum
 - xxxi. Jamie L. Pangburn
 - xxxii. Debra A. Pedersen
 - xxxiii. David B. Potter
 - xxxiv. Karen L. Ravenscroft
 - xxxv. Angela N. Scharnow
 - xxxvi. Jennifer N.A. Seitz
 - xxxvii. Joseph M. Shelley
 - xxxviii. Hannah L. Stillson
 - xxxix. Terry E. Thompson
 - xl. Benn C. Trodahl
 - xli. Linda J. Turner
 - xlii. Paul D. Venske
 - xliii. Kristie L. Westra
 - xliv. Mary K. Westra
 - xlv. Samantha M. Whitten
 - xlvi. Mary R. Wischki
 - xlvii. Ashley N. Woodward
 - xlviii. Linda J. Yoss
 - c. Class A Beer License Renewals
 - i. Kwik Trip, Inc. – dba Kwik Trip #776 (Union St) – President, Donald P. Zietlow
 - ii. Scully Oil Co., Inc. – dba Mauston Interstate BP – President, Jeffry T. Scully
 - d. Class A Beer-Liquor Beverage License Renewals
 - i. Navis Enterprises, Inc. – dba Mauston Park Oasis Shell – President, Jamie Navis
 - ii. J. Rodebaugh, Inc. – dba J & S Liquor Mart – President, Jason D. Rodebaugh
 - iii. D. Burnstad Inc. – dba Union Street Liquor Depot/Festival Foods – President, Lacinda K. Bolton
 - e. Original Class B Beer-Liquor License Applications
 - i. An Individual-Adam Michael Tovsen – dba Harmarita's Pub
 - ii. A Corporation-Cinco de Mayo Mexican Grill – President, Andres Valencia
 - iii. Burton-Koppang American Legion Post #81 – Agent-William Bomber, President-Commander Ed Rogers

**OFFICIAL MINUTES OF MEETING
OF THE
MAUSTON COMMON COUNCIL
MAY 28, 2013**

Call to Order/Roll Call The Mauston Common Council met on Tuesday, May 28, 2013, at the Public Works Facility on North Road. Mayor Brian McGuire called the meeting to order at 5:40pm. Members present were Michel Messer, Dan May, Steve Leavitt, Rick Noe, and Floyd Babcock. Members absent were Dennis Nielsen and Francis McCoy.

Minutes Noe/Leavitt to approve the minutes of the May 11, 2013, meeting. Motion carried by voice vote.

Vouchers May/Messer to approve vouchers in the amount of \$441,252.81. Motion carried unanimously by roll call vote.

Adjourn Leavitt/Noe to adjourn. Motion carried by voice vote. Meeting adjourned at 5:45pm.

Nathan R. Thiel, City Administrator

Date

**OFFICIAL MINUTES OF THE
CITY OF MAUSTON
2013 BOARD OF REVIEW
MAY 28, 2013**

CALL TO ORDER: Mayor Brian McGuire called the 2013 Board of Review to order at 5:45 p.m. Present were Mayor Brian McGuire, Michel Messer, Daniel May, Steve Leavitt, Richard Noe, and Floyd Babcock. Also present was Nathan Thiel representing Associated Appraisal Consultant, Inc., our assessors.

ROLL NOT COMPLETE: Thiel stated that the assessment roll was not complete and asked that the Board of Review be recessed until Thursday, August 29, 2013.

RECESS: Noe/May to recess the Board of Review until Thursday, August 29, 2013, at 5:00 p.m. At that time it will reconvene and remain open until 7:00 p.m. or until all properly presented objections to assessments have been heard. Motion carried.

ADJOURN: Leavitt/May to adjourn. Motion carried by voice vote. Meeting adjourned at 5:50 p.m.

Nathan R. Thiel, City Administrator

6/3/13 Note sent to come 6/11/13

CCAP T. PPS / OK

530-13
SAB

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) Amerman Lisa M.
Address: 250 Emberta St
Mauston WI 53948
[Redacted]

2. Employer Information:

Name: MILE BLUFF ~~Center~~ MEDICAL CENTER
Address: 1050 DIVISION ST
MAUSTON WI 53948
Telephone: 608-847-6161

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.

Lisa M Amerman Date 05-23-2013
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 5/28/13
City Officer

Certification of Payment

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

Renee Hill Date 5/28/13
City Officer

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

6/15/13 Note sent to Carol
6/11/13
CCAP
TAPS / OK
5-20-13
CJH

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Dobbrate LeRoy W.
Address: 665 D Madison St
Wauwac WI 53968
[Redacted]

2. Employer Information:

Name: Towneau Cty. Moose Lodge
Address: 601 Colfax St.
Mauston, WI 53948
Telephone: 608-847-7833

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.")

Towneau Cty Moose Lodge

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.

LeRoy Dobbrate Date 5-23-13
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 Hyslop Date 5/28/13
City Officer

Certification of Payment

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

Renee Hyslop Date 5/28/13
City Officer

6/3/13 Note sent to come
6/11/13
CCAP
T.P.P.S. / OK
5-30-13
2/11

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) GRAY, James D
Address: Remington Rd SR, Mauston WI 53148



2. Employer Information:

Name: LEER TRG, Thrash County MOOSE
Address: 206 Leer St

Telephone: 608 - 562 - 3161

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.

James Gray Date 5-24-13
Signature of Applicant

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Outstanding Debts

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Renee Sheer Date 5/28/13
City Officer

Certification of Payment

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

Renee Sheer Date 5/28/13
City Officer

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

5/30/13 gave note
to come 6/11/13

CCAP
TIPPS / OK
5-31-13
SAT

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) KLEIN, ADAM J.
Address: 33835 Grosbeak Ave
Camp Douglas, WI 54618
[Redacted]

2. Employer Information:

Name: PJ'S Bar & Grill
Address: 337 E. State St
Mauston, WI 54948
Telephone: 608-548-7134

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.

Adam J. Klein Date 05/30/13
Signature of Applicant

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Outstanding Debts

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Renee K Date 5/30/13
City Officer

Certification of Payment

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

Renee K Date 5/30/13
City Officer

crim. history
OK

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

CCAP / OK
TIPPS / OK
5-30-13
SJA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Allen, Mary Ann
Address: W 5572 Buckhorn Dr.
New Lisbon WI 53950
[Redacted Address Line]
[Redacted Address Line]

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.")

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 Ann Allen Date 5/13/13
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 D. Helf Date 5/13/13
City Officer

Certification of Payment

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

Renee D. Date 5/13/13
City Officer

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

CCAP
TIPPS/OK
SAA
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Babcock Heather M
Address: W2845 Colleen dr. Lyndon Station 53944



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.

Heather Marie Babcock Date 5/2/13
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 Holt Date 5/15/13
City Officer

Certification of Payment

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

Vallie K. Nelson Date 5-10-13
City Officer

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

CCAP
TIPS/OK
SAH
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

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

Address: N3156 Carng Rd Mauston, WI 53748



2. Employer Information:

Name: Kwik Trip

Address: 22 North Union Street Mauston, WI 53748

Telephone: (608) 847-4810

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.

Steven Berndt
Signature of Applicant

Date 5/3/13

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Outstanding Debts

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

Renee Hill
City Officer

Date 5/13/13

Certification of Payment

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

Vivian K. Nelson
City Officer

Date 5-10-13

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

CCAP
TIPPS/OK
SJA
5-21-13

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

[Redacted]

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.

Barbara Bires

Date 05/08/13

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 Heel

Date 5/13/13

City Officer

Certification of Payment

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

Renee Heel

Date 5/13/13

City Officer

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

COOP
TIPPS / OK
SAX
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Bleske Jr. Brian W
Address: 209 Williams St. Mauston WI 53948



2. Employer Information:

Name: Festival Food
Address: 750 N. Union St
Mauston WI 53948
Telephone: 608-547-4331

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.

[Signature] Date 4/1/13
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 5/9/13
City Officer

Certification of Payment

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

[Signature] Date 5/9/13
City Officer

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

CCAP
TIPPS/OK
SK
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Bolton Brad S

Address: N735 Hwy 58

Wonegan, WI 53968

[Redacted]

2. Employer Information:

Name: Festival Foods

Address: 750 W. 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.")

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
Signature of Applicant

Date 5-2-13

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Outstanding Debts

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

Renee Nye
City Officer

Date 5/9/17

Certification of Payment

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

Renee Nye
City Officer

Date 5/9/17

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

CCAP
TIPPS/OK
SA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Buttner Carl F
Address: BUTTNER CARL F



2. Employer Information:

Name: Carl F. Buttner
Address: W 5404 LOT 72 HWY 82
Mauston Wi. 53948
Telephone: (608) 847-7058

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.

Carl F. Buttner Date 5/2/13
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 Hull Date 5/9/13
City Officer

Certification of Payment

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

Renee Hull Date 5/9/13
City Officer

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

CCAP
TIPPS/OK
SJA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Chittenden Diane

Address: 134 Atwell St Lot 17

Mauston, WI 53948



2. Employer Information:

Name: Mauston Interstate BP

Address: 1025 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.

Diane Chittenden Date 5/9/13
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 Holt Date 5/13/13
City Officer

Certification of Payment

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

Renee Holt Date 5/13/13
City Officer

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

CCAP
TIPS/OK
5-30-13
SAB

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) CONNIE CLARK

Address: W5404 HWY 82 LOT 21
MAUSTON WI 53945



2. Employer Information:

Name: EMERALD LOUNGE

Address: W5641 HWY 02 E
MAUSTON,

Telephone: 947-5007

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 Clark Date 5/2/13
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 Bell Date 5/14/13
City Officer

Certification of Payment

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

Renee Bell Date 5/14/13
City Officer

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

CCAP
TIAPS / OK
SA
3-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Clark James K

Address: 515 McEvoy St

Mauston WI 53948



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.

[Signature] Date 30 Apr 13
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.

[Signature] Date 5/13/13
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 5-10-13
City Officer

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

CCAP
TRIPS / OK
SJK
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Fairchild, Cyndi, L.
Address: 4 Ponderosa Dr
Mauston WI 53948



2. Employer Information:

Name: Kwik TRIP
Address: 22 N 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 5/3/13
Signature of Applicant

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Outstanding Debts

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Renee Hill Date 5/15/13
City Officer

Certification of Payment

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Valerie K. Nelson Date 5-10-13
City Officer

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

CCAP
TIPPS / OK
SAK
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Fitzgerald Danielle J
Address: N3621 Hwy 12/16
Mauston WI 53948



2. Employer Information:

Name: Festival Foods
Address: 750 W. 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.

Danielle Fitzgerald
Signature of Applicant

Date 5/1/13

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Outstanding Debts

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

Renee Helt
City Officer

Date 5/9/13

Certification of Payment

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

Renee Helt
City Officer

Date 5/9/13

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

CCAP/
TIPPS/OK

SJA
5-21-13

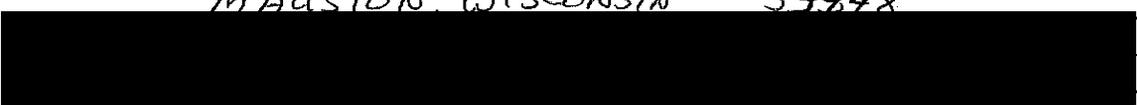
Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Gardner Charlotte A
Address: N 5415 - 15TH. AVE
MAUSTON WISCONSIN 53948



2. Employer Information:

Name: Festival Foods
Address: 750 N. Union St
Mauston WI 53948
Telephone: 608-247-4331

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.

Charlotte A Gardner

Date May 3, 2013

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 A. Hill

Date 5/9/13

City Officer

Certification of Payment

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

Renee A. Hill

Date 5/9/13

City Officer

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

CCAP
open filing
2013
TIPB - OK
5-30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Hartje Staup L
Address: 734 Crescent St.
Mauston WI



2. Employer Information:

Name: John Randall
Address: Randall's Uptown
Mauston WI
Telephone: 608-842-6279

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.")

Gary Torsen John Randall
Don & Joyce Fry

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.

Staup Hartje Date 5/3/13
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 Dell Date 5/20/13
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ 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
TIPS / OK

SA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Hayes Denell

Address: N7742-15th AVENUE

NEW LISBON, WI 53950



2. Employer Information:

Name: Mauston Interstate BP

Address: 1075 Hwy 82E.

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.

Denell Hayes

Date 5/10/13

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 Deek

Date 5/13/13

City Officer

Certification of Payment

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

Renee Deek

Date 5/13/13

City Officer

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

CCAP
ord. - DC
TIPPS OK

Please check appropriate box:

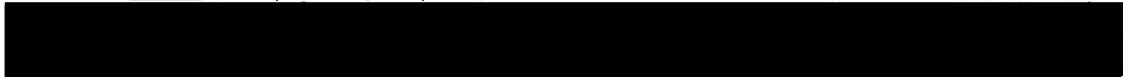
NEW

RENEWAL

SA
5-21-13

1. Applicant Information:

Name: (Last, First, Middle Initial) Herntz, Ashley, S
Address: 131 Maine St
Mauston WI 53948



2. Employer Information:

Name: Dry Gulch Saloon & Eatery
Address: 112 F state
Mauston WI 53948
Telephone: (608) 847-4277

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.")

Dry Gulch

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 Herntz Date 5-9-13
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 D. Date 5/9/13
City Officer

Certification of Payment

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

Date _____
City Officer

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

CCAP
TIPPS / OK
5-30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) JOHN HEITSTEDT

Address: W 5404 HWY. 82 E LOT #81

MAUSTON WI 53948



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.

Date 5-3-13

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 5/14/13

City Officer

Certification of Payment

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

Date 5/14/13

City Officer

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

CCAP
TIPPS / OK
5-30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

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

Address: W5431 Volinga Lane Lot 12-A

MAUSTON, WISCONSIN 53948

[Redacted]

2. Employer Information:

Name: MAUSTON PARK OASIS SHELL

Address: W5441 HWY 82 E

MAUSTON

Telephone: 847-6500

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 5-3-13
Signature of Applicant

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Outstanding Debts

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[Signature] Date 5/14/13
City Officer

Certification of Payment

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

[Signature] Date 5/14/13
City Officer

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

CCAP
T. PPS / OK
SAK
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Kissack Bonnie M
Address: N4481 19th Ave
MAUSTON, WI 53948



2. Employer Information:

Name: Festival Foods
Address: N750 Union St.
MAUSTON, WI 53948
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.

Bonnie M. Kissack
Signature of Applicant

Date 5-3-13

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Outstanding Debts

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

Renee A
City Officer

Date 5/9/13

Certification of Payment

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

Renee A
City Officer

Date 5/9/13

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

CCAP
TIPPS / OK

SAA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Knickelbein, Rita, F.
Address: W10894 North Rd
Mauston, WI
[Redacted]

2. Employer Information:

Name: _____
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.

Rita Knickelbein Date 5-2-13
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 5/13/13
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 5-10-13
City Officer

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

COAP
TIPPS / OK

Please check appropriate box:

NEW

RENEWAL

SA
5-21-13

1. Applicant Information:

Name: (Last, First, Middle Initial) Korish, Melissa, A

Address: 308 W State St.

Mauston, WI 53948



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.

Melissa Korish

Date 30 APR 13

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 Helk

Date 5/15/13

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 5-10-13

City Officer

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

CCAP
TIPS/OK
5-30-13
CJA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Lingl, Kristina, MR.
Address: 300 W. Park Street
New Lisbon, WI 53948
[Redacted]

2. Employer Information:

Name: John Randall
Address: Randalls Uptown
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.")

John Randall

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 05-01-13
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 Hill Date 5/20/13
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ 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
TIPS/OK
SA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1 Applicant Information:

Name: (Last, First, Middle Initial) LISIECKI, DAVID A.
Address: W 7130 SULDAL RD, MAUSTON, WI 53948



2

Name: PIZZA HUT
Address: 623 STATE RD #2 E, MAUSTON, WI 53948
Telephone: (608) 847-1717

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.")

PIZZA HUT - MAUSTON

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 5/6/2013

Signature of Applicant

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Outstanding Debts

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Date 5/13/13

City Officer

Certification of Payment

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

Date 5/10/13

City Officer

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

CCAP
TIPS / OK
5-30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) MAKI, KRISTI L.

Address: 33835 Grosbeak

Camp Douglas WI 54618

[Redacted Address Line]

2. Employer Information:

Name: PJ's Bar & Grill

Address: 337 E State St

Mauston WI 54948

Telephone: 608-548-7134

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.") PJ's Bar & Grill, Pit stop - Camp Douglas, WI 54618

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.

Kristi L. Maki Date 05/09/13
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.

[Signature] Date 5/13/13
City Officer

Certification of Payment

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

Date _____
City Officer

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

CCAP
T. APPS / OK

Please check appropriate box:

NEW RENEWAL

SA
5-21-13

1. Applicant Information:

Name: (Last, First, Middle Initial) Mathews Kelly L
Address: 621 E. State St
Mauston WI 53948
[Redacted]

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.

[Signature] Date 5/11/13
Signature of Applicant

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Outstanding Debts

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[Signature] Date 5/13/13
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 5-10-13
City Officer

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

CCAP
TIPPS/OK

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) MATHEWS Mary S

Address: 621 E State St

Mauston WI 53948



2. Employer Information:

Name: Festival Foods

Address: 250 W. 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 S Mathews
Signature of Applicant

Date 5-1-13

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Outstanding Debts

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

Renee Oeltgen
City Officer

Date 5/9/13

Certification of Payment

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

Renee Oeltgen
City Officer

Date 5/9/13

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

CCAP
T.I.P.P.S / OK
SA
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Nelson Scott A
Address: NS492 City Rd B, Mauston WI 53948



2. Employer Information:

Name: Mauston Park Oasis
Address: WS041 Hwy 82 E
Mauston WI 53948
Telephone: (608) 847-0543

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 5-13-13
Signature of Applicant

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Outstanding Debts

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Renee Hoyer Date 5/13/13
City Officer

Certification of Payment

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

Renee Hoyer Date 5/13/13
City Officer

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

CCAP
TIPPS / OK

Please check appropriate box:

NEW RENEWAL

SA
5-21-13

1. Applicant Information:

Name: (Last, First, Middle Initial) Nyen Laurie A
Address: W6168 Mile Bluff Rd.
Mauston WI 53948
[Redacted Address Line]

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 5-1-13
Signature of Applicant

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Outstanding Debts

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Renee Holt Date 5/9/13
City Officer

Certification of Payment

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

Renee Holt Date 5/9/13
City Officer

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

CCAP
TIPPS/OK
5-30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Jason J. ONDRE#
Address: 705 PRAIRIE ST.



2. Employer Information:

Name: carls
Address: 414 E. STATE
Telephone: 847-4202

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 Ondre# Date 5-20-13
Signature of Applicant

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Outstanding Debts

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Renee Helt Date 5/20/13
City Officer

Certification of Payment

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

Renee Helt Date 5/20/13
City Officer

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

CCAP
TAPS / OK
5-30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) KELLY OSTRUM

Address: 801 N. Harvey St
Necedah, WI 54104



2. Employer Information:

Name: EMERALD LOUNGE

Address: W5041 HWY 02 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.")

Wet Spot New Lisbon, WI Jack Hall
Poor House Necedah, WI Bill Kohn

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.

Kelly Ostrum Date 5-10-13
Signature of Applicant

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Outstanding Debts

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Renee Adelt Date 5/14/13
City Officer

Certification of Payment

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

Renee Adelt Date 5/14/13
City Officer

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

CCAP
TIPPS/OK

Please check appropriate box:

NEW

RENEWAL

SAK
5-21-13

1. Applicant Information:

Name: (Last, First, Middle Initial) Pangburn Jamie L.
Address: W6808 Welch Prairie Rd. New Lisbon WI 53950.



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.")

Shipwreck Bay City Hwy G Mauston WI 53948

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 Pangburn
Signature of Applicant

Date 4/30/13

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Outstanding Debts

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

Renee Dyer
City Officer

Date 5/13/13

Certification of Payment

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

Varee K. Nelson
City Officer

Date 5-10-13

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

CCAP
TIPPS / OK

SA
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name (Last, First, Middle Initial) Pederson, Debra H.
Address: W4537 Hwy G East
Mauston WI 53948



2. Employer Information:

Name Kwik Trip
Address: 220 Union St Mauston WI 53948
Telephone: 608-847-4846

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.")

0

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.

Debra H. Pederson

Date 4/30/13

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 Dyball

Date 5/15/13

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 5-10-13

City Officer

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

For Council

6/11/13

CCAP
TIPS / OK
5:30-13
SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) POTTER DAVID B
Address: 425 W LIBERTY ST NEW LISBON WI 55395



2. Employer Information:

Name: CARL'S BRITE SPOT
Address: 419 E STATE ST MAUSTON, WI 53948
Telephone: 608-847-4002

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.")

WAX STATION, CARL'S BRITE SPOT TUESDAY'S BAR

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.

David B. Potter Date 5/29/13
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 5/30/13
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ 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
TIPPS / OK
SK
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Ravenscroft Karen L.

Address: 503 N. Harvey St.

Mauston WI 54646



2. Employer Information:

Name: Mauston Interstate BP

Address: 1005 Hwy 82E

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.

Karen Ravenscroft Date 5-8-13
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 Decker Date 5/13/13
City Officer

Certification of Payment

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

Renee Decker Date 5/13/13
City Officer

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

CCAP
T. PPS / OK
5-30-13
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Scharnow Angela N.
Address: 17 Remington Rd
Mauston, WI 53948



2. Employer Information:

Name: P.J's Bar & Grill
Address: Mauston, WI 53948
Telephone: 548-7134

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.")

Pine Cove Bar & Grill (New Lisbon) Tuesday's Bar & Grill (New Lisbon)
P.J's Bar & Grill (Mauston)

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.

Angela Scharnow
Signature of Applicant

Date 5-12-13

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Outstanding Debts

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

Renee Aher Date 5/14/13
City Officer

Certification of Payment

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

Renee Aher Date 5/14/13
City Officer

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

CCAP
T.PPS / OK
SK
5-21-13

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



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.

