

Town of Lawrence, Regular Town Board Meeting
Town Hall 2400 Shady Court, De Pere WI 54115
Monday, June 23, 2025, at 6:00 P.M.

Discussion and Action on the following:

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Approve Agenda
5. Public Comments upon matters not on agenda or other announcements
6. Consider minutes of June 9, 2025, Town Board Meeting
7. Consideration of payment of due invoices
8. Consideration of Liquor/Cigarette License Applications for the period of the July 1, 2025 – June 30, 2026 License year.
9. Consideration of Temporary Class “B” Retailer’s License Application – Food Truck Rally at Quarry Park on June 29, 2025.
10. **Public Hearing:** Request for a Change of Zoning from Agricultural Zone (A-1) to Residential (R-1) at Lots 1, 2, and 3 of 3 Lot CSM, Parcel L-480-2 by Scott Turriff.
11. Consideration to Change the Zoning from Agricultural Zone (A-1) to Residential (R-1) at Lots 1, 2, and 3 of 3 Lot CSM, Parcel L-480-2 by Scott Turriff.
12. Review of Recommendations and Reports from Planning & Zoning Board:
 - a. Consideration of 3 Lot Certified Survey Map (CSM) at 2609 Lawrence Drive, Parcel L-480-2 by Scott Turriff.
 - b. Consideration of Sign Review for Commercial Buildings at 1740 Eisenhower & 1580 Mid Valley Drive, Parcel L-655 and L-227-A by Creative Sign.
13. Auditor Review of 2024 Annual Financial Reports - CliftonLarsonAllen
14. Consideration of Pay Request #2 – Quarry Park Culvert Replacement, DeGroot Inc. - \$41,645.30
15. Consideration of Pay Request #3 – LE 2 Improvements – Rhode Brothers - \$60,140.80
16. Consideration of Resolution 2025-004 – Sale of Land and Development Agreement to DePere Select Soccer Club LLC – Parcel L-2281, 2276 Lawrence Parkway.
17. Consideration of Resolution 2025-006 – Sale of Land and Amendment to Development Agreement to ISA Building LLC – Portion of Parcel L-2078 and L-454-3, Lawrence Parkway.
18. Consideration of Resolution 2025-007 DNR Compliance Maintenance Annual Report (CMAR) Sewer
19. Administrator/Staff Reports
20. Future Agenda Items
21. **Closed Session:** Pursuant to Ch. 19.85(1)(e) Deliberation or negotiation for the purchase of public properties, the investment of public funds, or the conduct of other specific public business, whenever competitive or bargaining reasons require a closed session (*re: emergency services agreement updates and Town Land Sales/TIF Development negotiations*).
22. Return to Regular Open Session for possible action pursuant to Ch. 19.85 (2) of Wisconsin Stats
23. Adjourn

Patrick Wetzel for Dr. Lanny J. Tibaldo

Posted at the following on June 20, 2025:

- ☒ Town Hall, 2400 Shady Ct; Posted to the Town Website;
- ☒ Notice to News Media

NOTE: Any person wishing to attend this meeting who, because of disability requires special accommodations, should contact Town Clerk-Treasurer Cindy Kocken, at 920-347-3719 at least 2 business days in advance so that arrangements can be made.

Town of Lawrence
Proceedings of the Regular Town Board Meeting
Town Hall, 2400 Shady Court, De Pere WI
Monday, June 9, 2025

1. Call to Order

The meeting was called to order by Chairman Tibaldo at 6:00 p.m.

2. Roll Call

Present In-Person

Chairman: Dr. Lanny Tibaldo

Supervisors: Lori Frigo, Kevin Brienens, Kari Vannieuwenhoven, Bill Bain

Others in Attendance: Patrick Wetzel, Administrator; Cindy Kocken, Clerk-Treasurer; Scott Beining, Building Inspector/Zoning Administrator; Kurt Minten, Public Works Director; Bryan Vander Bloomen, Assistant Fire Chief

Excused: Luke Pasterski, Mike Renkas

3. Pledge of Allegiance

4. Approve Agenda

Supervisor Brienens made the motion to approve the agenda as presented. Supervisor Bain seconded the motion. The motion carried unanimously.

5. Public Comments upon matters not on agenda or other announcements:

None.

6. Consideration of minutes of May 12 and May 29, 2025 Town Board Meetings:

Supervisor Frigo made the motion to approve the minutes of May 12, 2025 meeting as amended and May 29, 2025 meeting as presented. Supervisor Vannieuwenhoven seconded the motion. The motion carried unanimously.

7. Consideration of payment of due invoices:

Supervisor Bain made the motion to approve the payment of due invoices as presented. Supervisor Brienens seconded the motion. The motion carried unanimously.

8. Presentation of Life Saving Award by Lawrence Fire Department – Isaac Maisonet:

Assistant Fire Chief Vander Bloomen presented a Life Saving Award by Lawrence Fire Department to Isaac Maisonet.

9. Public Hearing: Repeal and Replace Ordinance 2025-003 Town Ordinance Section 300-14 Fence, Walls and Berms:

Supervisor Brienens made the motion to open the public hearing at 6:16 p.m. Supervisor Vannieuwenhoven seconded the motion. Motion carried unanimously.

Administrator Wetzel reviewed the proposed changes to the Ordinance.

Chairman Tibaldo asked is there are any questions. None heard.

Supervisor Brienens made the motion to close the public hearing at 6:19 p.m. Supervisor Frigo seconded the motion. Motion carried unanimously.

10. Consideration to Repeal and Replace Ordinance 2025-003 Town Ordinance Section 300-14 Fence, Walls and Berms:

Supervisor Frigo made the motion to approve Ordinance 2025-003 to Repeal and Replace Town Ordinance Section 300-14 Fence, Walls and Berms as presented. Supervisor Bain seconded the motion. Roll call vote: Supervisor Frigo, aye; Supervisor Brienens, aye; Supervisor Vannieuwenhoven, aye; Supervisor Bain, aye, Chairman Tibaldo, aye. The motion carried unanimously.

11. Review of Recommendations and Reports from Planning & Zoning Board:

- a. Consideration of Site Plan Review for Commercial Building Addition at 3266 Williams Grant Dr., Parcel L-72-3 by Fox Structures/FVAA:

Supervisor Bain made the motion to approve the Site Plan Review for Commercial Building Addition at 3266 Williams Grant Dr., Parcel L-72-3 by Fox Structures/FVAA as presented. Supervisor Vannieuwenhoven seconded the motion. The motion carried unanimously.

- b. Consideration of Application for Final Review of Planned Development District on Parcels L-18, L-19, L-20, L-22, L-401-1 L-20-1, L-21-1 by Lawrence Development Center:
Presentation was made by the applicant regarding the Planned Development District for the proposed Lawrence Town Center.
Supervisor Bain made the motion to approve the final Planned Development District on Parcels L-18, L-19, L-20, L-22, L-401-1 L-20-1, L-21-1 by Lawrence Development Center as presented. Supervisor Frigo seconded the motion. The motion carried unanimously.
12. **Consideration of Board of Appeals Member Appointments – Mike Vande Hei, Andy Selner & Larry Boldt:**
Supervisor Frigo made the motion to approve the Board of Appeals member appoints as presented, Mike VandeHei and Andy Selner for 3-year terms and Larry Boldt as a 1-year term. Supervisor Bain seconded the motion. The motion carried unanimously.
13. **Consideration of Pay Request #1 - 2025 Town Road Improvement Project, MCC, Inc. - \$290,503.04:**
Supervisor Bain made the motion to approve Pay Request #1 for 2025 Town Road Improvement Project, to MCC, Inc. in the amount of \$290,503.04 as presented. Supervisor Brienens seconded the motion. The motion carried unanimously.
14. **Consideration of Pay Request #2 – LE-2 Connection Station Improvements, Rhode Brothers - \$73,625.00:**
Supervisor Brienens made the motion to approve Pay Request #2 for LE-2 Connection Station Improvements, to Rhode Brothers in the amount of \$73,625.00 as presented. Supervisor Vannieuwenhoven seconded the motion. The motion carried unanimously.
15. **Consideration of Change Order #7 - Mid Valley Drive Utility Relocation-Torchwood Trail, PTS Contractors –\$1,639.28:**
Public Works Director Minten reviewed the Change Order request due to the wet soils where there was historically a drainage ditch, adding GEO grid was necessary to support the road base.
Supervisor Frigo made the motion to approve Change Order #7 for Mid Valley Drive Utility Relocation-Torchwood Trail, PTS Contractors in the amount of \$1,639.28 as presented. Supervisor Vannieuwenhoven seconded the motion. The motion carried unanimously.
16. **Consideration of Pay Request #8 – Mid Valley Drive Utility Relocation, PTS Contractors - \$67,626.90:**
Supervisor Brienens made the motion to approve Pay Request #8 for Mid Valley Drive Utility Relocation to PTS Contractors in the amount of \$67,626.90 as presented. Supervisor Bain seconded the motion. The motion carried unanimously.
17. **Consideration of Resolution 2025-004 – Sale of Land and Development Agreement to DePere Select Soccer Club LLC – Parcel L-2281, 2276 Lawrence Parkway:**
Administrator Wetzel gave an update on the progress of the Development Agreement for De Pere Select Soccer Club. No action taken.
18. **Consideration of Resolution 2025-006 – Sale of Land and Amendment to Development Agreement to ISA Building LLC – Portion of Parcel L-2078 and L-454-3, Lawrence Parkway:**
No action taken.
19. **Administrator/Staff Reports**
20. **Future Agenda Items**