Jennifer Seitz Date 5-1-13
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 Hill Date 5/9/13
City Officer

Certification of Payment

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

Renee Hill Date 5/9/13
City Officer

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

CCAP
T. PPS / OK
5-30-13
SAB

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Shelley Joseph M.
Address: 215 W. BRIDGE ST.
NEW LISBURN, WI 53950



2. Employer Information:

Name: PJ's Bar
Address: 337 E. STATE
MAUSTON, WI 53948
Telephone: 608-847-6336 608-548-7134

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.") PJ's Bar

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.

Joseph Shelby Date 5-8-13
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 Sh Date 5/13/13
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 /
TIPPS / OK
5-30-13
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Stillson, Hannah, L
Address: 115 W. Milwaukee St.
Mauston, WI 53948



2. Employer Information:

Name: Harmarita's Pub
Address: 1001 Hwy 82 E Mauston, WI 53948

Telephone: 608-847-5959

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.")

Anjero's Sports Bar & Grill, 531 Hwy 82 E Mauston, WI 53948

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.

Hannah Stillson
Signature of Applicant

Date 5/2/13

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Outstanding Debts

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

Renee Abel
City Officer

Date 5/14/13

Certification of Payment

I hereby certify that an Operator's license fee of \$ _____ 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
TIPPS / OK

SJA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Thompson Terry E
Address: W5671 HAZELNUT LN.
NECEDAH W.I. 54646
[Redacted Address]

2. Employer Information:

Name: MAUSTON FESTIVAL FOODS
Address: 750 N UNION ST
MAUSTON W.I. 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.

[Signature] Date 5-2-13
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.

[Signature] Date 5/9/13
City Officer

Certification of Payment

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

[Signature] Date 5/9/13
City Officer

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

CCAP
TIPPS / OK
SAA
5-21-13

Please check appropriate box:

NEW RENEWAL

Applicant Information:

Name: (Last, First, Middle Initial) Trodahl, Benn, C
Address: 5867 Strawbridge Rd Waukegan WI 53968



2. Employer Information:

Name: PIZZA HUT
Address: 623 State Rd 82E Mauston WI 53948

Telephone: 608 847 1717

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.

B. Trodahl

Signature of Applicant

Date 5/8/2013

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Outstanding Debts

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

Renee Oeltgen

City Officer

Date 5/13/13

Certification of Payment

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

Val Nelson

City Officer

Date 5/10/13

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

CCAP
T. PPS / OK
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Turner, Linda J.

Address: 100 Stonfield Circle #123
Mauston WI 53948



2. Employer Information:

Name: Kwik Trip Inc.

Address: 27 No Union St.
Mauston WI 53948

Telephone: 608-844-4866

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.

Linda J. Turner
Signature of Applicant

Date 5/3/13

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Outstanding Debts

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

Renee Ph
City Officer

Date 5/13/13

Certification of Payment

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

Vallie K. Nelson
City Officer

Date 5-10-13

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

CCAP
TIPPS / OK
SA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Venske Paul D
Address: 507 McEvoy St.
MAUSTON, WISCONSIN 53948-1414



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.")

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.

Paul D. Venske Date 5/3/13
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 Ah Date 5/9/13
City Officer

Certification of Payment

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

Renee Ah Date 5/9/13
City Officer

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

CCAP
TIPPS/OK
5-30-13
SAB

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Westra, Kristie, L.
Address: N4732 15th Ave Mauston, WI 53948



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.")

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 5-13-13
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 Held Date 5/13/13
City Officer

Certification of Payment

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

Renee Held Date 5/13/13
City Officer

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

CAPP
T.P.P.S. / OK
5-30-13
SA

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Westra, Mary K.
Address: N 5595 16th Ave
Mauston WI 53948



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.")

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 K. Westra Date 5/13/13
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 Oehlke Date 5/13/13
City Officer

Certification of Payment

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

Renee Oehlke Date 5/13/13
City Officer

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

CCAP
T.I.P.P.S. / OK
SJA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Whitten Samantha M.

Address: 507 Division Street
Mauston, WI, 53948

[Redacted]

2. Employer Information:

Name: Mauston Interstate Bp

Address: 1075 Hwy 82 E
Mauston, WI 53948

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.")

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 5/10/13
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 DeLk Date 5/13/13
City Officer

Certification of Payment

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

Renee DeLk Date 5/13/13
City Officer

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

CCAP
TIPPS/OK

SA
5-21-13

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Wischki, Mary R
Address: NO 130 TREGANZA DR
New Lisbon, WI
[Redacted]

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.

Mary R Wischki Date 4-30-13
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.

[Signature] Date 5/15/13
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 5-10-13
City Officer

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

COAP
T. PPS / OK
SA
5-8-13
BWW

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Woodward Ashley N.
Address: 115848 US Hwy 127/16
Mauston, WI 53950



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 5-8-13
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 Shelton Date 5/13/13
City Officer

Certification of Payment

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

Renee Shelton Date 5/13/13
City Officer

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

CCAP
TIPPS / OK

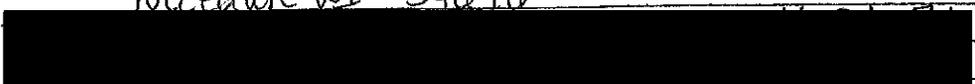
SK
5-21-13

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Yoss Linda J
Address: N10599 7th Ave
Necedah WI 54640



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.")

Alec's Bar & Grill

< Keith Schemelze, Tim Bartels > Sportsman's Bar
Necedah WI Necedah 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.

Linda J. Yoss
Signature of Applicant

Date 5-11-13

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Outstanding Debts

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

Renee Heel Date 5/13/13
City Officer

Certification of Payment

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

Renee Heel Date 5/13/13
City Officer

pd 58⁰⁰ 5/13/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2013 ending: 06 30 2014
(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	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>50.00</u>
<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	\$ <u>8.00</u>
TOTAL FEE	\$ <u>58.00</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 KWIK TRIP, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 2107 LA CROSSE WI54602
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 Donald Paul Zietlow 2802 Bergamot Pl. Onalaska, WI 54650
Vice President/Member _____
Secretary/Member Steven Donald Zietlow N2448 Three Town Rd. La Crosse, WI 54601
Treasurer/Member _____
Agent Karen Miranda Deckert 101 Edward St, Elroy, WI 53929
Directors/Managers Donald P. Zietlow and Steven D. Zietlow

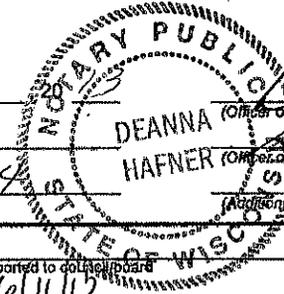
- C. 1. Trade Name KWIK TRIP 776 Business Phone Number 608/847-4866
 2. Address of Premises 22 N Union St Post Office & Zip Code Mauston 53948
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: 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 frame construction with storage in coolers & back 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. Agent home address change Jan. 2013 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

5-28-13
OIL
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 3rd day of May
Deanna Hafner (Clerk/Notary Public)
My commission expires 1-19-14
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)
_____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/13/13</u>	Date reported to collection board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd 5800 5/13/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2013 ending: June 30, 2014
(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	
<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
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			
Directors/Managers			

C. 1. Trade Name Scully Oil Co., Inc Business Phone Number 608-847-4384
2. Address of Premises 1003 Hwy 82 Post Office & Zip Code Mauston, WI 53948

52813
O.K.
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.) 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

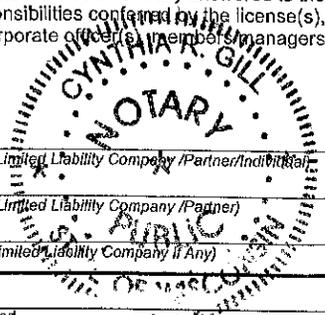
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME
this 10th day of May, 20 13
Cynthia R. Giel
(Clerk/Notary Public)
My commission expires 8-4-13

J. H. E. Scully
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

J. H. E. Scully
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

J. H. E. Scully
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/13/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

POD 158.00 5/14/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/13 ending: 6/30/14
(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) JAMIE NAVIS Home Address N8752 OVERGAARD RD Post Office & Zip Code 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) WS641 HWY 82 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 MAUSTON PARK OASIS SHELL Business Phone Number 847-5067

2. Address of Premises WS641 HWY 82 E - MAUSTON 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.) GAS/CONVENIENCE STORE

5. Legal description (omit if street address is given above): 1004 & 1006 STATE RD 82 - MAUSTON

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

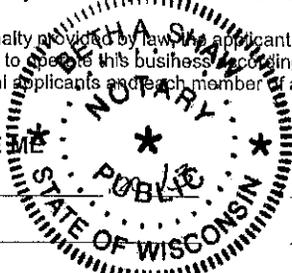
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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 15 day of may
[Signature]
(Clerk/Notary Public)
My commission expires 2-9-14



[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>5/14/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd 158w 5/13/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2013 ending: June 30, 2014

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) Rodebaugh Jason D. Home Address WS745 Evergreen Ln. Post Office & Zip Code New Lisbon, WI 53950

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Ji Rodebaugh, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) WS745 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 JASON RODEBAUGH WS745 Evergreen Lane New Lisbon, WI 53950
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent _____
Directors/Managers _____

C. 1. Trade Name 545 Liquor Mart Business Phone Number 608 847 4700
2. Address of Premises 519 State Rd 82 East Post Office & Zip Code Mauston 53948

5-28-13
OK
MMA

- 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.) 517 Basement + 519 State Rd 82 East Entire Bldg
- 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. Not yet had to file extension for taxes 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, 2013
Rene Helton - Dip Clerk
(Clerk/Notary Public)

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 <u>5/13/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Doc 158.00 5/9/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2013 ending: 06/30/2014
(MM DD YYYY) (MM DD YYYY)

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

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	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>50.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>100.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.00</u>
TOTAL FEE	\$ <u>158.00</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 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>N 731 St RD 58 Wauwage, WI</u>	<u>53968</u>
Vice President/Member	<u>Kristine Kaye Burnstad</u>	<u>17883 Holiday Rd Tomahawk, WI</u>	<u>54660</u>
Secretary/Member	<u>Jeffrey Jay Bolton</u>	<u>315 Loomis DR</u>	<u>Mauston, WI 53948</u>
Treasurer/Member	<u>Jeffrey Jay Bolton</u>	<u>" "</u>	<u>" "</u>
Agent	<u>Kimberly Sued Goodwin</u>	<u>492 Fur Lane Wisconsin Dells, WI</u>	<u>53965</u>

C. 1. Trade Name Festival Foods Business Phone Number 608-847-4331
 2. Address of Premises 750 N. Union St Post Office & Zip Code Mauston, WI 53948

5-28/13
OK
AM

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.) only sold in Union street liquor depot when open, locked storage area in backroom, gated shut when closed.

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 9th day of May, 2013
Barbara R. Moore
 (Clerk/Notary Public)
 My commission expires 10-26-2014

Lucinda K. Bolton
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Jeffrey Jay 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 <u>5/9/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 13 ;
ending June 30 20 14

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

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

Applicant's Wisconsin Seller's Permit Number: [REDACTED]	
Federal Employer Identification Number (FEIN):	
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 type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$300.00
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 0.00
TOTAL FEE	\$408.00

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): Adam Michael Towsen - MA

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>Adam M. Towsen</u>	<u>115 W. Milwaukee St</u>	<u>Mauske</u>
Vice President/Member			<u>548-7770</u>	
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers				

3. Trade Name ▶ Haimarita's Pub Business Phone Number 847-5959
4. Address of Premises ▶ 1001 St. Ad Rd East Post Office & Zip Code ▶ Mauske WI 55948

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

5-28 OK MM (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.) Pub area of Quality Inn / Storage area 30x50' / Curbside w/office
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? Gary Towsen
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 14th day of May, 20 13
Renee Delte - Dep Clerk
(Clerk/Notary Public)

Adam M Towsen
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Adam M Towsen
(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 provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 13 ;
 ending June 30 20 14

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

County of Juane 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): Cinco de Mayo Mexican Grill

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.

President/Member Andres Valencia Title Name Home Address Post Office & Zip Code
135 E Grand Canyon apt 102 bardco
wi 53913
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

3. Trade Name Cinco de Mayo Mexican Grill Business Phone Number 608-847-5700

4. Address of Premises GSI U-Union St Mausston wi Post Office & Zip Code 53913

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 W and date 1-1-13 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.) Restaurant cooler - storage - kitchen

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? _____

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 14th day of May, 20 13

Renee Delton - Dep Clerk
 (Clerk/Notary Public)

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

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

My commission expires _____

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/14/13</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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>200.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>8.00</u>
TOTAL FEE	\$ <u>408.00</u>

5-28-13
OK
MM

pd 5/6/13 408⁰⁰

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1st 20 13
ending June 30th 20 14

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

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

- 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): Bunton-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	Commander	Ed Roelgens	541 Maple Dr	Mauston
Vice President/Member	Vice Commander	Jim Arens	W2988 59th St	Lynnton Station
Secretary/Member				
Treasurer/Member		Mike Wesley - Finance officer	870 Oak Ridge Ct	Mauston
Agent	agent	Bill Bomber	H 5839 Woodland Hills	Mauston

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

- 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
- Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- (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 - entire building

- Legal description (omit if street address is given above): _____
- (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? Bunton-Koppang Post #81
- 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
- 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
- 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, 2013
Renee Oeltz - Dep Clerk
(Clerk/Notary Public)

Ed Roelgens
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Jim Arens
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Mike Wesley
(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 provisional license issued	Signature of Clerk / Deputy Clerk
<u>5/7/13</u>	<u>6/11/13</u>		
Date license granted	Date license issued	License number issued	

5-28-13
OK
MM

TIPPS ACAP/OK 5-30-13

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 13 ;
ending JUNE 30th 20 14

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

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

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>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): Janeau Co. Moose Lodge 1913

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>Gorevine Michael RYNEARSON</u>	<u>W3582 57th St. Lyndon Station, WI 53944</u>	
Vice President/Member	<u>JR Gov. KEARL DUFFY</u>	<u>N7394 WINONA ST NEW LONDON WI 53950</u>	
Secretary/Member	<u>JR Post Gov Bob Mills</u>	<u>N5499 CO B MAUSTON, WI 53948</u>	
Treasurer/Member	<u>Treasurer JOHN LEVENHAGAN</u>	<u>518 Elm St. Mauston WI 53948</u>	
Agent	<u>Donald Rynearson</u>		
Directors/Managers			

3. Trade Name _____ Business Phone Number _____
4. Address of Premises 601 Colfax St. Post Office & Zip Code _____

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

5-28-13 OK MM

(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? Janeau Co. Moose Lodge 1913
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 23rd day of May, 20 13
Rene Oefelt - Dep Clerk
(Clerk/Notary Public)

MSM
Robert Shields
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
John Levenhagan
(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>5/23/13</u>	Date reported to council/board	<u>6/11/13</u>	Date provisional license issued	_____	Signature of Clerk / Deputy Clerk
Date license granted	_____	Date license issued	_____	License number issued	_____	

pd 208⁰⁰ 5/10/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2013 ending: 06/30/2014
(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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Pizza Hut of Southern Wisconsin, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) 434 S. Yellowstone Dr, Madison WI

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	Richard J. Divelbiss	434 S. Yellowstone Drive	Madison, WI 53719
Vice President/Member	Gayla L. Divelbiss	434 S. Yellowstone Drive	Madison, WI 53719
Secretary/Member	Gayla L. Divelbiss	434 S. Yellowstone Drive	Madison, WI 53719
Treasurer/Member	Matthew B. Anderson	434 S Yellowstone Drive	Madison, WI 53719
Agent	Carl P. Walz	302 S. Preston Ave.	Reedsburg, WI 53959
Directors/Managers	Richard J. Divelbiss		

C. 1. Trade Name Pizza Hut Business Phone Number 608-847-1717

2. Address of Premises 623 State Road Highway 82 East Post Office & Zip Code Mauston, WI 53948

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? 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.) 1-story brick and frame structure, all accessible

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 (808) 266-2778] 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

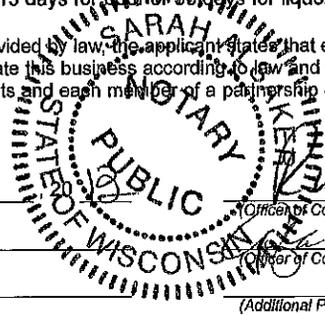
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 3rd day of April

[Signature]
(Clerk/Notary Public)

My commission expires 02/28/2014



[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>5/10/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PA 208⁰⁰ 5/13/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2013 ending: June 30 2014

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	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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

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

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 Alex Tserkezis
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Alex Tserkezis
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

5-28-13
OK
MMH

- 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 Bldg
- 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 13
Renee O'Neil
(Clerk/Notary Public)
My commission expires _____

[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>5/13/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PC 208⁰⁰ 5/13/13

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 2013 ending: July 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Mauston
 Village of }
 City of }
County of Oneida 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 type="checkbox"/> Class B beer	\$ 100.00
<input 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

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 Craig S. Thasler PO Box 25 Mauston WI 53948
Vice President/Member Arthur Thasler PO Box 25 Mauston WI 53948
Secretary/Member _____
Treasurer/Member _____
Agent ▶ _____
Directors/Managers _____

C. 1. Trade Name ▶ Business Phone Number _____
2. Address of Premises ▶ 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.)
- 5. Legal description (omit if street address is given above): 1500sq feet 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

52813 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 13th day of May, 2013
Renee Stehler
(Clerk/Notary Public)
My commission expires _____

[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>5/13/13</u>	Date reported to council/board <u>6/11/13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



pd 116⁰⁰ 5/9/13

Mobile Home Park Application - Renewal

1. Owner information:

Name: Hamm's Hamm Properties
Address: W5506 County Road G East
Mauston, WI 53948
Telephone: _____ (Home) 847-6159 _____ (Work)

2. Operator or Manager (if different from owner):

Name: John N. Flint, Property Manager
Address: W5506 County Road G East
Mauston, WI 53948
Telephone: _____ (Home) 847-6159 _____ (Work)

3. Certification: I hereby certify that the above and foregoing information is true and correct, and that no unauthorized expansion, enlargement or redesign of the Mobile Home Park has occurred during the past year. I understand that the intentional presentation of false information hereon shall cause the rejection of this Application and the cancellation of any License granted on the basis of this Application.

John N. Flint
Signature of Owner/Applicant

Date 5-7-13

Zoning Inspector Certification

The Zoning Inspector for the City of Mauston hereby certifies that he has inspected the above Identified Mobile Home Park pursuant to Section 21.41 of the Mauston Code of Ordinances, and hereby certifies that: (strike inapplicable section)

- 1. That said Park is in compliance with the Mauston Mobile Home Park Ordinance.
- 2. That said Park is in violation of the Mauston Mobile Home Park Ordinance for the following reason:

Valerie K. Mumm
Signature of Zoning Inspector

Date 5-22-13

Clerk Certification

The Clerk for the City of Mauston hereby certifies that all Utilities, Park fees, Lot rent, Real Estate taxes, and Personal Property taxes relating to this applicant are current.

Renee H Date 5/9/13
Signature of City Clerk/Deputy Clerk

Council Action

1. Date Reviewed _____
2. Decision: (check One)
_____ Approved
_____ Approved with conditions (Attach conditions)
_____ Denied (Attach reasons)
3. Vote _____ ayes _____ nays _____ abstentions

_____ Date _____
Signature of City Clerk/Deputy Clerk

LICENSED RENEWED

The license for the above described Mobile Home Park is hereby renewed pursuant to Chapter 21 of the Mauston Code of Ordinances.

_____ Date _____
Signature of City Clerk/Deputy Clerk



Pd 100⁰⁰ 5/20/13

Mobile Home Park Application - Renewal

1. Owner information:

Name: Brady L. OLSON
Address: P.O. 223
Ettrick, WI 54627
Telephone: 608-484-0153 (Home) _____ (Work)

2. Operator or Manager (if different from owner):

Name: _____
Address: Same
Telephone: _____ (Home) _____ (Work)

3. Certification: I hereby certify that the above and foregoing information is true and correct, and that no unauthorized expansion, enlargement or redesign of the Mobile Home Park has occurred during the past year. I understand that the intentional presentation of false information hereon shall cause the rejection of this Application and the cancellation of any License granted on the basis of this Application.

Brady Olson Date 5-13-13
Signature of Owner/Applicant

Zoning Inspector Certification

The Zoning Inspector for the City of Mauston hereby certifies that he has inspected the above Identified Mobile Home Park pursuant to Section 21.41 of the Mauston Code of Ordinances, and hereby certifies that: (strike inapplicable section)

- 1. That said Park is in compliance with the Mauston Mobile Home Park Ordinance.
- 2. That said Park is in violation of the Mauston Mobile Home Park Ordinance for the following reason:

Valerie K. Nelson Date 5-22-13
Signature of Zoning Inspector

Clerk Certification

The Clerk for the City of Mauston hereby certifies that all Utilities, Park fees, Lot rent, Real Estate taxes, and Personal Property taxes relating to this applicant are current.

Gene Stelt
Signature of City Clerk/Deputy Clerk

Date 5/23/13

*They do have a prior balance of 78.29
for late park fees*

Council Action

1. Date Reviewed _____

2. Decision: (check One)

_____ Approved

_____ Approved with conditions (Attach conditions)

_____ Denied (Attach reasons)

3. Vote _____ ayes _____ nays _____ abstentions

Signature of City Clerk/Deputy Clerk Date _____

LICENSED RENEWED

The license for the above described Mobile Home Park is hereby renewed pursuant to Chapter 21 of the Mauston Code of Ordinances.

Signature of City Clerk/Deputy Clerk Date _____



Mauston, WI 53948-1329
 Phone: (608) 847-6676
 Fax: (608) 847-5023
 www.mauston.com
 E-mail: mausgov@mauston.com

pd 100⁰⁰ 5/8/13

Mobile Home Park Application - Renewal

1. Owner information:

Name: Wallene Feldman
 Address: W5508 37th Street
New Lisbon, WI 53950
 Telephone: 608-847-6100 *work* 608-562-3499 home

2. Operator or Manager (if different from owner):

Name: Dennis Joseph
 Address: 134 Attewell Street, lot #52
Mauston, WI 53948
 Telephone: (Home) 608 548 - 5129 (Work)

3. Certification: I hereby certify that the above and foregoing information is true and correct, and that no unauthorized expansion, enlargement or redesign of the Mobile Home Park has occurred during the past year. I understand that the intentional presentation of false information hereon shall cause the rejection of this Application and the cancellation of any License granted on the basis of this Application.

Wallene K. Feldman Date 5-22-13
 Signature of Owner/Applicant

Zoning Inspector Certification

The Zoning Inspector for the City of Mauston hereby certifies that he has inspected the above Identified Mobile Home Park pursuant to Section 21.41 of the Mauston Code of Ordinances, and hereby certifies that: (strike inapplicable section)

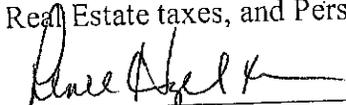
1. That said Park is in compliance with the Mauston Mobile Home Park Ordinance.
2. That said Park is in violation of the Mauston Mobile Home Park Ordinance for the following reason:

Wallene Feldman Date May 7, 2013
 Signature of Zoning Inspector



Clerk Certification

The Clerk for the City of Mauston hereby certifies that all Utilities, Park fees, Lot rent, Real Estate taxes, and Personal Property taxes relating to this applicant are current.



Date 5/8/13

Signature of City Clerk/Deputy Clerk

Council Action

1. Date Reviewed _____

2. Decision: (check One)

_____ Approved

_____ Approved with conditions (Attach conditions)

_____ Denied (Attach reasons)

3. Vote _____ ayes _____ nays _____ abstentions

Date _____

Signature of City Clerk/Deputy Clerk

LICENSED RENEWED

The license for the above described Mobile Home Park is hereby renewed pursuant to Chapter 21 of the Mauston Code of Ordinances.

Date _____

Signature of City Clerk/Deputy Clerk

**CITY OF MAUSTON
RESOLUTION 2013-09
AUTHORIZING PARTICIPATION IN THE SAG (Site Assessment Grant) PROGRAM**

Relating to the City of Mauston participation in the Site Assessment Grant (SAG) program.

WHEREAS, State monies are available under the SAG program, administered by the Wisconsin Economic Development Corporation (WEDC); and

WHEREAS, after public meeting and due consideration, the Mauston Common Council has recommended that an application be submitted to WEDC for the following projects:
removal of grain elevator and accessory structures at Allied Cooperative property on Prairie Street in Mauston.

WHEREAS, it is necessary for the Mauston Common Council, to approve the preparation and filing of an application for the Allied Cooperative to receive funds from this program; and

WHEREAS, the Mauston Common Council has reviewed the need for the proposed project(s) and the benefit(s) to be gained there from;

NOW, THEREFORE, BE IT RESOLVED, that the Mauston Common Council does approve and authorize the preparation and filing of an application for the above-named project(s); and the Mayor and City Administrator are hereby authorized to sign all necessary documents on behalf of the City of Mauston; and that authority is hereby granted to the City Administrator to take the necessary steps to prepare and file the appropriate application for funds under this program in accordance with this resolution.

ADOPTED on this 11th day of June, 2013

CITY OF MAUSTON

Brian T. McGuire, Mayor

ATTEST: _____
Nathan R. Thiel, City Administrator

Vote: ___ Present ___ Ayes ___ Nay ___ Abstention ___ Absent



MEMO

To: City of Mauston – City Council
From: Nathan Thiel, City Administrator
Subject: SAG Application and Resolution for Allied Coop
Date: June 6, 2013

Attached is the application the Allied Coop is submitting to the State for redevelopment of their property in our downtown. The primary request is to remove the old feed mill. The SAG program requires that the municipality be the applicant in support of the property owner. The Council must show support by resolution. This partnership will require no financial support from the City.

**ACTUAL S.A.G.
APPLICATION DOCUMENT
WILL BE FORWARDED ON
MONDAY.**

**CITY OF MAUSTON
RESOLUTION 2013-09
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ADOPTED on this 11th day of June, 2013

CITY OF MAUSTON

Brian T. McGuire, Mayor

ATTEST: _____
Nathan R. Thiel, City Administrator

Vote: ___ Present ___ Ayes ___ Nay ___ Abstention ___ Absent

**PUBLIC WORKS
COMMITTEE
ITEMS**

2012 Street Repair and Maintenance

Preliminary Results – Council to take action on 6/11/13

Bid Summary

Bid Opening: 6/6/13 Time: 12:15pm

Present: Public Works Director Rob Nelson, Administrative Assistant Diane Kropiwka, Representatives of Scott Construction and D.L. Gasser

Item	Description	Scott Construction	D.L. Gasser			
1	State St. (Hwy12/16E) Water St. to Mills St. Approx. 9200 SY	90,027	77,596			
2	State St. (Hwy12/16W) Hanover St. to Remington St. Approx. 15275 SY	138,832	124,541			
3						
4						
5						
6						
	5% Bid Bond or Cashier's Check	Yes	Yes			



MEMO

To: City of Mauston – City Council
From: Nathan Thiel, City Administrator
Subject: Equipment Replacement Program
Date: June 6, 2013

The Equipment Replacement Program has sufficient fund balances to handle the costs of the additional truck equipment and will not have a detrimental impact on the future schedule. The annual contribution does take into account special equipment like plows, salt spreaders, and other implements. The Future outlook is also based only on the cost of equipment and does not account for any revenue or trade in value. See attached 2013 budget.

The issue at hand is to identify the funding source given the budgeted appropriation was short. The City budgeted an expense of \$125K. The actual cost is around \$135K. Council approved \$87K for the purchase of the truck. The Dump body and other implements is another \$48K. I would make one of two recommendations:

1. Use the City's budgeted contingency line item to cover the \$10K shortfall. Total budgeted contingency is \$78K. Typically the remaining contingency is directed towards the equipment replacement program anyway. At the end of the year it is applied to drawdown the total annual equipment replacement contribution.
2. Order now, but budget and schedule that actual payment for 2014. Typically the equipment setup takes several months to complete and by the time the City will actually see the truck, it will most likely be 2014.

The City did budget revenue of \$30K for the trade in value of the old equipment. The City does anticipate a revenue from the trade in, but this was an estimate at best. Please note that while this practice is applied for the current year, it is not done in the out years for forecasting purposes. In future budgets the City could forgo budgeting for revenue, to provide additional buffer.

MADISON TRUCK EQUIPMENT INC.

A Complete Line
Of
Truck Equipment

2410 S. Stoughton Road
Madison, WI 53716-2898

Telephone (608) 222-5591
Wisconsin (800) 259-7453
FAX (608) 222-3644

To: **CITY OF Mauston**
Address: 1260 North Rd
City: Mauston, WI 53948-9794
Attention: **Rob Nelson**
Telephone #: 608-847-4070
Fax #: 608-847-4870

Date: 04/15/13
Delivery:
Dealer:
P. O. #:

Terms: **NET ON DELIVERY, unless specified**

Quantity	QUOTE GOOD FOR 30 DAYS			PRICE EACH
One	10' DuraClass (Heil) 316 Dump body 1/4" Hi Ten floor & 3/16" Hi-Tensile tailgate, 8 Ga. Hi-tensile balance Sloped Sides from 48" front to 34" Tailgate Crossmemberless understructure 48" high front head with 1/2 cab shield floor to side knee braces 10" high deep flared long members made of 3/16" hi-tensile steel Fully boxed dirt shedding top rail Horizontal Side brace, Stainless Steel Full Depth rear corner posts; aerodynamic front corner posts Heavy Duty Tailgate Hardware Manual Trip Tailgate all Greaseable Tailgate Pivots Two Sets of Anti-Sail/Anti-splash mudflaps DuraClass (Heil) 1821 Single cylinder twin arm underbody hoist 5/16" heavy duty subframe construction All greaseable pivot points, Chrome Cylinder Body props, body raise light, backup alarm, L.E.D. sop/tail/turn lights Undercoat Dump Body Primed and Painted Blue Single Stage 1 Color Cougar 1600 Vibrator with wire in conduit Ladder 3/4" rear Hitch Plate, with D-Rings and Pntle			
ONE	FASD 34L Force America Front Mount Load Sensing Hydraulic System PUMP With 6 Main Bank Valve, And Morse Cable Controls Low Oil Warning Light & Alarm With Emergency Ballcock Shut Off 30 gallon Oil Tank with In Tank Filter, Level Indicator Valve Enclosure for ADD-ASTACK Valve SSC 2100 Force America Spreader Controller			
ONE	SWENSON "SBD9 SS" TAILGATE SPREADER 9" Direct Driven Auger 7 Ga. Endplates, 7 GA. Trough, 201 Stainless Steel 18" Poly Spinner Short hose kit			
Chassis Make		CA:	Trans:	Subtotal
Customer Signature and Date		Salesman		Tax 5.5%
				F.E.T. 12%
		KURT SCHADEWALT		TOTAL

*Sub
Frame
14
Higher Side*



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Quantity	QUOTE GOOD FOR 30 DAYS	PRICE EACH
ONE	<p>^{1270 2} ^{12'} UNIVERSAL BH 1140 HDP PLOW 11' Length 40" height (Replaces BH 1138) 10 GA. Moldboard, loop hitch (Plow Portion) Heavy Duty Push Frame with 8 Ribs, Six Hinge Points, Frame about 11" from end of Plow Moldboard Trip with 2 Adjustable Tension Springs One 4" x 13" power reverse cylinder mounted above push frame 3/4" x 6" Carbide cutting edge with standard AASHO punch with curb shoe Rubber Deflector Plow Markers, Screw Jack Parking Stand, Curb Shoes Primed and painted Factory Black</p>	
ONE	<p>9' UNIVERSAL Uni Glide Wing 30" HIGH FRONT MOUNTED WING All hydraulic operation (No cables); 30" height 3/16" moldboard; Eight 1/2" ribs fully welded: 1 1/2" main pivot bolt w castle nut Heavy duty adjustable spring loaded push beam with shear pin 10" float at the toe; floating link arm at the heel toe cylinder with 2" rod; 4" x 13" toe cylinder with 2" rod 3/4" x 6" Carbide cutting edge with standard AASHO punch with curb shoe Trip Cutting Edge Wing Lock Wing Moldboard end Marker Primed & Painted Factory Black</p>	
ONE	<p>SAFETY LIGHTING PACKAGE includes the following Federal Signal L.E.D. Mini Hi-Lighter on cab shield Hella Plow lights with turn signals Alternating L.E.D. flashing strobes in rear corner posts Amber Spreader Light, Wing Light Conspicuity tape on side and rear tailgate Installed FOB Madison, WI</p>	
OPTIONS	<p>6 Panel light switch box Wing Side Air Bag Air Trip tailgate in Lieu of Manual Trip FASD 45 Load Sense Pump In Lieu of FASD 34 Pump The quoted price includes ONLY what is described above. It is your responsibility to review the specifications.</p>	
	TOTAL	\$49,986.00
	ADD	\$350.00
	ADD	\$1,200.00
	ADD	\$450.00
	ADD	\$400.00
Chassis Make	CA: 84"	Trans:
Customer Signature and Date	Salesman	Tax 5.5%
	KURT SCHADEWALT	F.E.T. 12%
		TOTAL

3700 d
1000 00
vib.



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Terms: **NET ON DELIVERY, unless specified**

Quantity	QUOTE GOOD FOR 30 DAYS			PRICE EACH
One	Force America Full Electric Option with MPJC-2100-3- Ultra 3 Stick proportional Ultra Controller In Lieu of Standard Manual Joysticks and Cables ADD			\$6,504.00
One	10' DuraClass (Heil) Stainless Steel Dump Body 7 Ga. 201 Stainless Steel Sides, Front, Tailgate, Cab Guard Sloped Sides Standard Steel Floor, Understructure, and Hardware In Lieu of Painted Steel Body above ADD			\$3,203.00
Note	No Paint on Stainless Steel (BARE)			
One	Wausau HSP 4211 Home Safe Poly Plow with trip edge, Snow Deflector, Curb Shoe and carbide edge In Lieu of Universal BH 1140 Plow ADD			\$2,230.00
One	Wausau PW9 Patrol Wing Torsion Trip edge and carbide cutting edge In Lieu of Universal Uni Glide Wing Plow ADD			\$350.00
Chassis Make		CA:	Trans:	Subtotal
Customer Signature and Date		Salesman		Tax 5.5%
		KURT SCHADEWALT		F.E.T. 12%
				TOTAL

BURKE TRUCK & EQUIPMENT, INC.

5337 REINER RD., MADISON, WISCONSIN 53718

888-249-9788 / 608-249-9788 / FAX: 608-837-7530

Email: sales@burketruck.com / Web: www.burketruck.com

608-335-9788

4/15/13

Prepared for the City of Mauston



2013 Patrol Truck Package

Accessory Equipment Summary

- High Way Equipment 5-yd dump body
- Burke Road Tamer 11-ft moldboard plow with trip moldboard
- Burke Snow Patrol 10-ft wing
- HI-WAY Equipment 201 stainless steel tailgate spreader with 9-inch auger
- Electronic spreader controls
- Burke Sealed electrical system
- Manual hydraulic controls for plow, and dump body
- Cab and chassis under coated and rust proofed.

ACCESSORY EQUIPMENT SPECS



High Way Equipment Dump Body

Capacity	5-yd
Length	10-ft sides: 30" tailgate 38"
Structural	Unibody design (no cross members, very low mounting height); 8" I-beam longitudinal on underbody hoist; 12" clearance with 10' UB hoist; 4" structural channel subframe; 10-gauge sides and ends; one-piece $\frac{1}{4}$ " AR400 steel floor; full-height front corner post; one intermediate horizontal side brace on each side; 5-3/4" X 12" full-depth rear corner post tied to an 8" structural channel rear apron; manual double-over-center tailgate release mechanism; tailgate with full perimeter boxing and sloped horizontal brace and top rail; 4" structural channel subframe with 6" X 4" X 3/8" structural angle rear hinge; 1-1/2" diameter 303 stainless steel rear hinge pins with greaseable pivot points.
Hydraulic	Telescopic hoist
Coating	Body chemically cleaned with a phosphate solution before underside of body and subframe primed black
Under coat	DuPont Rust Free bake on system
Rear Hitch	16,000 lb pintol

Burke Road Tamer 2000 Plow



Burke Road Tamer 11-ft moldboard Plow with Trip moldboard

Plow	11-ft X 42", 7-gauge broke (not rolled), with 8 vertical ribs, 5 hinge points,
Table	1 adjustable parking stand, two 4 x 13 D.A. cylinders with 2" nitrided rods . All connecting points from table to moldboard have poly bushings
Hitch	Burke Model UBF-WQCP quick hitch with loop and latch casting, 4" X 10" D.A. lift cylinder with 2" nitrided rods , painted black.
Hydraulic cylinder	The 4" x 10" cylinder is custom-made to Burke specifications and exceeds cylinder size and capacity needed for snowplowing equipment.
Hydraulic hook-up	series 72 couplers.
Blades	Carbide blades 7/8" X 5" and 1/2" X 6" cover blade - 5/8 square bolt holes & grade 9 plow bolts on a standard highway punch.

Burke WING



Burke Snow Patrol 10-ft Wing

Wing	10-ft right moldboard overall with 9-ft trip cutting edge with 4 torsion springs of at least 7?8" (not double panel); wing moldboard is broke (not rolled) 10-ga; face 28" high at the toe end and 35" high at the heel.
Blades	Carbide blades 7/8" X 5" and 1/2" X 6" cover blade - 5/8 square bolt holes & grade 9 plow bolts on a standard highway punch.
Front post	Patented A-ARM LIFT SYSTEM and at least 18" free travel and a minimum of 15" ground clearance; toe cylinder 3 1/2" X 10" S.A. cylinder with 2" nitrided rod; heel cylinder 4" X 20" with 2" nitrided rod and De-Cell.
Rear brace tube	4" X 6" X 3/8" thick protruding under both frames with 2 side plates, a brace tube of 2" schedule #80 material and ball ends; Spring-cushioned push brace, frame mount stop and holding (lock) bracket; painted black.
Hydraulic cylinders	All plow cylinders are custom-made to Burke specifications and exceed cylinder size and capacity needed for snowplowing equipment. All rods are nitrided.



HI-WAY Equipment 304 Stainless Steel SA-9 Tailgate Spreader with 9-inch Auger

- | | |
|----------|---|
| Auger | 9" auger 5/8" auger flighting, heavy-duty 2-3/8" schedule 80 pipe; easy cleanout and access to auger from top and bottom. |
| Spinner | 18" poly spinner. |
| Controls | Electronic auger and spinner controls with electric burke valve with manual override. |
| Drive | All-hydraulic direct drive. |



Hydraulic System

- | | |
|------------|--|
| Pump | Force America Transmission mount |
| Capacity | 65 gallon per minute. |
| Valve bank | Force America Add-A-Stack central distribution valve bank with cab-mounted Patrol Commander- Ultra Series controller |
| Reservoir | Thirty-gallon valve enclose hydraulic oil reservoir with sight glass and temperature gauge; ten-micron in-tank filter system with full flow by-pass; plugged system gauge and low oil warning beeper; system is capable of using either all-temp standard oil or Dexron III oil. |
| Hoses | Two (2) wire hydraulic hose used throughout entire system. Stainless steel tubing bracketed to the rear and front of truck. |

Electrical System

Wiring:

All wiring is double jacketed with ethylene-propylene rubber to seal out moisture and to protect against damage. In addition to the double jacket, all wires that are in an abrasion area are covered with vinyl tubing for additional protection. All electrical connections are sealed against moisture. All electrical junction boxes are waterproof. All lights are grounded through the wiring system, not to mounting bolts. All junction boxes are grounded to the chassis in addition to the wiring system. All bulbs and electrical plugs are coated with dielectric grease to seal out moisture. Wiring harnesses are securely fastened to prevent damage.

Controls:

Burke custom designed electrical controls are located in a standard floor console. Each of the six circuits is fused with re-settable circuit breakers. The switches are marine grade and are rated to carry 25 amps. The salter control panel is designed so that it can be removed from the truck easily if service becomes necessary.

Plow Lights:

The plow lights are mounted in Noryl housings with stainless steel hardware for corrosion resistance. They include bright, sealed, halogen headlight beams with built-in parking and turn signal lights.

Tail/Stop Lights:

These 6-inch LED oval lights are mounted in cutouts on the rear of the dump box. These lights on the box are in addition to the standard tail/stop/turn lights that are mounted to the truck chassis.

Side Marker Lights:

The side/marker lights are 2 ½" LED round lights that are sealed and installed in cutouts in the dump box sides.

Identification Lights:

These are the three LED red lights below the dump box on the rear of the truck. The identification lights are 2 ½" round lights that are sealed and installed in a bracket welded to the truck chassis.

Hot Lights:

These are the flashing LED warning lights on the dump box cab guard. The hot lights are 6" oval alternating flashing lights that are mounted in a swinging bracket on the dump box cab guard.

Emergency Warning Light:

The emergency warning light is a double mirrored rotating light, that is mounted on a self leveling bracket on the center of dump box cab guard.

Burke Truck & Equipment, Inc. detailed spec list

City of Mauston
1260 North Road
Mauston, Wisconsin 53948

Attn: Rob Nelson

Subject: Patrol Truck equipment package

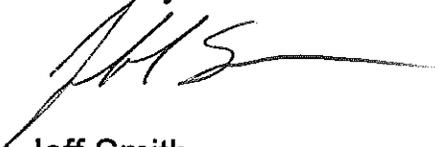
Dear Mr. Nelson, thank you for the opportunity to quote you on the equipment listed in this specification. All prices are valid for 60 days. Please feel free to contact me with any questions or changes.