- a. Public Hearing for change of zoning from Agricultural (A-1) to Residential (R-1) by Scott Turriff.
 - b. Annual Renewal of Liquor Licenses.
 - c. Auditor's Presentation.
 - d. Resolution 2025-004 Sale of Land and Development Agreement to De Pere Select Soccer Club.
 - e. Resolution 2025-006 Sale of Land and Development Agreement to ISA Building LLC.
- 21. Closed Session:** Supervisor Vannieuwenhoven made the motion to go into closed session at 7:13 p.m. Pursuant to Ch. 19.85(1)(e) Deliberation or negotiation for the purchase of public properties, the investment of public funds, or the conduct of other specific public business, whenever competitive or bargaining reasons require a closed session (*re: emergency services agreement updates and Town Land Sales/TIF Development negotiations*). Supervisor Frigo seconded the motion. Roll call vote: Supervisor Frigo, aye; Supervisor Brienien, aye; Supervisor Vannieuwenhoven, aye; Supervisor Bain, aye, Chairman Tibaldo, aye. The motion carried unanimously.
- 22. Return to Regular Open Session for possible action pursuant to Ch. 19.85 (2) of Wisconsin Stats:**
Supervisor Brienien made the motion to return to regular open session at 7:52 p.m. Supervisor Frigo seconded the motion. Roll call vote: Supervisor Frigo, aye; Supervisor Brienien, aye; Supervisor Vannieuwenhoven, aye; Supervisor Bain, aye, Chairman Tibaldo, aye. The motion carried unanimously.
- 23. Adjourn:**
Supervisor Frigo made the motion at 7:54 p.m. to adjourn the meeting. Supervisor Vannieuwenhoven seconded the motion. The motion carried unanimously.

Respectfully submitted by,
Cindy Kocken, Clerk-Treasurer

Report Criteria:

Detail report.
Invoices with totals above \$.00 included.
Paid and unpaid invoices included.