Total equipment price \$63,200.00

Optional Equipment

1. Dump body sides and ends constructed of 201 stainless steel, add \$3,500.00
2. Rear facing camera with dash mount screen, add \$789.00
3. 18" x 18" x 24" side mounted aluminum tool box, add \$396.00

Sincerely



Jeff Smith
Burke Truck & Equipment Inc

UNIVERSAL TRUCK EQUIPMENT INC.
N15921 SCHUBERT RD
GALESVILLE, WI. 54630
608-539-4600 ORDERS
608-539-4800 FAX
Date: 04-05-13

For: City of Mauston
Att: Rob
Quoted by: Donnie

1) Henderson Mark E-SA 11' Dump Body:

- * Unibody design "No cross members"
- * 11ft. box with 84" inside width
- * 7ga. grade 50 Hi-tensile steel sides & ends
- * One piece 7ga. steel sloped sides from 52" header to 32" tail
- * Two intermediate horizontal side braces, bottom rub and top rail to be sloped for dirt and debris shedding
- * 7ga., 3 panel tailgate standard with all horizontal bracing sloped
- * 32" air trip tailgate- two (2) grab handles (one in each corner of bottom panel- mild steel)
- * One piece, 1/4" AR400 steel floor-200,000 PSI tensile strength
- * 45 degree floor to side knee-brace formed into floor (3/16" AR400)
- * Fully boxed-in & fully welded top rails
- * Under frame is two 5" structural steel I-beam long sills with "No splices" / 4" subframe (9" mounting height)
- * Contoured front corner post
- * Full depth rear corner post with two (2) oval light holes in each corner post
- * One safety body prop
- * 22" x 78" cabshield, 10ga. steel, fully welded
- * Steel 5 rung fold-up type ladder with rubber hood catch and bracket mounted above left rear tire
- * Back-up alarm
- * Two sets of mud flaps installed in front of and behind the rear tires
- * One set of shovel hooks
- * Recessed rubber mounted, oval, stop, turn & tail lights, mounted in rear of the box
- * All electrical wiring connections will be put in heat shrink tubing & will run to a sealed junction box
- * UTE Power Control Center w/ lighted rocker type switches for strobe, plow, & work lights
- * Conspicuity tape per City recommendations
- * Primed & painted Blue (Dupont-Coyne / F3331K/ALT1)
- * Mounted & fully operational
- * One year warranty

1) Hoist:

- * Mailhot CS-100-4.5-3 (21.6 ton) heavy duty telescopic hoist, class 60
- * Cylinder is double acting-power up/ full power down
- * Trunnion mount cylinder with oscillating trunnion collar
- * 303 stainless steel rear hinge pins with composite bushings and grease zerks
- * Cable pull off valve/hoist limiter valve, installed
- * Two year warranty

UNIVERSAL TRUCK EQUIPMENT INC.
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1) Hydraulic system:

- * Force America (Oilgear) FASD45L (6.0 cu. in.) load sense pump with 1" shut off valve
- * Parker MCV-ISO-6 spool Add-A-Fold valve body with truck frame mounted mild steel valve enclosure
- * Valve body to run sander spinner/auger and plow lift /reversing, the wing toe/heel, & dump box hoist
- * MPJC2100-3-Ultra Proportional Controller, with integrated SSC2100 spreader control
- * Ultra Controller comes standard with 4 switches
- * DXV cushion valve mounted on front bumper to protect plow reversing cylinder
- * Proximity switch hoist limiter / Low oil sending unit wired to std. Ultra heads up display
- * Wing loc valve for heel cylinder / Integrated counterbalance valve for the wing toe cylinder
- * 30 gallon Slim-Line hydraulic reservoir- truck frame mounted with in tank filter assy., sight & temperature gauges
- * 2" ball valve for tank suction shut off
- * Hoses & couplers as needed
- * Dextron 3 hydraulic oil
- * Mounted & fully operational
- * One year warranty

1) Universal BH-12-40L HDP MBT/TE power reversible snow plow:

- * 12ft. plow length
- * 40in. plow height (overall height is 44" with a trip cutting edge and 6" high cutting blade)
- * 10ga. moldboard
- * Loop type hitch, plow portion, installed
- * Heavy Duty push frame constructed with ½" x 4" x 8" x 112" angle iron, eight ½" ribs (in lieu of six), fully welded, six main hinge points (in lieu of four) with the furthest hinge point extending about 15" from the end of the plow
- * One heavy duty 4" x 13" power reversing cylinder w/ brass bushing and grease zerk at live end of cylinder for extended wear
- * Moldboard Trip/Trip cutting edge combination includes six (6) heavy duty torsion type trip edge springs and two (2) heavy duty adjustable type moldboard trip springs made of 9/16" wire
- * ¾" x 4" x 4" lower angle, fully gusseted
- * 3/8" x 2½" x 2½" top angle with drainage holes
- * Plow is fully welded
- * Standard 5/8" x 8" x 12' cutting edge with standard AASHO punch
- * Rubber snow deflector, 3-ply, ½" thick x 12" wide, installed
- * Plow end markers, installed
- * Adjustable type parking stand
- * DXV cushion valve to protect reversing cylinder, installed on front bumper
- * Std. plow package includes: couplers, hoses with hoses ends and fittings
- * Primed & painted std. Black
- * One year warranty

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Date: 04-05-13

For: City of Mauston
Att: Rob
Quoted by: Donnie

1) Universal Truck Portion of Pin & Loop style hitch:

- * Fixed length lift arm assy.
- * ½" x 4" x 8" x 90" heavy duty bumper, full length
- * 3" x 10" **single acting** lift cylinder
- * All heavy duty bracing needed
- * Primed, painted & fully operational
- * One year warranty

1) Universal AHW/UGF 9' TE Hydraulic Wing: (front mount)

- * All hydraulic "No cables" (new **Uni-Glide** post design!)
- * 9ft. moldboard length
- * 30in. moldboard height, front and rear
- * 3/16in. moldboard thickness
- * **Heavy Duty Trip Cutting Edge**
- * Eight ½" ribs
- * 1½" main pivot bolt
- * 8" float at the toe
- * Floating link arm at the heel
- * **Double acting** toe cylinder with 3½" bore and 2" Nitrided rod (With Lock Valve)
- * **Double acting** 4" x 13" **D-cell type** heel cylinder with 2" Nitrided rod (With Lock Valve)
- * Adjustable spring loaded push beam with shear pin
- * ¾" x 4" x 4" lower angle with full gussets
- * 5/8" x 8" **cutting edge** with standard AASHO punch
- * Safety chain at the toe
- * Safety chain with rear stop
- * Wing toe lift assy. is mounted at a 45 degree angle (in line with the wing in the plowing position)
- * Four (4) 1" thick horizontal floating links / Two (2) ¾" thick vertical connecting links
- * Four (4) 1½" link bolts with 8" bushings and grease zerks
- * ½" x 4" x 6" rectangular front tube assy. (welded to Uni-Glide mast assy. & runs through both front cheek plates)
- * Standard rear cheek plates with rear tube and custom stop
- * **Adjustable air bag kit with in cab controller, extra wing side support**
- * Hoses & couplers as needed
- * Mounted & fully operational
- * Primed & painted std. **Black**
- * One year warranty

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For: City of Mauston
Att: Rob
Quoted by: Donnie

1) Henderson TGS II 9" auger tailgate sander:

* 201 stainless steel construction

- * Direct drive auger and spinner motors
- * Trough and cover are 7ga.
- * End plates are 1/4"
- * Full 3/8" thick flighting
- * Flighting is welded to a 2-3/8" O.D. schedule 80 pipe, supported by 1 1/2" shafts
- * Ball type bearings are 1 1/4" diameter & are greaseable, mounted with a 4 bolt flange
- * Bottom opens with 6 hinge points for easy cleanout
- * Self leveling spinner assembly with 18" poly spinner
- * Standard tailgate spill shields are included
- * **Install tailgate spreader- include short hose kit from spreader motors to rear of truck
also includes installing the std. tailgate spill shields**
- * One year warranty (201 stainless steel is unpainted)

Total price installed \$51,777.00

Est. lead time is 70-120 days after trucks get in our yard

Options:

- | | |
|--|----------------|
| * <u>3/16" AR400 sides and ends in lieu of quoted 7ga. grade 50</u>
(No center braces & 2-panel tailgate) | Add: \$ 775 |
| * <u>409 stainless steel side braces, front & rear bolsters & tailgate braces in lieu of std.</u> | Add: \$ 875 |
| * <u>409 stainless steel Rear Corner Post & Rear Apron Only in lieu of standard</u> | Add: \$ 440 |
| * <u>Stainless Steel valve enclosure in lieu of mild steel valve enclosure</u> | Add: \$ 425 |
| * <u>Stainless Steel hydraulic tank in lieu of mild steel tank</u> | Add: \$ 700 |
| * <u>Nitrogen Charged Hydraulic Pushbar Assy. in lieu of spring loaded pushbar assy. (elect.)</u>
(Includes extra DA valve section, single axis control handle, special cushion valve and lock valve) | Add: \$ 2,990 |
| * <u>CST-12-40L MBT/TE in lieu of BH-12-40L HDP MBT/TE (see specs)</u> | Less: \$ 1,240 |

Accepted by: _____ by: _____

UNIVERSAL TRUCK EQUIPMENT INC.
N15921 SCHUBERT RD
GALESVILLE, WI. 54630
608-539-4600 ORDERS
608-539-4800 FAX
Date: 04-05-13

For: City of Mauston
Att: Rob
Quoted by: Donnie

1) Henderson TGS II 9" auger tailgate sander:

- * 201 stainless steel construction
- * Direct drive auger and spinner motors
- * Trough and cover are 7ga.
- * End plates are 1/4"
- * Full 3/8" thick flighting
- * Flighting is welded to a 2-3/8" O.D. schedule 80 pipe, supported by 1 1/2" shafts
- * Ball type bearings are 1 1/4" diameter & are greaseable, mounted with a 4 bolt flange
- * Bottom opens with 6 hinge points for easy cleanout
- * Self leveling spinner assembly with 18" poly spinner
- * Standard tailgate spill shields are included
- * **Install tailgate spreader- include short hose kit from spreader motors to rear of truck**
also includes installing the std. tailgate spill shields
- * One year warranty (201 stainless steel is unpainted)

Total price installed \$

Est. lead time is 70-120 days after trucks get in our yard

Options:

- * 3/16" AR400 sides and ends in lieu of quoted 7ga. grade 50 Add: \$
(No center braces & 2-panel tailgate)
- * 409 stainless steel side braces, front & rear bolsters & tailgate braces in lieu of std. Add: \$
- * 409 stainless steel Rear Corner Post & Rear Apron Only in lieu of standard Add: \$
- * Stainless Steel valve enclosure in lieu of mild steel valve enclosure Add: \$
- * Stainless Steel hydraulic tank in lieu of mild steel tank Add: \$
- * Nitrogen Charged Hydraulic Pushbar Assy. in lieu of spring loaded pushbar assy. (elect.) Add: \$
(Includes extra DA valve section, single axis control handle, special cushion valve and lock valve)
- * CST-12-40L MBT/TE in lieu of BH-12-40L HDP MBT/TE (see specs) Less: \$

Accepted by: _____ by: _____

UNIVERSAL TRUCK EQUIPMENT INC.
N15921 SCHUBERT RD
GALESVILLE, WI. 54630
608-539-4600 ORDERS
608-539-4800 FAX
Date: 04-05-13

For: City of Mauston
Att: Rob
Quoted by: Donnie

Universal CST-12-40L MBT/TE power reversible snow plow:

- * 12ft. plow length / 40in. plow height (measured with 6" cutting blade) / 10ga. moldboard
- * Loop hitch, plow portion
- * Two (2) heavy duty 4" x 10" power reversing cylinders with 2" nitrated rods
- * Cylinders are mounted above the push frame / DXV cushion valve to protect cylinders, installed
- * Push frame is 102" wide, constructed with 3/8" x 4" x 4" square tubing, eight 1/2" ribs, fully welded, six main hinge points with the furthest hinge point extending about 10" from the end of the plow
- * 3 1/2" x 3 1/2" x 1/2" semi-circle
- * Moldboard Trip/Trip cutting edge combination includes six (6) heavy duty torsion type trip edge springs and two (2) external compression type springs
- * Attack angle is adjustable (5, 10 & 20 degree angles)
- * Bottom angle (frog) is 3/4" x 4" x 4" w/ reinforcing gussets (1/4" x 4" x 7" every 12" on center)
- * 3/8" x 2 1/2" x 2 1/2" top angle with drainage holes / Plow is fully welded
- * 5/8" x 8" cutting edge / Adjustable parking stand
- * Rubber snow flap, 3 ply, 1/2" thick x 12" wide x 12' long / Plow end markers
- * Primed & painted orange / One year warranty

Universal Truck Portion of Pin & Loop style hitch:

- * Extendible lift arm assy. / 1/2" x 4" x 8" x 90" heavy duty bumper, full length
- * DXV cushion valve to protect cylinder, installed on front bumper
- * 3" x 10" single acting lift cylinder / H.D. bracing for truck hitch / Primed black

Please note:

Because of the new emissions on trucks, Universal Truck Equipment will not be held responsible for major modifications or relocation of the exhaust. The truck should be ordered to accommodate the equipment you are putting on the truck, Universal Truck Equipment should not be held responsible for major modifications or the relocation of air tanks, battery boxes, exhaust and/or fuel tanks. Each truck mfg./salesman has different ways of setting up patrol trucks, it is important to get things in the right location. Because we are not directly involved in ordering the truck we have no way of knowing what kind of modifications or relocations need to be done, if any (unless we are aware of it before the equipment is bided). Most of the time the trucks can be ordered to eliminate or minimize the modifying or relocating of the standard truck exhaust, battery boxes, air tanks and/or fuel tanks. Universal will work with the truck dealer as far as what would be the best set-up on the truck for the equipment we are mounting. Each truck dealer/manufacture has different options available to them and they don't always have the same options available to them, i.e. muffler type/location, battery box size/location, air tank sizes/locations, fuel tank size/location

Date: June 6, 2013

To: Rob Nelson, DPW, and Chief Kim Hale

From: Shane Schiller

Re: City of Mauston 60 KW generator Model 5F-80-MC/CIED
Serial #, 0299 Date of Mfg 3-1969

I currently serviced the generator at City Hall and found the listed deficiencies. Checked the engine oil and found it to be overfull before service, and radiator to be low of coolant. Changed engine oil with filters, air cleaner filter added antifreeze to radiator. Found radiator to be cracked on top tank. Resulting in a large leak when ran. The hydraulic rpm control is also erratic resulting in the frequency adjust to not be properly adjusted to maintain 60 hertz.

I checked the unit on 6/4/2013 again and found engine oil to be completely full to top of the fill tube, and radiator to be dry again. This unit is currently dead lined in need of major repairs to the power plant. Repairs needed are to the radiator, Engine possible head gasket, cracked head or block, and to the hydraulic actuated throttle. Unit would need to be removed from the site to be repaired. Estimated cost to repair radiator, engine and rpm control \$7000 to \$10,000.

Shane Schiller

City of Mauston Mechanic

608-847-4070 ext.3 or 608-547-6846

shanes@mauston.com



CORPORATION
Water Wells & Pumps

r nelson @ mauston.com

February 11, 2013

MR ROB NELSON
 MAUSTON PUBLIC UTILITIES
 1260 NORTH RD
 MAUSTON WI 53948

Subject: Well Testing and Proposal

Dear Rob:

On January 23, 2013 you and I together ran a performance test and vibration analysis on your three well pumps. Following is a summary of our findings.

	<u>Well 3</u>	<u>Well 4</u>	<u>Well 5</u>
Water Meter	402,086,400	519,273,000	292,069,000
Flow Rate	890 gpm	900 gpm	1060 gpm
Pressure	92 psi	78 psi	60 psi
Pumping Water Level	92'	78'	108'
Volts	490	490	458 <i>< verify</i>
Amps	92.3	87	103
Last Pump Service	1993	03/2004	05/2006

In general, the condition of the well pumps has changed only slightly since the last tests were done. Well pump #5 displays a higher than normal vibration. This unit was balanced previously and you may wish to consider this again. The output from the wells is similar as in the past. We discussed performing oil changes and lubrication on the motors. We will drop off the appropriate oils for you.

We discussed the service intervals since the pumps were last serviced. Generally harder working pumps such as your city's should be serviced every ten years or so. As you can see, well pump 3 was serviced twenty years ago. While the pump performs satisfactorily, we cannot compare its performance with the intended design. The pump is likely a Layne brand, but the model is unknown. Over the past service interval it is likely the efficiencies have declined. The other important aspect of the pump service is that the column and bowl assemblies can be inspected for deficiencies.

A pump service consists of removing the well pump, installing rings and bushings in the bowl assembly, rebuilding the stuffing box, replacing the lineshaft bearings, and installing new airline. Following installation of the serviced equipment the well is disinfected, flushed and sampled. The cost of this basic service is \$9,953. During the removal we will inspect the assembly with you to identify any other deficiencies. We will not proceed with services beyond the above scope without your approval. The price stated above is an estimate based on per diem costs and the information we have available for this installation.

Mr. Rob Nelson
February 11, 2013
Page Two

Other services we offer that may be considered are electric motor service, well televising, and well cleaning and treatment. If we feel one of these services would benefit the operation of the well, we will be happy to discuss it further. We hope this information fulfills your request. Should you have any questions or comments, please feel free to contact me.

Sincerely,

CTW CORPORATION

A handwritten signature in brown ink, appearing to read 'TJG', is positioned above the printed name of the sender.

Thomas J. Goethel, P.E.
TJG/cam



MUNICIPAL
WELL & PUMP

May 7, 2013

Mr. Rob Nelson
City of Mauston
1260 North Road
Mauston, WI 53948

RE: Pull and Inspect Well #3

Dear Rob,

I appreciate you and Dave taking the time to meet with me recently regarding your upcoming work on Wells #3. As discussed, we are submitting to you for the City's consideration, a proposal for pulling and inspecting the well pump on Wells #3.

Our proposed scope of work is divided into two sections, section I and section II. Section I includes the 'apples to apples' price that you requested which includes the scope as discussed: mobilizing to the site, pulling the existing pumps, inspecting pump equipment, submitting a report with recommendations, as well as rebuilding the stuffing box, replacing wear rings and bushings in the pump, new dual airlines, and disinfecting, flushing and sampling prior to being put back into service. Section II is work that will need to be done, but was not included in the previous scope, including prep of rebuilt pump after any approved replacement or rebuilding, re-mobilizing to the site, and re-install of the pump.

Proposed scope of work:

I. Remove / Inspect / Rebuild Bowls and Stuffing Box

1. Prep and load equipment for installation;
2. Mobilize to job site;
3. Remove existing pump components from Well #3
4. Inspect existing pump and submit report with recommendations;
5. Replace Wear rings, bushings and install new dual airline. (including materials, @ \$350/ stage, based on information provided)
6. Rebuild stuffing box.
7. Disinfect, flush and sample.

Section ILump Sum: \$ 5240

II. Reinstall and Repair

8. Replacement and rebuilding of pump that may be required not listed above.
(cost of materials not included)
9. Remobilize to site
10. Install new/ reconditioned pump components into Well #3;
11. Clean-up site and demobilize from job site;

Section II.Lump Sum: \$ 2720

Please review the above proposal. If you have any questions or would like anything further included, please let me know. We appreciate the chance to submit this proposal and would enjoy the opportunity to work with on this project.

MUNICIPAL WELL & PUMP

Patrick Harrington
Project Manager

**FINANCE AND
PURCHASING
COMMITTEE
ITEMS**

June 11, 2013

ACH payments & checks # 48973 –49076

05/11/2013 – 05/24/2013

Total = \$310,770.62

Plus

Payroll = \$45,691.62

Total to approve \$356,462.24

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
DEF	5/31/2013	Great West Deferred Comp	450.00
	Manual Check	May 31	
FED	5/31/2013	Federal Tax Withholding	14,957.53
	Manual Check	SS May 31	
VER	5/08/2013	Verizon Wireless	80.16
	Manual Check	invoice 2830347688	
WIS	5/31/2013	Wis Tax Withholding	3,149.19
	Manual Check	STATE WITH HOLDING	
ALLI	6/07/2013	Alliant 107380-010	19.52
	Manual Check	Flag pole	
ALLI	6/07/2013	Alliant 130475-010	124.26
	Manual Check	Parks - Ball Field	
ALLI	6/07/2013	Alliant 165556-010	128.13
	Manual Check	Jones Park	
ALLI	6/07/2013	Alliant 430527-010	743.33
	Manual Check	Well #3 ELECTRIC	
ALLI	6/07/2013	Alliant 601820-001	10.44
	Manual Check	well	
ALLI	6/07/2013	Alliant 610701-001	48.69
	Manual Check	Herriot Drive well	
ALLI	6/07/2013	Alliant 680069-001	30.11
	Manual Check	VINE ST	
ALLI	6/07/2013	Alliant 579989-001	1.31
	Manual Check	FIRE SIREN ON WEST AVE	
ALLI	6/07/2013	Alliant 559413-001	159.55
	Manual Check	TENNIS COURT ON DIVISION	
ALLI	6/07/2013	Alliant 534405-001	122.96
	Manual Check	LIFT STATION ON S UNION	
ALLI	6/07/2013	Alliant 463405-010	40.27
	Manual Check	ELM ST SWG	
ALLI	6/07/2013	Alliant 559382-001	276.54
	Manual Check	Street lights	
ALLI	6/07/2013	Alliant 243398-010	37.26
	Manual Check	CTY RD Q SWG	
ALLI	6/07/2013	Alliant 202353-010	167.46
	Manual Check	Roosevelt Rd SWG	
ALLI	6/07/2013	Alliant 317395-010	926.35
	Manual Check	Kennedy St Well #5	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
ALLI	6/07/2013	Alliant 663316-010	37.32
	Manual Check	Street lights on Kennedy	
ALLI	6/07/2013	Alliant 704791-001	51.41
	Manual Check	Kiosk Electric	
ALLI	6/07/2013	Alliant 716623-001	291.29
	Manual Check	New Street lights on 82 and Lincoln	
ALLI	6/07/2013	Alliant 107358-010	1,160.65
	Manual Check	Admin Electricity 55%	
ALLI	6/07/2013	Alliant 126485-010	10.18
	Manual Check	Streets = Dam	
ALLI	6/07/2013	Alliant 579987-001	1.31
	Manual Check		
ALLI	6/07/2013	Alliant 619934-001	137.34
	Manual Check	chemical building 12/16	
ALLI	6/07/2013	Alliant 220526-010	42.42
	Manual Check	Monroe St SWG	
ALLI	6/07/2013	Alliant 418552-010	10.59
	Manual Check	lift on Monroe Street	
ALLI	6/07/2013	Alliant 650205-001	133.04
	Manual Check	Street lights on North Union	
ALLI	5/03/2013	Alliant 232320-010	31.52
	Manual Check	ATTEWELL STREET/Cemetery	
ALLI	6/07/2013	Alliant 715891-001	222.61
	Manual Check	Street lights at Union & La Crosse	
CITY	6/07/2013	City of Mauston	2,020.65
	Manual Check	water and sewer	
DEBT	6/01/2013	Bank of Mauston	38,193.75
	Manual Check	June 1 Debt 2010 A Water System Rev Bond	
DEBT	6/01/2013	USDA-Rural Development	42,038.14
	Manual Check	ACH Water loan 91-03,91-05,91-09	
DEBT	6/01/2013	USDA-Rural Development	46,798.00
	Manual Check	ACH Sewer loan 92-11,92-07	
DEBT	5/31/2013	Bank of Mauston	4,168.82
	Manual Check	Interest on 3.2 Series 2012A	
fron	5/29/2013	Frontier 608-847-4806	123.30
	Manual Check	water computer	
FRON	6/07/2013	Frontier 608-847-5610	40.92
	Manual Check	Water computer	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
FRON	6/07/2013	Frontier 608-847-4070	171.93
		Manual Check Water -847-4070	
Kwik	6/07/2013	Kwik Trip, INC	40.93
		Manual Check ice for shipping tests	
48977	5/31/2013	Associated Appraisal	1,731.39
		Invoice 15163 15164	
48978	5/31/2013	Capital Newspapers 2518440	78.03
		Invoice 1042769	
48979	5/31/2013	Frontier 847-7048	186.37
		Invoice 608-847-7048-012610-5	
48980	5/31/2013	Hawkins, INC.	468.65
		Invoice 3467339	
48981	5/31/2013	JComp Technologies INC	3,043.33
		invoice 46377,46395,46411	
48982	5/31/2013	Local Government Property Insurance (LGPI)	35,076.00
		Invoice 26343	
48983	5/31/2013	Log Cabin Deli	119.79
		Dinner for Stragic Planning Session	
48984	5/31/2013	Staples Advantage	613.80
		Invoice 3199548702	
48985	5/31/2013	Staples Advantage	47.63
		Invoice 3199939329	
48986	5/31/2013	THE MESSENGER OF JUNEAU COUNTY LLC	87.50
		Invoice 41086 and 41075	
48987	5/31/2013	US Cellular	356.31
		Invoice 204608517-087	
48988	5/31/2013	US Cellular	356.31
		Invoice 204608517.086	
48989	5/31/2013	US Cellular	13.88
		Invoice 277409980-190	
48990	5/31/2013	VSP Wisconsin Vision Service Plan	748.77
		JUNE COVERAGE	
48991	6/07/2013	B & M Technical Services, INC	1,414.00
		inv. 2378	
48992	6/07/2013	Baker & Taylor, INC	105.97
		inv. 2028191083	
48993	6/07/2013	Best Service, LLC	88.53
		Invoice 117829	

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
48994	6/07/2013	Better Buys May restitutions	47.63
48995	6/07/2013	Bobbi Jo Perkins refund overpayment of Rental Inspec Fee	25.00
48996	6/07/2013	Boberg's Gas & Go May fuel	623.79
48997	6/07/2013	Business Equipment Sales & Serv (BEST) inv 2823	150.00
48998	6/07/2013	Capital Newspapers 2518440 Misc Invoice	174.40
48999	6/07/2013	Car Quest inv 51126	72.11
49000	6/07/2013	Central Insurance Services, INC Ins bonds for Employees	550.00
49001	6/07/2013	City of Mauston May restitutions	20.00
49002	6/07/2013	Croell Redi-Mix Invoice 33088	1,642.50
49003	6/07/2013	Demco, INC inv. 4983748	363.47
49004	6/07/2013	Digger's Hotline, INC Prepay	400.00
49005	6/07/2013	Eagle Promotions, INC inv. 24202	344.30
49006	6/07/2013	Falls Taxi, INC May	9,593.13
49007	6/07/2013	Festival Foods May restitutions	208.06
49008	6/07/2013	G-line Fence & Landscaping Invoice 5/28/2013	450.00
49009	6/07/2013	G.J. Miesbauer & Associates, INC Invoice 865	2,000.00
49010	6/07/2013	Gale Group inv. 99274113	91.46
49011	6/07/2013	Gray's Computer Solutions, LLC inv. 2932 may support	4,030.00
49012	6/07/2013	Gray's Electric, LLC Invoice 13627	33.00

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
49013	6/07/2013	Gray's Electric, LLC inspect and test tornado siren	255.00
49014	6/07/2013	Hadley's Lift & Pier Service inv. 5792	120.00
49015	6/07/2013	Hall Tree Service inv 3091 grind stumps elm/milwaukee	50.00
49016	6/07/2013	Hamm Brothers, INC inv. 19380	84.00
49017	6/07/2013	Hartje Lumber Inc May Statement	269.25
49018	6/07/2013	Hatch Building Supply Co., INC inv. 194231	238.26
49019	6/07/2013	Hawkins, INC. Invoice 3471074	5,376.47
49020	6/07/2013	HD Supply Waterworks inv 43279	2,461.48
49021	6/07/2013	Holiday Wholesale Invoice 6583473 TP, Paper towels, liners	480.45
49022	6/07/2013	Info Group - Library Division 1 yr. subscription	1,300.00
49023	6/07/2013	Jennings, Michael May restitution	200.00
49024	6/07/2013	John Deere Financial inv. 119091	391.70
49025	6/07/2013	Juneau County / Muni Fines May	350.00
49026	6/07/2013	Juneau County / Muni Fines May Muni Court	95.00
49027	6/07/2013	Juneau County Landfill Only pay tonnage- they were not recycled	142.50
49028	6/07/2013	K-Mart Corporation Flowers for City hall yard	41.91
49029	6/07/2013	KEMPLY FARMS LLC Invoice 7061	1,037.00
49030	6/07/2013	KIMBALL MIDWEST Invoice 2992612	105.39
49031	6/07/2013	KUDICK CHEVROLET, INC Resitution	50.00

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
49032	6/07/2013	Lampert Yard, INC May Statement	554.23
49033	6/07/2013	LEMONWEIR VALLEY TELEPHONE CO account 290700	87.95
49034	6/07/2013	Lenorud Services, INC. Invoice 4842	11,937.50
49035	6/07/2013	Lenorud Services, INC. inv. 4601	480.00
49036	6/07/2013	Mauston Plumbing INC inv 24371	1,908.89
49037	6/07/2013	Mauston Tru Value, INC Statement 5-31-2013	529.69
49038	6/07/2013	McKinney's Home & Decorating INC inv 18062 / 18393	1,794.15
49039	6/07/2013	Midwest Tape several invoices	169.00
49040	6/07/2013	Mile Bluff Clinic Invoice 723931	173.00
49041	6/07/2013	MSA Professional Services, Corp. Inv 15 R00044032.0 Ped Improvements	296.21
49042	6/07/2013	MSA Professional Services, Corp. Inv 19 R00044027.0 Ensck St Ext	877.25
49043	6/07/2013	MSA Professional Services, Corp. Inv 6 R00044033.0 State St Utilities	3,901.38
49044	6/07/2013	MSA Professional Services, Corp. Inv 13 R00044035.0 Mansion St	3,037.05
49045	6/07/2013	MSA Professional Services, Corp. Inv 5 R00044039.0 riverwalk Phase II pla	4,981.84
49046	6/07/2013	MSA Professional Services, Corp. Inv 31 R00044018.0 STH 82 Utilit	1,805.11
49047	6/07/2013	MSA Professional Services, Corp. Inv 27 R00044015.0 West Side Ind Park	1,065.31
49048	6/07/2013	North Star Emergency Vehicle Service Invoice 442	731.26
49049	6/07/2013	Oakdale Electric Cooperative May usage	1,096.13
49050	6/07/2013	Office Depot Invoice 658818156001	376.70

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
49051	6/07/2013	Office Supplies 2U, INC Office renovation	1,856.00
49052	6/07/2013	Pischke Publications inv. 52313	18.45
49053	6/07/2013	Rhyme Business Products Invoice 13765762	1,014.48
49054	6/07/2013	S & S Worldwide Inc. Invoice 7717899	60.15
49055	6/07/2013	Safe-Fast INC Invoice 126572	61.00
49056	6/07/2013	Scenic Bluffs Equipment Invoice 123469	74.98
49057	6/07/2013	Schiller, Jacob reimburse for work permit	10.00
49058	6/07/2013	Scott, Patricia REfund overpayment on Ticket	4.10
49059	6/07/2013	Showcases inv. 272921	322.38
49060	6/07/2013	Skorik, Emil Invoice 244141 for May Service	626.00
49061	6/07/2013	Smart, Zachary reimbursement for work permit	10.00
49062	6/07/2013	Someday Services, LLC inv. 274	522.00
49063	6/07/2013	Staples Advantage misc invoices	48.37
49064	6/07/2013	State of WI - Court Fines & Surcharges May	1,153.23
49065	6/07/2013	State of WI Department of Natural Resources., Invoice WU34270	125.00
49066	6/07/2013	State of WI Department of Natural Resources.. Invoice 729007620-2013	3,554.97
49067	6/07/2013	Traffic & Parking Control Co., INC Invoice 423448	77.40
49068	6/07/2013	United Auto Supply, INC inv. 40321352	86.62
49069	6/07/2013	US Cellular POLICE	329.23

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

Check Nbr	Check Date	Payee	Amount
49070	6/07/2013	US Cellular Room Tax Digital sign 213513578-029	68.25
49071	6/07/2013	US Cellular 214832689-021	38.65
49072	6/07/2013	USDA-Rural Development Extra payment on Loan 91-03 Water	7,000.00
49073	6/07/2013	Village of Necedah May fines and forfeitures	824.43
49074	6/07/2013	Wafle-Thomas-Lubinski Builders LLP Invoice 1528 Dugouts	9,299.00
49075	6/07/2013	Wafle-Thomas-Lubinski Builders LLP Invoice 1510 Vets PArk Concession Stand	12,100.58
49076	6/07/2013	Western WI Waterworks Professionals meeting 6/12/2013 Rob,Dave,Chad, Tom	80.00
		Grand Total	310,770.62

CITY OF MAUSTON POOLED CASH

Accounting Checks

Posted From: 5/25/2013 From Account:
Thru: 6/07/2013 Thru Account:

	Amount
Total Expenditure from Fund # 100 - General Fund	52,704.48
Total Expenditure from Fund # 109 - Cemetery	2,802.60
Total Expenditure from Fund # 250 - Library Fund	9,238.34
Total Expenditure from Fund # 270 - Room Tax Fund	306.03
Total Expenditure from Fund # 280 - Taxi Fund	9,593.13
Total Expenditure from Fund # 330 - TIF #3	4,168.82
Total Expenditure from Fund # 400 - Capital Projects Fund	42,697.26
Total Expenditure from Fund # 610 - Water Utility Fund	93,667.53
Total Expenditure from Fund # 620 - Sewer Utility Fund	59,966.43
Total Expenditure from Fund # 710 - Risk Management	35,626.00
Total Expenditure from all Funds	310,770.62

	2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
Mayor & Council	39.86	29,328.35	68,808.00	39,479.65	42.62
Administration	2,291.25	245,306.77	464,092.30	218,785.53	52.86
Other Non City Groups	0.00	30,110.50	41,110.00	10,999.50	73.24
Peg - Communications	0.00	28,006.83	65,401.00	37,394.17	42.82
Zoning	324.39	31,231.96	74,618.00	43,386.04	41.86
Police Department	964.20	350,782.96	837,405.00	486,622.04	41.89
Fire Department	1,518.16	15,149.80	371,854.00	356,704.20	4.07
Streets	3,541.50	246,508.14	692,583.00	446,074.86	35.59
Water	5,131.43	160,156.09	384,742.97	224,586.88	41.63
Sewer	43,875.96	359,141.92	789,195.06	430,053.14	45.51
Summer Rec	60.15	599.39	52,324.00	51,724.61	1.15
Total Expenses	57,746.90	1,496,322.71	3,842,133.33	2,345,810.62	38.95
Net Totals	-57,746.90	-1,496,322.71	-3,842,133.33	-2,345,810.62	38.95

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
100-00-51110-110-000	M & C Salary/Wages	0.00	7,953.66	19,670.00	11,716.34	40.44
100-00-51110-130-000	M & C FICA/Medicare	0.00	678.48	1,438.00	759.52	47.18
100-00-51110-160-000	M & C Employee Recog	0.00	95.10	2,200.00	2,104.90	4.32
100-00-51110-211-000	M & C Auditing	0.00	7,700.00	13,500.00	5,800.00	57.04
100-00-51110-212-000	M & C Assessing	39.86	10,987.91	25,000.00	14,012.09	43.95
100-00-51110-213-000	M & C Legal	0.00	613.80	2,000.00	1,386.20	30.69
100-00-51110-312-000	M & C Code Maintenance	0.00	0.00	200.00	200.00	0.00
100-00-51110-313-000	M & C Elections	0.00	576.51	1,500.00	923.49	38.43
100-00-51110-330-000	M & C Educ/Trng/Travel	0.00	239.79	1,500.00	1,260.21	15.99
100-00-51110-390-000	M & C Miscellaneous	0.00	364.96	1,800.00	1,435.04	20.28
100-00-51110-591-000	M & C Bad Debt & Write offs	0.00	118.14	0.00	-118.14	0.00
Mayor & Council		39.86	29,328.35	68,808.00	39,479.65	42.62
100-00-51400-110-000	Admin Salary/Wages	0.00	79,096.75	190,424.00	111,327.25	41.54
100-00-51400-130-000	Admin FICA/Medicare	0.00	5,732.59	14,613.00	8,880.41	39.23
100-00-51400-131-000	Admin Health Ins	0.00	23,426.30	56,224.00	32,797.70	41.67
100-00-51400-132-000	Admin FSA Contribution	0.00	1,713.98	4,200.00	2,486.02	40.81
100-00-51400-133-000	Admin Dental Ins	0.00	1,837.92	4,235.00	2,397.08	43.40
100-00-51400-134-000	Admin Vision Ins	0.00	575.34	1,151.00	575.66	49.99
100-00-51400-135-000	Admin WI Retirement	0.00	10,448.86	22,158.00	11,709.14	47.16
100-00-51400-210-000	Admin Prof Services	0.00	400.00	1,000.00	600.00	40.00
100-00-51400-213-000	Admin Legal	0.00	826.84	5,000.00	4,173.16	16.54
100-00-51400-216-000	Admin Hiring	20.00	20.00	1,000.00	980.00	2.00
100-00-51400-221-000	Admin Electricity	616.04	3,656.15	11,000.00	7,343.85	33.24
100-00-51400-222-000	Admin Gas/Heat	56.63	2,054.01	3,600.00	1,545.99	57.06
100-00-51400-223-000	Admin Water/Sewer	562.42	2,761.87	8,000.00	5,238.13	34.52
100-00-51400-224-000	Admin Telephone/Fax	0.00	1,912.92	6,500.00	4,587.08	29.43
100-00-51400-240-000	Admin Building Maint	30.29	3,457.81	3,500.00	42.19	98.79
100-00-51400-290-000	Admin Contract Services	0.00	541.52	1,000.00	458.48	54.15
100-00-51400-310-000	Admin Office Supplies	127.17	2,439.52	5,000.00	2,560.48	48.79
100-00-51400-311-000	Admin Postage/Shipping	0.00	876.01	3,200.00	2,323.99	27.38
100-00-51400-320-000	Admin Memberships/Dues	0.00	1,584.00	1,800.00	216.00	88.00
100-00-51400-321-000	Admin Publications	94.00	1,248.44	4,000.00	2,751.56	31.21
100-00-51400-330-000	Admin Educ/Trng/Travel	0.00	1,735.81	4,000.00	2,264.19	43.40
100-00-51400-350-000	Admin Equip Maint (Non-Office)	0.00	0.00	1,000.00	1,000.00	0.00
100-00-51400-352-000	Admin Office Equip Maint	704.75	3,632.75	2,000.00	-1,632.75	181.64
100-00-51400-353-000	Admin Info Tech	55.00	2,743.25	6,000.00	3,256.75	45.72
100-00-51400-390-000	Admin Miscellaneous	24.95	96.83	3,000.00	2,903.17	3.23
100-00-51400-510-000	Admin Ins (Non-Labor)	0.00	92,487.30	92,487.30	0.00	100.00
100-00-51400-821-000	Admin Building Improvement	0.00	0.00	8,000.00	8,000.00	0.00
Administration		2,291.25	245,306.77	464,092.30	218,785.53	52.86
100-00-51120-213-000	BBC Legal	0.00	150.00	500.00	350.00	30.00
100-00-51120-330-000	BBC Educ/Trng/Travel	0.00	0.00	500.00	500.00	0.00
100-00-51120-390-000	BBC Miscellaneous	0.00	600.00	1,000.00	400.00	60.00
100-00-52300-215-000	Ambulance Contract Assessment	0.00	29,360.50	28,010.00	-1,350.50	104.82
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	0.00	10,000.00	10,000.00	0.00
Other Non City Groups		0.00	30,110.50	41,110.00	10,999.50	73.24

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
100-00-51200-110-000	PEG Salary/Wages	0.00	16,021.59	38,780.00	22,758.41	41.31
100-00-51200-130-000	PEG FICA/Medicare	0.00	1,170.92	2,967.00	1,796.08	39.46
100-00-51200-131-000	PEG Health Ins	0.00	5,577.70	13,387.00	7,809.30	41.67
100-00-51200-132-000	PEG FSA Contribution	0.00	423.06	1,000.00	576.94	42.31
100-00-51200-133-000	PEG Dental Ins	0.00	504.18	1,008.00	503.82	50.02
100-00-51200-134-000	PEG Vision Ins	0.00	136.98	274.00	137.02	49.99
100-00-51200-135-000	PEG WI Retirement	0.00	2,130.90	5,037.00	2,906.10	42.30
100-00-51200-290-000	Peg Contractual Services	0.00	0.00	0.00	0.00	0.00
100-00-51200-330-000	PEG Educ/Trng/Travel	0.00	794.00	1,200.00	406.00	66.17
100-00-51200-353-000	Peg Info Tech	0.00	1,247.50	1,248.00	0.50	99.96
100-00-51200-390-000	PEG Miscellaneous	0.00	0.00	500.00	500.00	0.00
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Peg - Communications		0.00	28,006.83	65,401.00	37,394.17	42.82
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100-00-56400-110-000	Bldg & Permits Salary/Wages	0.00	13,957.20	32,989.00	19,031.80	42.31
100-00-56400-130-000	Bldg & Permits FICA/Medicare	0.00	1,003.32	2,538.00	1,534.68	39.53
100-00-56400-131-000	Bldg & Permits Health Insuranc	0.00	5,577.70	13,387.00	7,809.30	41.67
100-00-56400-132-000	Bldg & Permits FSA Contributio	0.00	423.06	1,000.00	576.94	42.31
100-00-56400-133-000	Bldg & Permits Dental Insuranc	0.00	504.18	1,008.00	503.82	50.02
100-00-56400-134-000	Bldg & Permits Vision Ins	0.00	136.98	274.00	137.02	49.99
100-00-56400-135-000	Bldg & Permits WI Retirement	0.00	1,856.31	4,412.00	2,555.69	42.07
100-00-56400-202-000	Bldg & Permits Contracted Ser	0.00	0.00	0.00	0.00	0.00
100-00-56400-202-010	Bldg & Permits Inspections	0.00	5,197.68	12,000.00	6,802.32	43.31
100-00-56400-213-000	Bldg & Permits Legal/Recording	0.00	976.01	500.00	-476.01	195.20
100-00-56400-214-000	Bldg & Permits Profsnl Srv-Map	0.00	0.00	1,200.00	1,200.00	0.00
100-00-56400-224-000	Bldg & Permits Telephone/Fax	0.00	5.95	2,000.00	1,994.05	0.30
100-00-56400-310-000	Bldg & Permits Office Supplies	283.85	418.30	1,660.00	1,241.70	25.20
100-00-56400-321-000	Bldg & Permits Publications	40.54	220.06	500.00	279.94	44.01
100-00-56400-330-000	Bldg & Permits Educ/Trng/Travl	0.00	0.00	800.00	800.00	0.00
100-00-56400-353-000	Bldg & Permits InfoTech	0.00	955.21	150.00	-805.21	636.81
100-00-56400-390-000	Bldg & Permits Miscellaneous	0.00	0.00	200.00	200.00	0.00
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Zoning		324.39	31,231.96	74,618.00	43,386.04	41.86
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100-00-52100-110-000	PD Salary/Wages	0.00	160,013.84	420,245.00	260,231.16	38.08
100-00-52100-111-000	PD Clerical PT Wages	0.00	4,592.50	13,200.00	8,607.50	34.79
100-00-52100-112-000	PD Officer PT Wages	0.00	7,442.50	28,600.00	21,157.50	26.02
100-00-52100-116-000	PD Officer OT Wages	0.00	14,822.63	33,000.00	18,177.37	44.92
100-00-52100-120-000	PD Parking Enforcement Wages	0.00	2,316.00	800.00	-1,516.00	289.50
100-00-52100-121-000	PD Crossing Guard Wages	0.00	11,792.13	20,590.00	8,797.87	57.27
100-00-52100-122-000	PD LEA/Matron Expense	0.00	410.50	800.00	389.50	51.31
100-00-52100-130-000	PD FICA/Medicare	0.00	15,212.20	32,720.00	17,507.80	46.49
100-00-52100-131-000	PD Health Ins	0.00	46,861.20	109,906.00	63,044.80	42.64
100-00-52100-132-000	PD FSA Contribution	0.00	3,240.96	8,500.00	5,259.04	38.13
100-00-52100-133-000	PD Dental Ins	0.00	4,258.02	8,517.00	4,258.98	49.99
100-00-52100-134-000	PD Vision Ins	0.00	1,169.40	2,340.00	1,170.60	49.97
100-00-52100-135-000	PD WI Retirement	0.00	33,122.45	74,849.00	41,726.55	44.25
100-00-52100-190-000	PD Clothing Allowance	0.00	0.00	2,000.00	2,000.00	0.00
100-00-52100-191-000	PD Protective Cloth/Gear	0.00	0.00	500.00	500.00	0.00
100-00-52100-213-000	PD Legal	0.00	6,401.36	10,000.00	3,598.64	64.01
100-00-52100-216-000	PD Hiring	0.00	926.66	1,500.00	573.34	61.78
100-00-52100-217-000	PD Investigations	0.00	6,085.56	4,500.00	-1,585.56	135.23

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
100-00-52100-217-100	PD K9 Unit Expenses	0.00	1,232.38	3,000.00	1,767.62	41.08
100-00-52100-217-200	PD Under cover Expenses	0.00	75.00	0.00	-75.00	0.00
100-00-52100-224-000	PD Telephone/Fax	367.88	2,473.60	6,180.00	3,706.40	40.03
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	700.00	700.00	0.00
100-00-52100-310-000	PD Office Supplies	39.09	1,431.94	4,120.00	2,688.06	34.76
100-00-52100-320-000	PD Membership/Dues	0.00	100.00	515.00	415.00	19.42
100-00-52100-321-000	PD Publications	0.00	100.00	258.00	158.00	38.76
100-00-52100-330-000	PD Educ/Trng/Travel	0.00	1,808.47	4,120.00	2,311.53	43.89
100-00-52100-331-000	PD Motor Fuel	209.50	7,327.11	18,000.00	10,672.89	40.71
100-00-52100-341-000	PD Prof Equipmt/Supplies	0.00	2,728.98	5,390.00	2,661.02	50.63
100-00-52100-352-000	PD Office Equip Maint/Service	244.28	1,383.98	2,650.00	1,266.02	52.23
100-00-52100-353-000	PD Info Tech	0.00	10,394.18	13,815.00	3,420.82	75.24
100-00-52100-354-000	PD Equipmnt Maint(Non Office)	0.00	1,799.34	2,575.00	775.66	69.88
100-00-52100-361-000	PD Building Maintenance	8.50	159.58	515.00	355.42	30.99
100-00-52100-390-000	PD Miscellaneous	94.95	1,100.49	2,500.00	1,399.51	44.02
Police Department		964.20	350,782.96	837,405.00	486,622.04	41.89
100-00-52200-110-000	FD Salary/Wages	0.00	0.00	10,660.00	10,660.00	0.00
100-00-52200-120-000	FD Hourly Wages	0.00	239.50	65,340.00	65,100.50	0.37
100-00-52200-130-000	FD FICA/Medicare	0.00	111.07	5,900.00	5,788.93	1.88
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	0.00	350.00	350.00	0.00
100-00-52200-221-000	FD Electricity	478.58	2,971.54	8,700.00	5,728.46	34.16
100-00-52200-222-000	FD Heating Gas	46.34	1,788.41	3,000.00	1,211.59	59.61
100-00-52200-224-000	FD Telephone/Fax	0.00	852.46	2,200.00	1,347.54	38.75
100-00-52200-241-000	FD Extinguisher Maint/Repair	0.00	84.75	300.00	215.25	28.25
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	21.00	750.00	729.00	2.80
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	0.00	343.65	2,500.00	2,156.35	13.75
100-00-52200-331-000	FD Motor Fuel	0.00	938.82	2,000.00	1,061.18	46.94
100-00-52200-352-000	FD Office Equip Maint/Service	0.00	0.00	580.00	580.00	0.00
100-00-52200-353-000	FD Info Tech	0.00	1,398.85	1,000.00	-398.85	139.89
100-00-52200-354-000	FD Equipmnt Maint (Non-Office)	0.00	359.62	6,500.00	6,140.38	5.53
100-00-52200-355-000	FD Truck Maintenance	731.26	1,380.22	5,500.00	4,119.78	25.09
100-00-52200-357-000	FD Pager Repair	0.00	374.55	1,000.00	625.45	37.46
100-00-52200-361-000	FD Building Maintenance	0.00	1,172.92	1,000.00	-172.92	117.29
100-00-52200-390-000	FD Miscellaneous	261.98	1,106.43	2,500.00	1,393.57	44.26
100-00-52200-811-000	FD Equipment Purchases	0.00	2,006.01	14,000.00	11,993.99	14.33
100-00-52200-812-000	FD Jaws	0.00	0.00	0.00	0.00	0.00
100-00-52200-821-000	Building Improvement	0.00	0.00	0.00	0.00	0.00
Fire Department		1,518.16	15,149.80	371,854.00	356,704.20	4.07
100-00-53100-110-000	Streets Wage/Salary	0.00	96,354.55	223,793.00	127,438.45	43.06
100-00-53100-130-000	Streets FICA/Medicare	0.00	6,997.54	16,256.00	9,258.46	43.05
100-00-53100-131-000	Streets Health Ins	0.00	26,775.80	59,993.00	33,217.20	44.63
100-00-53100-132-000	Streets FSA Contribution	0.00	2,039.59	4,833.00	2,793.41	42.20
100-00-53100-133-000	Streets Dental Ins	0.00	2,427.72	4,856.00	2,428.28	49.99
100-00-53100-134-000	Streets Vision Ins	0.00	663.72	1,328.00	664.28	49.98

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
100-00-53100-135-000	Streets WI Retirement	0.00	12,709.22	24,649.00	11,939.78	51.56
100-00-53100-191-000	Streets Protective Clthng/Gear	0.00	200.00	2,500.00	2,300.00	8.00
100-00-53100-213-000	Streets Legal	0.00	96.00	3,000.00	2,904.00	3.20
100-00-53100-215-000	Streets Hired Services	0.00	185.75	500.00	314.25	37.15
100-00-53100-218-000	Streets Drug Testing	0.00	0.00	275.00	275.00	0.00
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	260.77	5,014.09	9,150.00	4,135.91	54.80
100-00-53100-223-000	Streets Water/Sewer	482.22	2,303.61	6,500.00	4,196.39	35.44
100-00-53100-224-000	Streets Telephone/Fax	0.00	1,076.37	3,000.00	1,923.63	35.88
100-00-53100-231-000	Streets Signage	77.40	349.72	3,000.00	2,650.28	11.66
100-00-53100-232-000	Streets Tree/Brush Removal	50.00	2,000.00	5,000.00	3,000.00	40.00
100-00-53100-240-000	Streets Maintenance/Repair	88.76	3,146.51	110,000.00	106,853.49	2.86
100-00-53100-290-000	Streets Contract Services	0.00	733.34	2,000.00	1,266.66	36.67
100-00-53100-290-100	Streets Contract Services Mow	450.00	450.00	2,000.00	1,550.00	22.50
100-00-53100-290-102	Streets Contract Serv-Shovel	0.00	0.00	1,000.00	1,000.00	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	100.00	15.00	85.00
100-00-53100-310-000	Streets Office Supplies	17.64	373.92	500.00	126.08	74.78
100-00-53100-320-000	Streets Memberships/Dues	0.00	184.00	100.00	-84.00	184.00
100-00-53100-321-000	Streets Publications	0.00	78.03	100.00	21.97	78.03
100-00-53100-330-000	Streets Educ/Trng/Travel	0.00	287.84	500.00	212.16	57.57
100-00-53100-331-000	Streets Motor Fuel	0.00	7,439.27	18,000.00	10,560.73	41.33
100-00-53100-340-000	Streets Hand Tls,Matals,Spplies	409.70	6,187.71	15,000.00	8,812.29	41.25
100-00-53100-352-000	Streets Office Equip Maint.	0.00	48.36	1,300.00	1,251.64	3.72
100-00-53100-353-000	Streets Info Tech	32.95	1,943.05	2,500.00	556.95	77.72
100-00-53100-354-000	Streets Equip Maint (Non-Offc)	105.15	8,328.25	32,000.00	23,671.75	26.03
100-00-53100-361-000	Streets Building Maintenance	16.58	1,804.83	1,500.00	-304.83	120.32
100-00-53100-362-000	Streets Grounds Maintenance	0.00	874.97	1,500.00	625.03	58.33
100-00-53100-390-000	Streets Miscellaneous	333.83	1,050.76	2,000.00	949.24	52.54
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	5,156.25	7,000.00	1,843.75	73.66
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	291.48	500.00	208.52	58.30
100-00-53320-354-000	Ice Equipment Maint-Non Office	0.00	1,219.66	4,000.00	2,780.34	30.49
100-00-53320-371-000	Ice Salt/Sand	0.00	13,138.17	25,000.00	11,861.83	52.55
100-00-53320-372-000	Ice Contingency for Snow	0.00	300.00	8,000.00	7,700.00	3.75
100-00-53320-390-000	Ice Miscellaneous	0.00	0.00	0.00	0.00	0.00
100-00-53330-221-000	Signals Electricity	0.00	1,165.74	600.00	-565.74	194.29
100-00-53330-240-000	Signals Maint/Repair	0.00	0.00	2,500.00	2,500.00	0.00
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	0.00	4,156.95	2,500.00	-1,656.95	166.28
100-00-53340-390-000	Storm Miscellaneous	0.00	62.40	1,000.00	937.60	6.24
100-00-53420-221-000	Street Lights Electricity	1,183.50	27,737.77	75,000.00	47,262.23	36.98
100-00-53420-240-000	Street Lights Maint/Repair	33.00	226.13	4,000.00	3,773.87	5.65
100-00-53420-354-000	Strt Lghts Equip Maint-Non Off	0.00	840.07	1,500.00	659.93	58.00
100-00-53420-373-000	Street Lights Installation	0.00	0.00	0.00	0.00	0.00
100-00-53420-390-000	Street Lights Miscellaneous	0.00	4.00	1,000.00	996.00	0.40
=====						
Streets		3,541.50	246,508.14	692,583.00	446,074.86	35.59
=====						
610-00-57510-000-600	Source Salary/Wages	0.00	3,487.23	8,994.00	5,506.77	38.77

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
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	16.64	1,175.61	1,500.00	324.39	78.37
610-00-57510-000-605	Source Building Maintenance	102.66	1,353.80	3,250.00	1,896.20	41.66
610-00-57520-000-620	Pumping Wage/Salary	0.00	3,487.23	8,994.00	5,506.77	38.77
610-00-57520-000-621	Pumping-Fuel for Power Prod	802.46	5,036.85	3,500.00	-1,536.85	143.91
610-00-57520-000-622	Pumpg-Fuel/Pwr Prchsd for Pump	1,176.93	12,012.36	35,000.00	22,987.64	34.32
610-00-57520-000-623	Pumping Operation Supplies/Exp	15.25	153.50	3,000.00	2,846.50	5.12
610-00-57520-000-625	Pumping Maint of Plant	0.00	0.00	500.00	500.00	0.00
610-00-57530-000-630	Treatment Salary/Wages	0.00	3,487.23	8,994.00	5,506.77	38.77
610-00-57530-000-631	Treatment Chemicals	0.00	12,454.59	44,000.00	31,545.41	28.31
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	0.00	3,487.23	8,994.00	5,506.77	38.77
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	9.37	9.37	0.00	-9.37	0.00
610-00-57540-000-651	T&D Maintenance Mains	2,465.38	4,087.86	15,000.00	10,912.14	27.25
610-00-57540-000-652	T&D Maintenance of Services	0.00	326.16	6,000.00	5,673.84	5.44
610-00-57540-000-653	T&D Meter Purchases/Maint	0.00	2,686.16	1,500.00	-1,186.16	179.08
610-00-57540-000-654	T&D Hydrant Maintenance	0.00	809.60	2,500.00	1,690.40	32.38
610-00-57540-000-655	T&D Maintenance of Other Plant	0.00	0.00	1,000.00	1,000.00	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	1,299.30	5,000.00	3,700.70	25.99
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	0.00	37,768.27	101,452.00	63,683.73	37.23
610-00-57570-000-921	Water Office Supplies	46.78	3,729.38	20,000.00	16,270.62	18.65
610-00-57570-000-923	Outside Services Contracted	200.00	7,702.88	10,000.00	2,297.12	77.03
610-00-57570-000-924	Water Ins-Property	0.00	14,017.97	14,017.97	0.00	100.00
610-00-57570-000-926	Water FICA/Medicare	0.00	4,202.83	10,265.00	6,062.17	40.94
610-00-57570-000-928	Regulatory Commission Exp	125.00	125.00	500.00	375.00	25.00
610-00-57570-000-930	Water Miscellaneous	5.00	600.74	500.00	-100.74	120.15
610-00-57570-000-931	Water Telephone/Fax	85.96	959.14	800.00	-159.14	119.89
610-00-57570-000-933	Water Transportation	0.00	7,491.95	10,000.00	2,508.05	74.92
610-00-57570-000-935	Water Maintenance of Plant	0.00	0.00	500.00	500.00	0.00
610-00-57570-001-926	Health Ins	0.00	15,062.65	34,443.00	19,380.35	43.73
610-00-57570-002-926	FSA Contribution	0.00	1,152.22	2,733.00	1,580.78	42.16
610-00-57570-003-926	Dental Insurance	0.00	1,368.96	2,738.00	1,369.04	50.00
610-00-57570-004-926	Vision Insurance	0.00	376.14	753.00	376.86	49.95
610-00-57570-005-926	WIS Retirement	0.00	7,589.37	15,565.00	7,975.63	48.76
610-00-57570-006-926	Training, Travel	80.00	2,654.51	2,000.00	-654.51	132.73
Water		5,131.43	160,156.09	384,742.97	224,586.88	41.63
620-00-57310-000-820	Supervision & Labor	0.00	0.00	0.00	0.00	0.00
620-00-57310-000-821	Power & Fuel for Pumping	1,049.30	44,428.66	98,500.00	54,071.34	45.11
620-00-57310-000-822	Power & Fuel for Aeration Equ	0.00	249.98	0.00	-249.98	0.00
620-00-57310-000-823	Chlorine	0.00	0.00	0.00	0.00	0.00
620-00-57310-000-824	Phosphorous Removal Chemicals	5,376.47	31,889.10	0.00	-31,889.10	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

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
620-00-57310-000-827	Other Operating Supplies/Exp	31.89	2,691.89	12,000.00	9,308.11	22.43
620-00-57310-000-828	Transportation	0.00	7,559.96	10,500.00	2,940.04	72.00
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	978.00	12,971.76	85,000.00	72,028.24	15.26
620-00-57320-000-832	Maint Collection Pumping Equip	0.00	2,126.00	5,000.00	2,874.00	42.52
620-00-57320-000-833	Maint of T&D Plant Equip	0.00	700.00	5,000.00	4,300.00	14.00
620-00-57320-000-834	Maint Of Plant,Structures,Equi	452.58	1,495.16	7,500.00	6,004.84	19.94
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	1,000.00	1,000.00	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	0.00	55,018.11	138,160.00	83,141.89	39.82
620-00-57340-000-851	Office Supplies/Expenses	87.71	6,698.92	30,000.00	23,301.08	22.33
620-00-57340-000-852	Hired/Contractual Services	470.00	4,748.15	10,000.00	5,251.85	47.48
620-00-57340-000-853	Insurance-Property & Liability	0.00	14,018.00	14,018.00	0.00	100.00
620-00-57340-000-854	Sewer FICA/Medicare	0.00	4,461.97	10,267.00	5,805.03	43.46
620-00-57340-000-855	Sewer Regulatory Commission	3,554.97	3,554.97	5,000.00	1,445.03	71.10
620-00-57340-000-856	Sewer Miscellaneous	91.07	676.03	2,000.00	1,323.97	33.80
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	85.97	1,059.36	500.00	-559.36	211.87
620-00-57340-001-854	Health Ins	0.00	15,062.65	34,443.00	19,380.35	43.73
620-00-57340-002-854	FSA Contribution	0.00	1,160.57	2,733.00	1,572.43	42.47
620-00-57340-003-854	Dental Insurance	0.00	1,368.90	2,738.00	1,369.10	50.00
620-00-57340-004-854	Vision Insurance	0.00	376.08	753.00	376.92	49.94
620-00-57340-005-854	WIS Retirement	0.00	8,041.78	15,568.00	7,526.22	51.66
620-00-57340-006-854	Training, Travel, Education	0.00	264.70	1,000.00	735.30	26.47
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	Payment in Lieu of Taxes	0.00	0.00	5,048.00	5,048.00	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	31,698.00	138,519.22	292,467.06	153,947.84	47.36
620-00-58200-000-428	Amor 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 Chrgd to Construction-Cr	0.00	0.00	0.00	0.00	0.00
Sewer		43,875.96	359,141.92	789,195.06	430,053.14	45.51
100-00-55300-110-000	Sum Rec Salary/Wages	0.00	0.00	32,000.00	32,000.00	0.00
100-00-55300-130-000	Sum Rec FICA/Medicare	0.00	0.00	2,424.00	2,424.00	0.00
100-00-55300-220-000	Sum Rec Transportation	0.00	0.00	5,700.00	5,700.00	0.00
100-00-55300-224-000	Sum Rec Telephone/Fax	0.00	5.49	200.00	194.51	2.75
100-00-55300-310-000	Sum Rec Office Supplies	0.00	465.00	550.00	85.00	84.55
100-00-55300-330-000	Sum Rec Educ/Trng/Travel	0.00	0.00	1,150.00	1,150.00	0.00
100-00-55300-390-000	Sum Rec Miscellaneous	0.00	68.75	2,000.00	1,931.25	3.44
100-00-55300-395-000	Sum Rec Arts/Crafts	60.15	60.15	500.00	439.85	12.03

Account Number		2013 June	2013 Actual 06/07/2013	2013 Budget	Budget Status	% of Budget
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	400.00	400.00	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	0.00	1,500.00	1,500.00	0.00
100-00-55300-814-000	Sum Rec Baseball Equip/Uniform	0.00	0.00	4,300.00	4,300.00	0.00
=====						
	Summer Rec	60.15	599.39	52,324.00	51,724.61	1.15
=====						
	Total Expenses	57,746.90	1,496,322.71	3,842,133.33	2,345,810.62	38.95
=====						
	Net Totals	-57,746.90	-1,496,322.71	-3,842,133.33	-2,345,810.62	38.95

Economic Development Incentive Policy

Section I. Purpose:

This policy establishes general procedures and requirements to govern the fair, effective and judicious use of incentives by the City in order to help meet its economic development goals. City of Mauston is committed to the following economic development goals:

- job growth
- increasing the tax base
- decreasing retail leakage
- attracting high-skilled jobs in expanding industries

Section II. Objectives:

The City maintains its primary obligation is to the tax-payer. In evaluating any economic development project and the use of incentives, the City will meet the following objectives.

A. Purpose of Incentives:

The City of Mauston sees two distinct but complementary categories of development, commercial and industrial. The justification for incentives differs slightly between the two.

- ***For Commercial Development-*** to increase the City's tax base and to increase the market presence of services and products statistically lacking in the area.
- ***For Industrial Development-*** to increase the City's tax base and to create stable well-paying jobs for current and future residents

B. Use of Public Funds:

Public funds are to benefit the public and any incentive should provide a benefit equal to or exceed the value of the public funds invested. There should be a direct measurable relationship between the incentive and the public purpose or goal to be achieved.

C. Exhaust Outside Funding Sources First:

The primary funding source should be private. All efforts should be directed seeking private financing first before seeking public assistance. Potential partnership with the County, State and Federal government will always be evaluated to maximize resources. By exhausting outside funding sources first any municipal incentive will be based on needs of the developer and or a desired outcome of the community.

D. Retail Competition:

The City will neither discourage nor encourage competition, with one exception. The City may provide incentives to developers when market analysis suggests there is a lack of service or product in the area. This is typically best identified when a significant share of the market leaks outside of the community.

E. Compliance with the Law:

Regardless of the type of development the Council expects and will adhere to compliance with all applicable local, State, and Federal regulations and zoning codes

Section III. Economic Development Incentives

All incentive packages are calculated based on the number of full-time jobs created and the incremental increase in the local tax base. No incentive amount will exceed the projected five-year tax base increase. All incentive packages will require execution of a developer's agreement which may include recorded liens on property and/or collateral. Several types of incentives are available either individually or in various combinations. These incentives include:

- **Provide Land and Property:** The City of Mauston has several pieces of real estate for sale that are ready for development. These properties are located in our West Industrial Park and East Commercial/Business Park. There are also privately owned properties within these Parks that are available for purchase. The Council is willing to negotiate with potential developers. Assistance as liaison between developers, private owners, local lending institutions, and State and Federal agencies is available if requested.
- **Site Preparation Including Reasonable Infrastructure Improvements:** The City of Mauston is willing to work in conjunction with the developer's engineering representatives to create reasonable cost effective infrastructure options. Provision of materials and expertise resources may be negotiated, including fill material, environmental investigations, wetland investigations, permitting processes, etc. Site preparation will be contingent on existing within the Tax Increment Financing District.
- **Low Interest Loan:** The City of Mauston has a revolving loan program designed to assist businesses with start-up costs and expansion. Available funds are loaned at a low interest rate and structured to have affordable payments over the loan period. The maximum amount of each loan is determined by the funds available at the time of the loan and the number of full-time or full-time equivalent jobs created.
- **Grants or Forgivable Loans** This type of incentive is offered for industrial development only. It requires a significantly detailed business plan, successful background investigations of the owners and/or partners, significant job growth projections, and a type of industry tailored to the community.
- **Tax Abatement:** The City may provide relief by partial forgiveness or reimbursement of real estate taxes for a period of up to five (5) years. The form and percentage of tax relief is calculated based on the number of full-time jobs created, the cost of the development, and the expected increase to the City's tax base. Incentives are structured in annual installments up to the five year period.

Section IV Developers Agreements:

All incentive packages will require a fully executed developer's agreement outlining the responsibilities of each party, the expectations of the development, and repayment terms if applicable. The following outline provides the general steps for the creation of a developer's agreement:

1. The Developer will meet with the City Administrator and discuss the general plan. If the Developer has not already, the City Administrator will encourage the developer to provide a project plan. The City Administrator will also brief the Council of the potential interest.
2. Developer will provide a project plan that:
 - summarizes the project,
 - demonstrates the financial and professional capability to complete the project,

- proposes a timeline for project completion, and
- provides a summary of project benefits to and assistance requested from the City.

The City will review the project plan, and clarify any questions.

3. The Plan will then be brought to Council in Closed Session. The applicant is expected to attend the Council Meeting to answer questions. After discussion with the Developer, Council will then discuss. The City Administrator will offer recommendations to Council as far as potential incentives. Council will then provide direction to both the City and Developer in drafting an agreement.
4. The City will begin to draft an agreement and submit to the developer for review and comments.
5. Before execution of a developer's agreement, the applicant should be aware it is conditional on the City satisfactorily completing a background check on the company or individual applying for the incentive.
6. Once the terms of the developer's agreement are finalized on paper, the agreement will once again come before Council for review and a vote. The applicant is once again encouraged to attend the meeting.

Depending on the type of incentive additional documents may be recorded with the Register of Deeds. Negotiated reporting requirements will be the responsibility of the business to provide to the City. Failure to provide the required information in a format acceptable to the reviewer will constitute a breach of contract. The agreement will be determined null and void and any outstanding repayments will become due immediately.

MAYOR'S ITEMS



Juneau County Community Choir
juneaucountychoir@gmail.com
Rhonda Schroeder (608) 575-6237
Diane Kropiwka (608)548-3334

[REDACTED]

Dear [REDACTED]

Appreciating that singing is found many aspects of our daily life including education and community, the development of a community choir is underway. This initiative will serve our population as an outlet for local talent and the opportunity to support cultural arts in our communities.

The Juneau County Community Choir is in the early stages of development and we are looking for direction and assistance from our neighbors and friends to make the choir a success. Your name has been referred as a person who has musical experience and may be interested in being an integral part of the choir. At this time we are in need of a choral director, accompanist and singers of all talent levels. It is our hope that multiple directors and/or accompanists will participate, so that everyone involved can have the opportunity to sing for the joy of singing.

An organizational meeting is scheduled for June 18, 2013 at 7:00 p.m. in the Mauston High School Commons and we welcome anyone who is interested in participating. The choir will sing fun and familiar songs to entertain at special county and community events. Our first concert is scheduled for the Riverside Park dedication on August 23, 2013 where we plan to sing the National Anthem.

We hope you are able to share your talent and love of music with the communities in Juneau County and look forward to hearing from you. If you have any questions or suggestions please do not hesitate to contact Diane Kropiwka at (608) 548-3334 or Rhonda Schroeder at (608) 575-6237 or send an e-mail to: juneaucountychoir@gmail.com

Feel free to share this information and invitation with your friends and family who might be interested in singing with and/or assisting with the choir.

We're excited about this project where people can come together to share a common interest, build and strengthen new relationships, and share the love of music with everyone in Juneau County!

Sing on!

Diane and Rhonda

ADMINISTRATOR'S ITEMS



SHEERWIND

CHANGING THE COURSE
OF POWER GENERATION

**SheerWind's patented INVELOX
technology generates electrical
power less than 3¢ per KWh.**



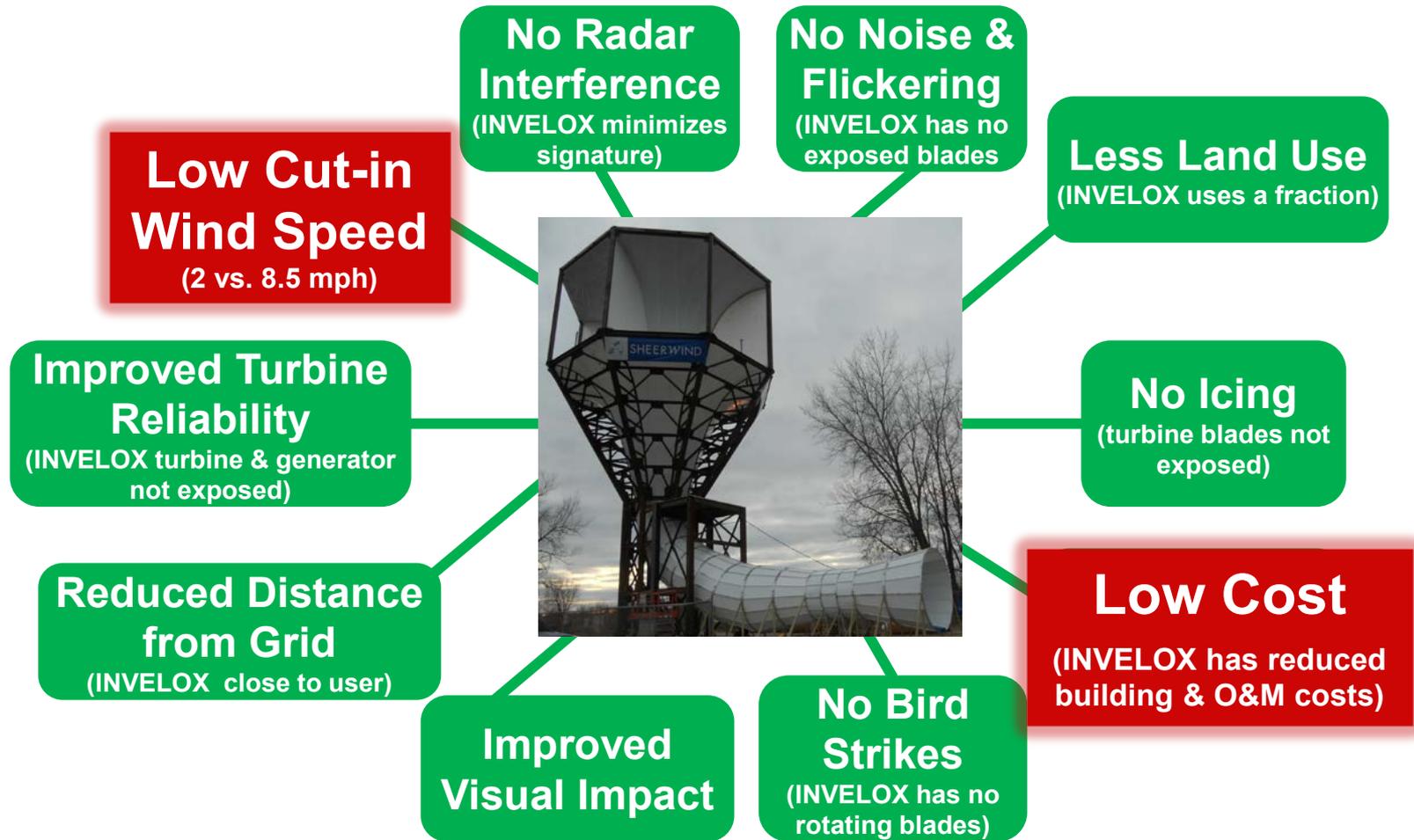
**SUSTAINABILITY
AWARD WINNER**
2011 Cleantech Open
North Central Region

2012
MINNESOTA'S
teKNE
AWARDS RECIPIENT

INVELOX solves all the current problems



INVELOX Solves Traditional Wind Power Issues



INVELOX Outperforms Traditional Wind Systems

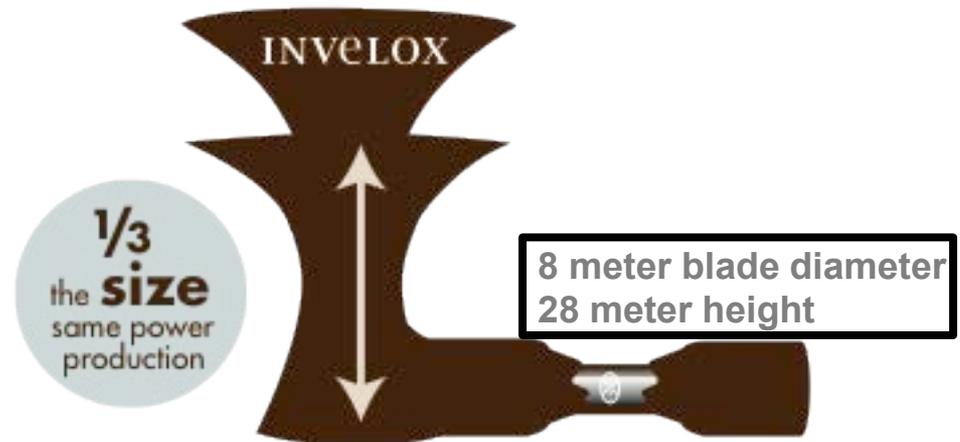
Traditional Turbine

- 1.8 MW tower
- 80 acres land per tower
- Cut-in speed 8.5mph

85 meter blade diameter
90 meter height

INVELOX System

- 1.8 MW tower
- 10 acres land per tower
- Cut-in speed 2 mph



SheerWind Products

Applications	SheerWind Product
Commercial Buildings 5–200 KW Cost: \$2 to \$10/W	Single Omnidirectional Multi-Stage Omnidirectional
Community Wind 100–500 KW Cost: \$2 to \$10/W	Single Omnidirectional Multi-Stage Omnidirectional
Military, FEMA, Homeland Security 500–2000 W Cost: \$5 to \$15/W	Rapid Deployment Omnidirectional
Retrofitting Projects Silos, Smokestacks, Cell Towers, Wind Towers, Water Towers Cost: \$0.5 to \$2/W	Single Omnidirectional Multi-Stage Omnidirectional
Utility Scale INVELOX 1.0–7.0 MW Cost: \$2/W	Single Omnidirectional Multi-Stage Omnidirectional

SheerWind Project Requests

Power Providers/Developers

- 100 Megawatt, India
- 38 Megawatt, Illinois, USA
- 5 Megawatt, Turkey
- 3 Megawatt, India
- 100 Kilowatt, Czech Republic
- Sites in New Zealand

Municipalities

- 200 Kilowatt, Minnesota, USA
- 100 Kilowatt, Pennsylvania, USA

Cellular Towers

- Sites in non-grid connected areas, USA and international

Commercial/Industrial Buildings

- 4 Megawatts, MN, USA
- 2 Megawatt, Pennsylvania, USA
- 2 Megawatt, New Mexico, USA
- 700 Kilowatt, Wisconsin, USA
- 400 Kilowatt, Pennsylvania, USA

Farm

- 500 Kilowatt, Nevada, USA

Military

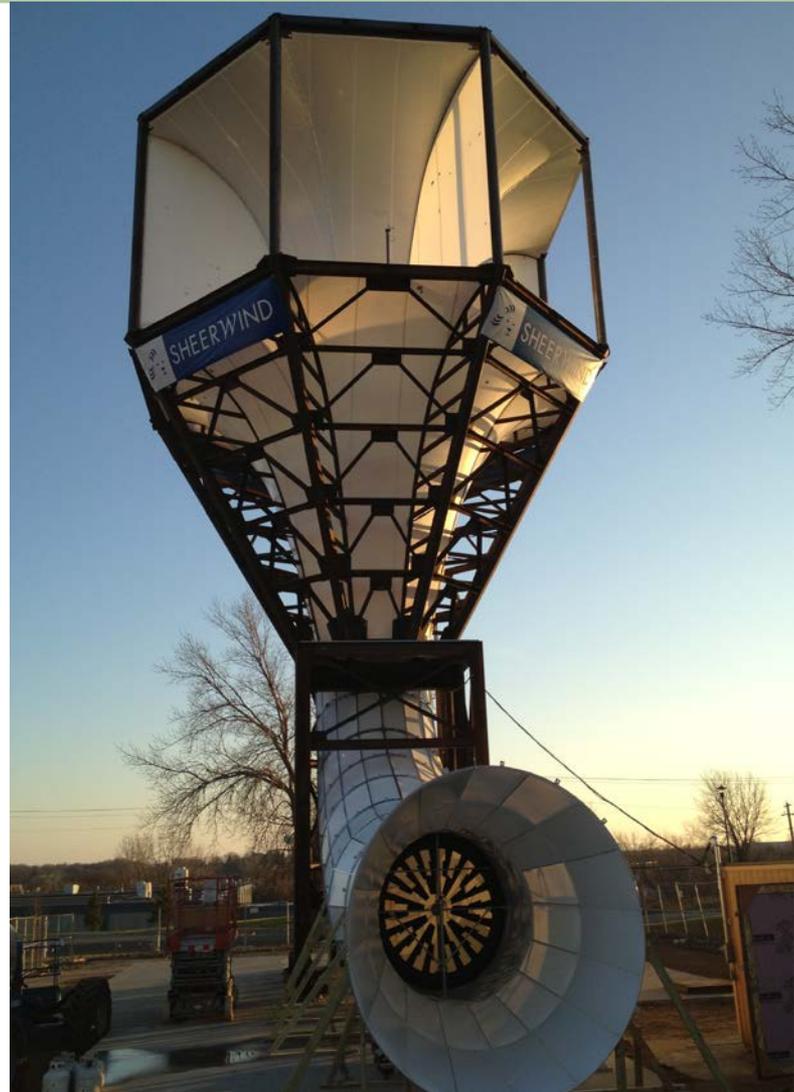
- National Guards in New Hampshire, New Jersey, Michigan, Kansas, and Washington.

INVELOX Commercial System 100 Kilowatt to 7 Megawatt

Power: 0.1 to 7 MW

Applications:

- **Communities**
- **Government Facilities**
- **Education Facilities**
- **Industrial Parks**
- **Processing Plants**
- **Manufacturing Plants**
- **Data Centers**
- **Retail Stores**
- **Shopping Malls**
- **Utility Scale Power Plants**
- **Developing Countries**



[Video](#)

Rapid Deployable (Collapsible) INVELOX

Power: 0.5 to 5 KW

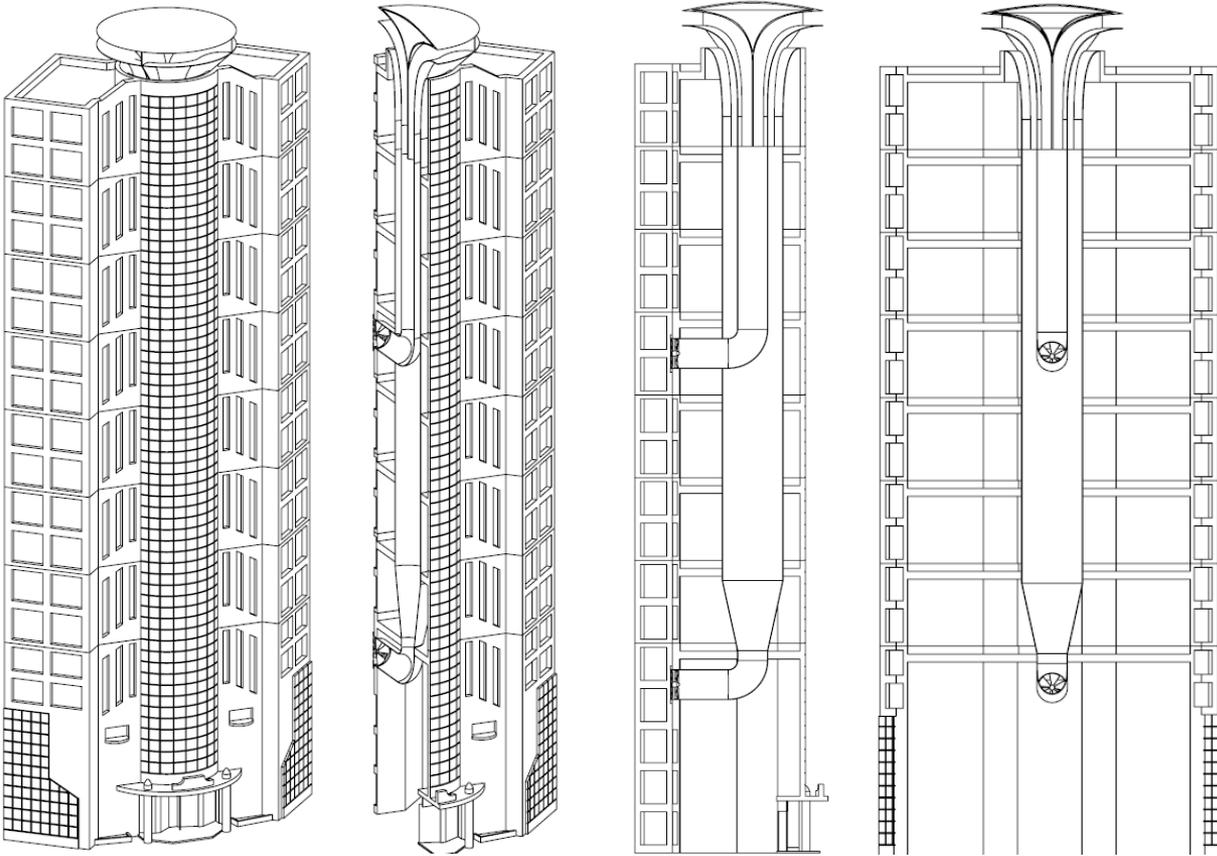
Applications:

- **FEMA**
- **Military**
- **Homeland Security**
- **Remote Areas**
- **Emerging Countries**
- **Off-Grid Sites**



INVELOX for Buildings

Intake is integrated into roof structure

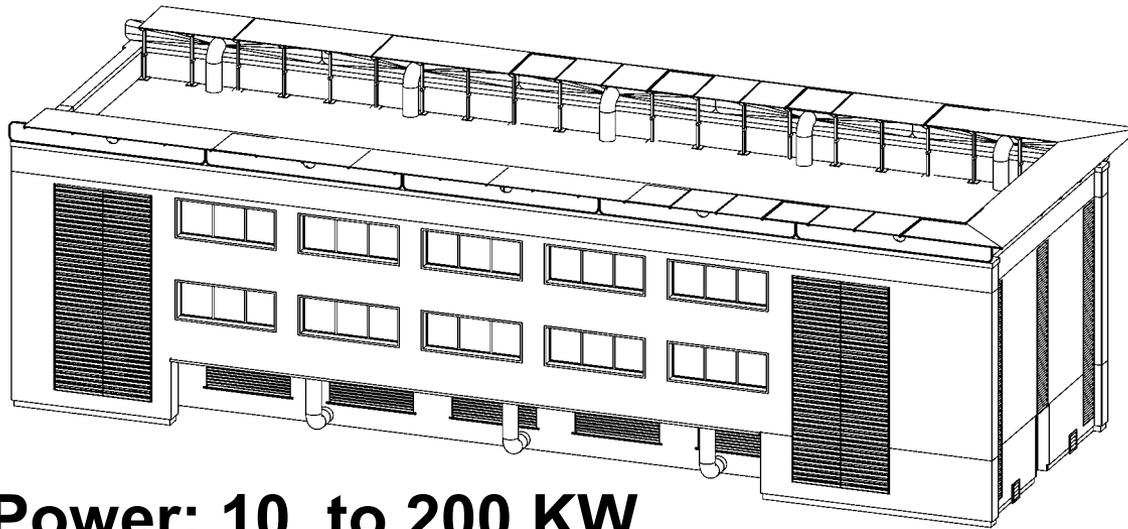


SheerWind Drawings

Examples

INVELOX for Buildings

Intake integrated along the edge of the roof

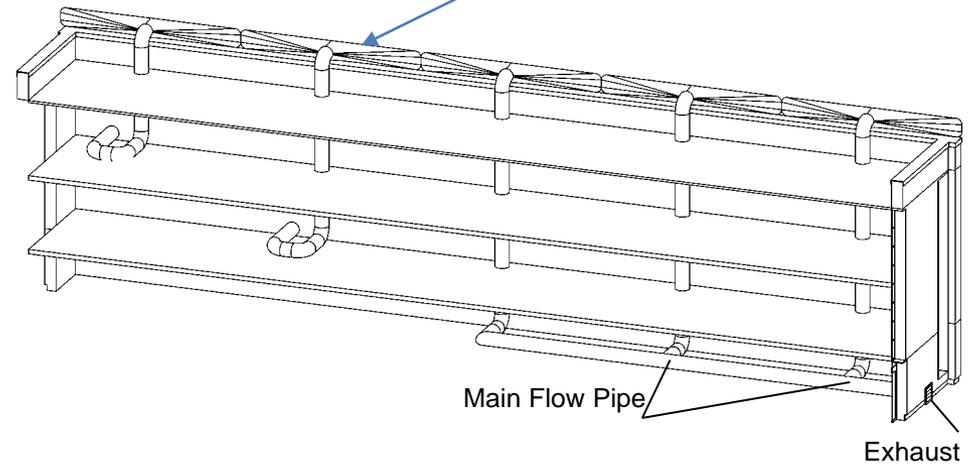


Intakes can be omnidirectional or unidirectional

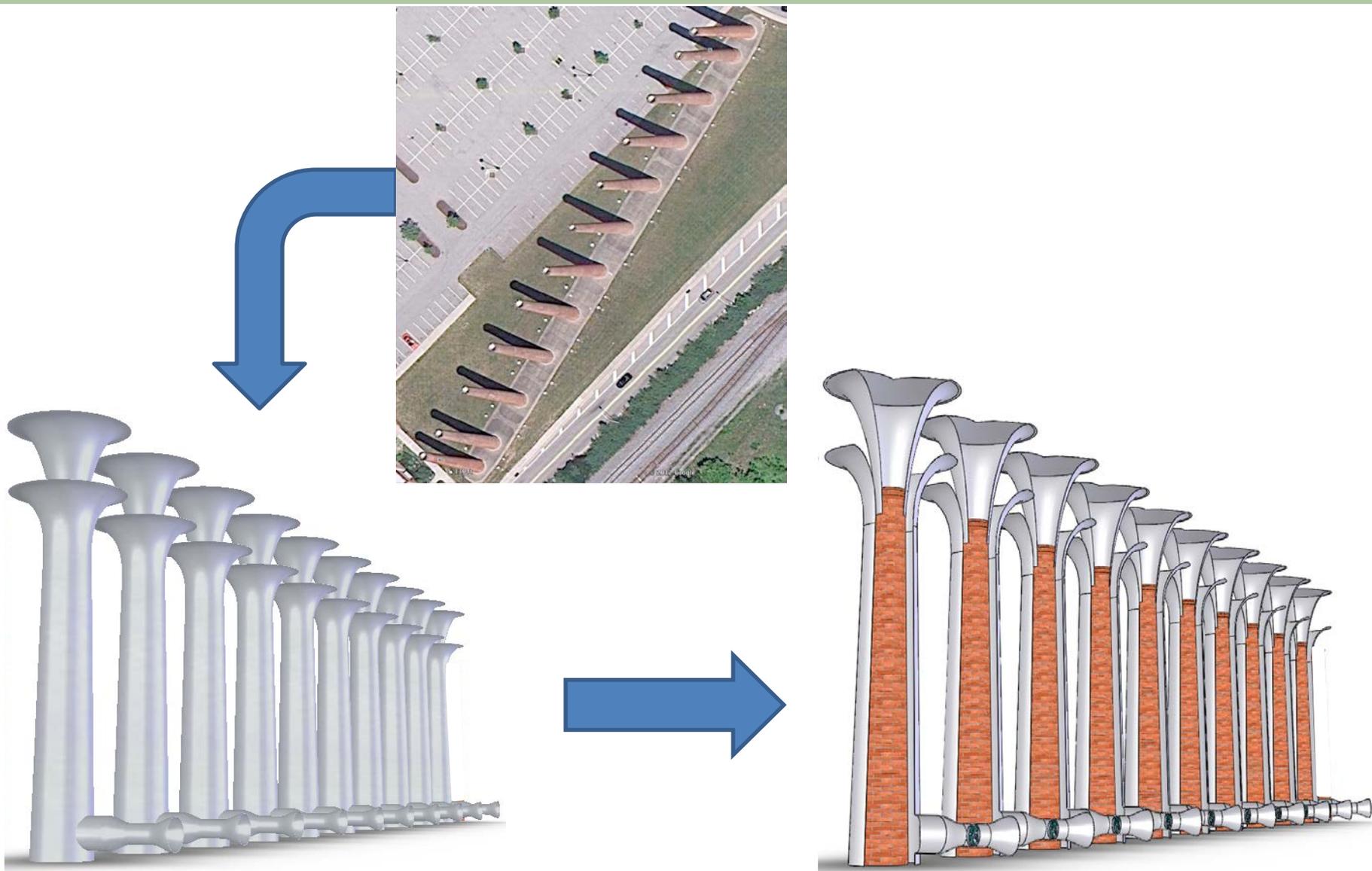
Power: 10 to 200 KW

Applications:

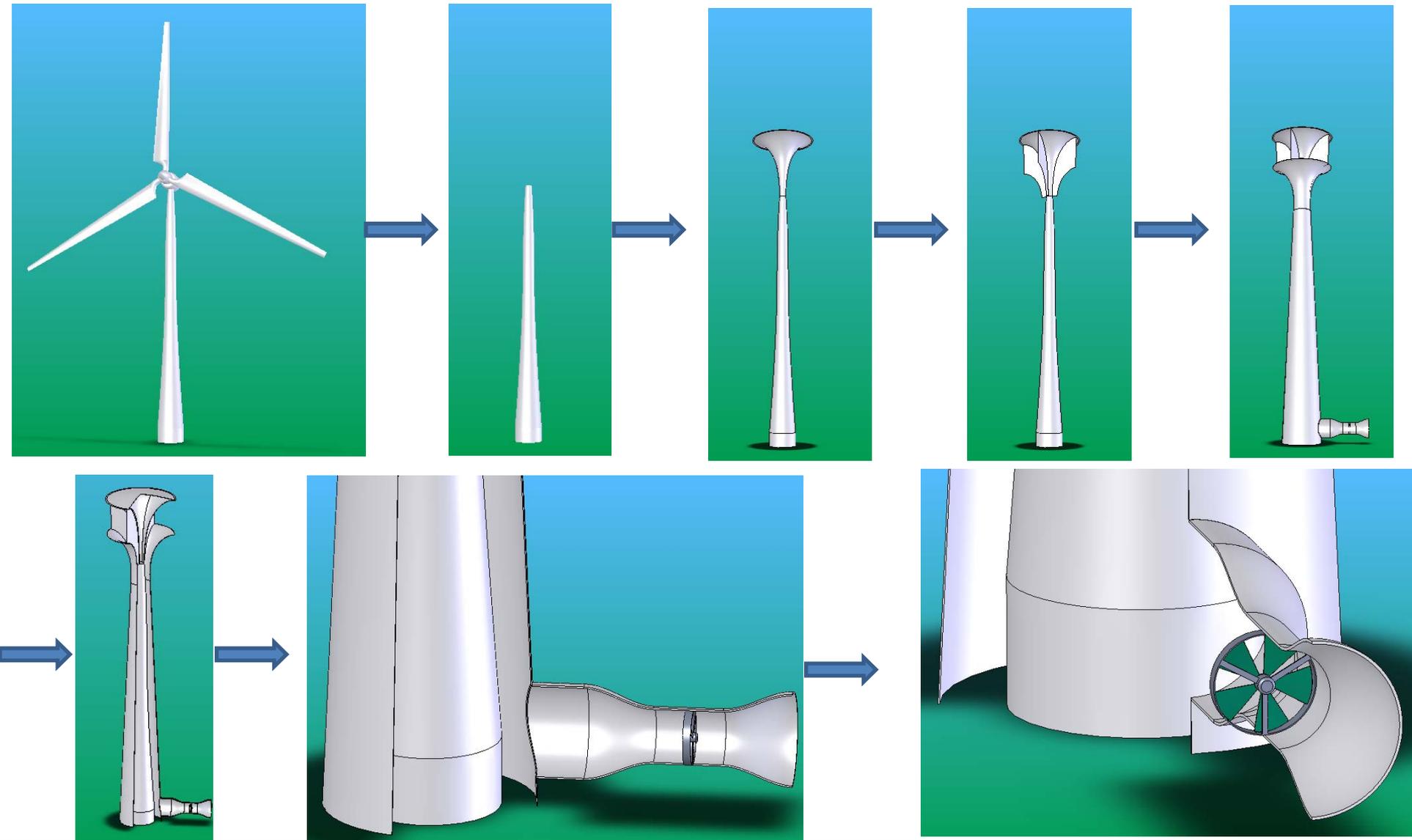
- Office Buildings
- Hospitals / Clinics
- Hotels / Multi-Tenant
- Retail / Grocery Stores
- Industrial Buildings



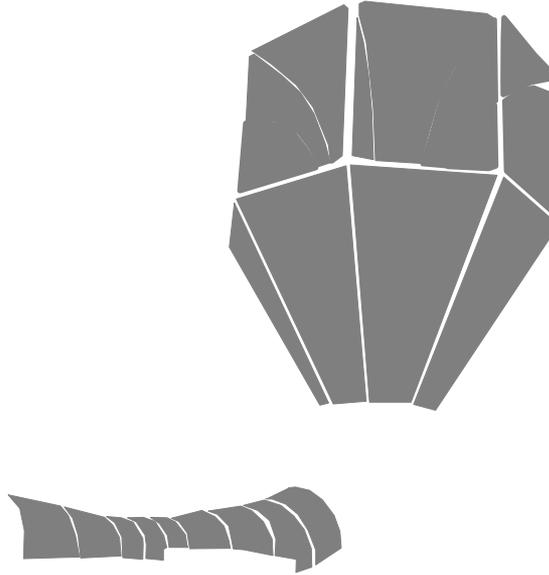
INVELOX for Retrofitting Smokestacks



INVELOX for Retrofitting Traditional Wind Towers

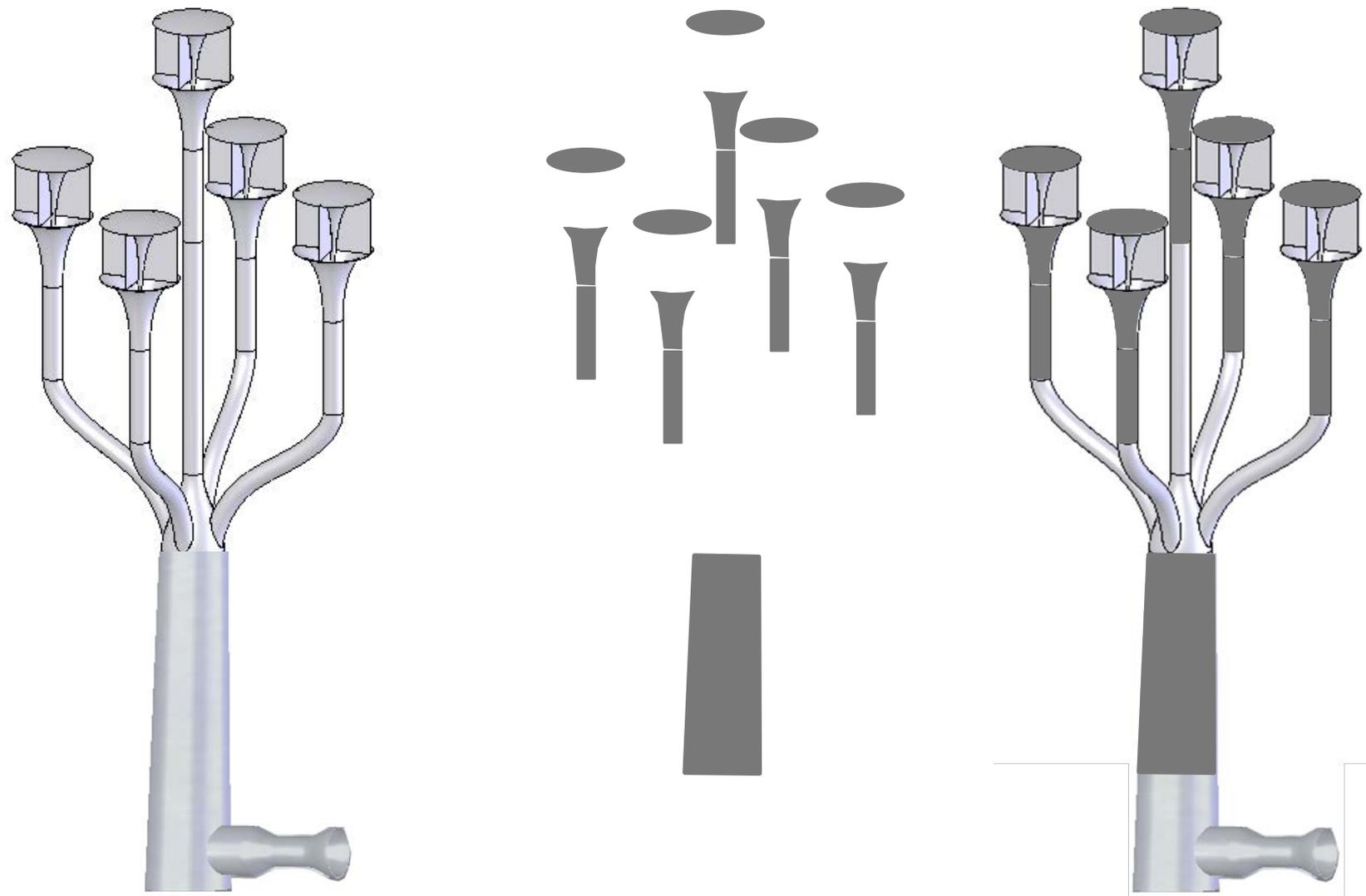


Hybrid Solar-Wind INVELOX: Community Solution



Wind INVELOX

Hybrid Solar-Wind INVELOX: Public Art



Wind Artwork NVELOX

SheerWind is Ready For Business: External Team/Contractors

✓ Design & Engineering Firms

AMEC, QRDC, & Outland Energy

✓ Manufacturing Firms

Hutchinson Manufacturing,
C&C Machine, Baraboo Tent & Awing

✓ Construction

AMEC, VJS Construction, and Sprung

✓ Analysis and Wind Tunnel

QRDC, City University of New York,
St. Anthony Falls Laboratory-U of MN,
Wright Brothers Wind Tunnel-MIT

✓ Computational Fluid Dynamic

Minnesota Supercomputing Inst. & QRDC

✓ Logistics and Retrofitting

Crane World Wide, Matrix Wind Solutions

✓ Legal, Financial, and Marketing

Gray Plant Mooty, KDV, C.C. Scholz Design,
Olson Energy, Collings & Monney
The Spectrum Group

✓ Communities Interested

Osceola (WI), Hutchinson (MN),
Swan Point (MD), El Paso (TX),
Dubois County (IN), Royalton (MN)



SheerWind Management Team



Dr. Daryoush Allaei, PE

Founder, Chief Executive Officer

25 years of Technology & Business Development,
20 US Patents & 15 International Patents,
MSME, Ph.D., Purdue University



Mark Borman,

Chief Financial Officer

Startup, Private Equity,
IPO, Public Companies



Cyndi Leshner,

Chief Administrative Officer

Former President NSP/Xcel Energy



Col. Steve Hill (Ret),

Chief Operating Officer

Former Chief of Staff
for Army Corps of Engineers



Mohan Natarajan,

Vice President Corporate Development

Former Senior finance executive at ExxonMobil
and MD at investment
firm LN Holdings

SheerWind Board and Advisors

Board of Directors:



James J. Howard, Chairman
*Former CEO/Chairman
Xcel Energy*



Craig Mataczynski
*CEO Gradient Resources,
Former CEO of RES*



Ritchie Tabachnick
*President
Equipment & Controls Africa*



Joe Lawyer
*Former US Steel Executive
Board Member of Private
and Public Companies*



Jay Novak
*Advisor, Aethlon Capital,
Former Publisher/Editor
Twin Cities Business*



Dr. Daryoush Allaei

Advisors:

Technical Advisors:

Dr. David Porter, *Senior Scientist,
Minnesota Supercomputing Institute, UofMN*

Dr. Ali Sadegh, *Professor and Director,
Center for Advanced Engineering Design and
Development, Mechanical Engineering, CUNY*

Dr. Yiannis Andreopoulos, *Professor,
Department of Mechanical Engineering, CUNY*

Dr. Bob Crowe, *Former DARPA Program Manager,
Former NRL Program Manager*

Business Advisors:

Daniel Tenenbaum, *Attorney, GPM P.A.*

Nazie Eftekhari, *President, HealthEz*

Jeff Robbins, *Partner, M & K P.A.*

Paul Seppanen, *Former President of BES*

Clay Parker, *CEO of Sciogen Holdings*

Dr. Jamshid Vayghan, *CTO at IBM*

We Are Ready To Meet Your Power Needs

- **INVELOX Has Multiple Applications**
- **Watts to Megawatts**
- **Imagine Your Power Need**
- **We Design INVELOX for You**
- **Strong Team Ready to Deploy**
- **Creates Savings and Jobs in Your Community**
- **Customer Forms Available to Design Your INVELOX**

Imagine How SheerWind Can Power Your Needs....

Industrial Parks

Schools

Farms / Silos

Rapid Deployment

Urban Buildings

Retail Stores

Rural Communities

Military

Commercial Buildings

Ships

Islands / Offshore

Homeland Security

Water Towers

Clean, Affordable Energy

FEMA

Cellular Towers

**for Anyone,
Anywhere**

Emergency Power

Retrofit Wind Towers

Emergency Medical

Retrofit Smokestacks

Remote / Off-Grid Locations

Disaster Recovery

Public Art Works

Emerging Countries

Water Treatment

Consumer Products

Economic Development

Hospitals / Clinics



SHEERWIND

CHANGING THE COURSE
OF POWER GENERATION

**SheerWind's patented INVELOX
technology generates electrical
power less than 3¢ per KWh.**



**SUSTAINABILITY
AWARD WINNER**
2011 Cleantech Open
North Central Region

2012
MINNESOTA'S
teKNE
AWARDS RECIPIENT

MAUSTON CITY COUNCIL - STRATEGIC PLANNING SESSION 2013

The following outlines and highlights the discussion and initiatives that were identified at the 2013 strategic planning meeting. The following information will be incorporated in this year's budget document and intended to give staff direction and priorities for the year.

SWOT Analysis:

<p><i>Strengths (Swot)</i></p> <ul style="list-style-type: none"> • Good Public Works-Police-Fire • Local Radio Station • Infrastructure • "Availability " of tourism • Elected Management • Financially Sound • Good School • Medical Facility • Parks and Summer Rec • Churches • Central Location • Quality of People (not Dan) 	<p><i>Weaknesses (sWot)</i></p> <ul style="list-style-type: none"> • Lack of Retail Businesses • Entertainment and Food • Unskilled Workforce • Low Wages • Housing – quality rentals • Median Age • Better Enforcement of Ordinances • Lack of Desire to Work • Low Income Housing
<p><i>Opportunities (swOt)</i></p> <ul style="list-style-type: none"> • Planned expansions (industrial park) • Revitalization of downtown. Mansion Street Project and retail • Ready-to-build sites • Woodside Sports Complex • Lake Decorah Improvements • Field of Dreams Developer • Develop More Kid Programs • Develop One Annual Celebration • Coordinated Efforts for Outdoor Opportunities • Tourism Traffic • I 90/94 Mauston Growth • Utilization of Park System 	<p><i>Threats (swOT)</i></p> <ul style="list-style-type: none"> • Unkempt Properties • Control of Drug Trafficking • Railroad Traffic for Hazards • Transients from Interstate • Deteriorating Social Society "Violence" and Social • Under-utilized or Empty Businesses • Stray Animals • County Relationships

Identified City Priorities by Common Municipal Goals

Within the seven common municipal goals the following priorities were identified. Quality of Life and Economic Development had the greatest amount of suggested priorities and also ranked highest during the initial vote for priorities:

Economic Development/Smart Growth	47
Attract Better Paying Jobs	15
Attract Multiples of Businesses (competition)	-

Retail Development on Gateway Ave east of Interstate	-
Develop Field of Dreams	-
Promote & Partner w/ Woodside	10
Relocate Vacuum Platers	-
Restaurant/Dining (semi-upscale)	12
Downtown Improvements Establish Connection with Gateway Ave and 58 North	10
Quality of Life	39
<i>Community and Neighborhood Livability</i>	
Reduce Dilapidated Buildings (inspect/repair/tear-down)	25
Notify Rental Property Owners of Citations – create accountability	-
<hr/>	
Improve Curb Appeal of Homes	-
<i>Culture and Recreation</i>	
Community/Gathering Center w/Pool	5
More Opportunities for recreation and exercise for kids year-round	-
Veterans' Memorial Park	-
Capitalize on Natural Resources	-
<i>Beautification</i>	
Dredge Lake Decorah	5
Pedestrian Bridge and Boardwalk	-
Clean Up City to Set Standard for Improved Image	4
Responsible Government	12
Improve Enforcement of Ordinances	6
Strengthen County Relationships; meet/plan with community stakeholders	2
Staff Growth to Meet Needs	1
Partner with Town of Lemonweir for Room Tax	3
Environmental Responsibility	11
Become Tree City USA	6
Develop Alternate/Green Energy Uses	5
Public Safety	6
Control Drug Trafficking	3
Reduce Truancy/Vandalism	3
Transportation and Infrastructure	2
Public Safety Building	-
Lights on Gateway Ave east of Interstate	1
Continue Street Improvement Program	-
Move Elm Street Lift Station	1
Community Engagement	2
Better communication	2
Community Inclusivity	-

Ranking of Priorities

Council had the opportunity to vote on the suggested priorities. After an initial sticker vote and some discussion the Council was asked to resubmit their top three picks of initiatives by paper ballot. Provided below are the priorities ranked by each vote. Note the paper ballot we ranked weighted by preference of 1st, 2nd, or 3rd priority, and then again by the number of times it appeared on the ballot.

Initial Sticker Vote

25	Reduce dilapidated properties
15	Attract Better Paying Jobs
12	Restaurant
10	Downtown Improvements
10	Connect Downtown with Gateway Ave
10	Partner w/ Woodside Ranch
6	Enforcement of Nuisance Ordinances
6	Tree City USA
5	Dredge/Clean Lake Decorah
5	Green Energy
5	Community/Gathering Center w/Pool

Paper Ballots Weighted

11	Reduce dilapidated properties
6	Promote & Partner w/Woodside Ranch
5	Community/Gathering Center w/Pool
4	Dredge/Clean Lake Decorah
3	Attract Better Paying Jobs
2	Improve Housing
2	Tree City USA
2	Downtown Improvements
1	Shared Resources/County & School

Paper Ballots not Weighted

4	Reduce dilapidated properties
4	Dredge/Clean Lake Decorah
3	Promote & Partner w/Woodside Ranch
2	Community/Gathering Center w/Pool
1	Shared Resources/County & School
1	Attract Better Paying Jobs
1	Improve Housing
1	Tree City USA
1	Downtown Improvements

INFORMATIONAL ITEMS

PRESS RELEASE, JUNE 3, 2013

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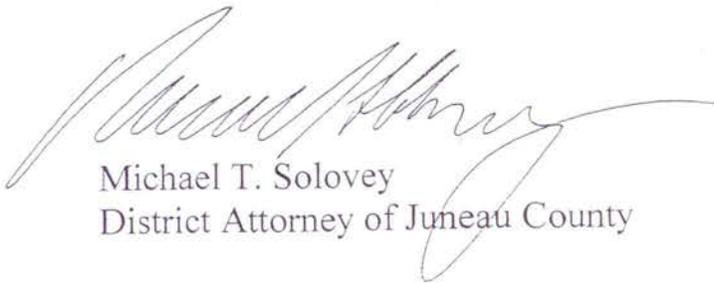
On the 3rd day of June 2013, the Juneau County District Attorney's office filed charges of First Degree Intentional Homicide, Attempted first Degree Intentional Homicide, and First Degree Recklessly Endangering Safety against Cody J. Treul, age 29, of Mauston, WI.

The victims of these attacks have been identified as Gail E. Howland, age 29, who is now deceased, and Ebony M. Lasher, age 23, who is presently in critical condition in the intensive care unit at U.W. Hospital, Madison.

The accused was scheduled to make an initial appearance on these charges before the Circuit Court of Juneau County at 2:30 p.m. on June 3, 2013.

The charges are the result of a shooting incident which reportedly occurred in the City of Mauston shortly after midnight on Friday the 31st of May, 2013. The accused was under arrest and in custody by 12:54 a.m. that same day. Credit for a quick, safe and professional response is to be given to the Juneau County Sheriff's Department; the Mauston Police Department; the Mauston Area Ambulance Association; the New Lisbon Police Department; The Elroy Police Department; the Wisconsin State Patrol; the Wisconsin Department of Justice, Division of Criminal Investigation; the Wisconsin State Crime Laboratory; and particularly to the numerous citizens who immediately came forward to volunteer their assistance and critical information leading to the identification and swift apprehension of the accused.

Further investigation into the matter is proceeding.



Michael T. Solovey
District Attorney of Juneau County