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
AIT Business Technologies, LLC								
869	AIT Business Technologies, LLC	59262	IT Services	05/31/2025	810.00	.00		
Total AIT Business Technologies, LLC:					810.00	.00		
Clean Water Testing LLC								
102	Clean Water Testing LLC	9010386953	Water Testing	06/04/2025	96.00	.00		
Total Clean Water Testing LLC:					96.00	.00		
Complete Office								
1010	Complete Office	940445	Fire Department Supplies	06/17/2025	67.13	.00		
Total Complete Office:					67.13	.00		
Core & Main LP								
200	Core & Main LP	X120204	Water Dist. Parts/Supplies	06/09/2025	150.00	.00		
Total Core & Main LP:					150.00	.00		
Engebos Heating & Cooling, LLC								
146	Engebos Heating & Cooling, LLC	SD2277	HVAC Maintenance	06/06/2025	815.48	.00		
Total Engebos Heating & Cooling, LLC:					815.48	.00		
Fameree Consulting & Inspection								
154	Fameree Consulting & Inspection	1177	Electrical Inspection-VerHalen, 2	06/06/2025	690.30	.00		
Total Fameree Consulting & Inspection:					690.30	.00		
Fisher Concrete Sawing, Inc								
972	Fisher Concrete Sawing, Inc	I2025-05-27	Fill Sink Hole on Lamers Property	05/21/2025	300.00	.00		
972	Fisher Concrete Sawing, Inc	I2025-06-02	Auger Holes for Signs	06/10/2025	300.00	.00		
972	Fisher Concrete Sawing, Inc	I2025-06-04	Culvert-Bain Court	06/10/2025	150.00	.00		
Total Fisher Concrete Sawing, Inc:					750.00	.00		
Gannett Media Corp								
175	Gannett Media Corp	0007104284	Public Notices	05/31/2025	192.41	.00		
Total Gannett Media Corp:					192.41	.00		
Jim's Johns, Inc.								
233	Jim's Johns, Inc.	20457	Park Portable Restroom	05/31/2025	314.00	.00		
Total Jim's Johns, Inc.:					314.00	.00		
MCC Inc								
282	MCC Inc	TOL 2025-1	PR#1-2025 ROAD IMPROVEME	05/27/2025	290,503.04	290,503.04	06/10/2025	
Total MCC Inc:					290,503.04	290,503.04		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Menards Inc								
286	Menards Inc	48242	Water Dept Truck	06/11/2025	94.87	.00		
286	Menards Inc	48242	Sewer utility truck supplies	06/11/2025	94.87	.00		
286	Menards Inc	48494	Utility Truck Supplies	06/17/2025	41.94	.00		
Total Menards Inc:					231.68	.00		
Midwest Meters Inc.								
295	Midwest Meters Inc.	0178583-IN	New Meters	06/05/2025	26,280.00	.00		
Total Midwest Meters Inc.:					26,280.00	.00		
Oshkosh Fire & Police Equipment								
320	Oshkosh Fire & Police Equipment	197351	Washable Mesh bag 2%	06/05/2025	145.50	.00		
Total Oshkosh Fire & Police Equipment:					145.50	.00		
Plum Creek Lawn Services LLC								
1242	Plum Creek Lawn Services LLC	24002025	Tractor & Seeder Rental	06/10/2025	905.00	.00		
Total Plum Creek Lawn Services LLC:					905.00	.00		
Pro One Janitorial Inc								
342	Pro One Janitorial Inc	224399	Monthly cleaning - July	06/20/2025	576.66	.00		
Total Pro One Janitorial Inc:					576.66	.00		
PTS CONTRACTORS, INC								
952	PTS CONTRACTORS, INC	L0017-09-23-0	Mid Valley Contract PR#8	05/30/2025	67,626.90	67,626.90	06/10/2025	
Total PTS CONTRACTORS, INC:					67,626.90	67,626.90		
R & R Insurance Services, Inc								
1099	R & R Insurance Services, Inc	3223005	Insurance Services-July	06/02/2025	242.00	.00		
Total R & R Insurance Services, Inc:					242.00	.00		
Rohde Brothers Inc								
1232	Rohde Brothers Inc	L0017-09-24-0	Pay Request #2 - LE-2	05/13/2025	73,625.00	73,625.00	06/10/2025	
Total Rohde Brothers Inc:					73,625.00	73,625.00		
Suburban Wildlife Solutions LLC								
397	Suburban Wildlife Solutions LLC	7319	Trapping at Ponds	06/12/2025	12,376.00	.00		
Total Suburban Wildlife Solutions LLC:					12,376.00	.00		
Truck Equipment Inc.								
429	Truck Equipment Inc.	1108251-00	Truck #14	06/06/2025	20,992.50	.00		
429	Truck Equipment Inc.	1108251-00	Truck #14	06/06/2025	20,992.50	.00		
429	Truck Equipment Inc.	1149158-00	Utility Truck	06/05/2025	347.36	.00		
429	Truck Equipment Inc.	1149158-00	Utility Truck	06/05/2025	347.36	.00		
429	Truck Equipment Inc.	1152783-00	F4	06/13/2025	31.68	.00		
Total Truck Equipment Inc.:					42,711.40	.00		

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
Weyers Equipment Inc								
460	Weyers Equipment Inc	01-242730	Lawn Mower Maintenance	06/09/2025	82.36	.00		
460	Weyers Equipment Inc	01-243079	Ditch Mower Repair	06/16/2025	80.00	.00		
Total Weyers Equipment Inc:					162.36	.00		
Yesterday's Trees LLC								
552	Yesterday's Trees LLC	238103	Tree Removal-Cemetery	06/09/2025	2,500.00	.00		
Total Yesterday's Trees LLC:					2,500.00	.00		
Grand Totals:					521,770.86	431,754.94		

Dated: _____

Town Chairman: _____

Town Supervisor: _____

Clerk/Treasurer: _____

Report Criteria:

Detail report.

Invoices with totals above \$.00 included.

Paid and unpaid invoices included.



Agenda Item Review

Meeting Date: June 23, 2024

Agenda Item#: 08

TOWN OF LAWRENCE BOARD MEETING STAFF REPORT

REPORT TO: Dr. Lanny Tibaldo, Town Board Chairman, Town Board
REPORT FROM: Cindy Kocken, Town Clerk-Treasurer
AGENDA ITEM: 2025 Annual Renewal of Liquor/Beer/Cigarette Licenses

FISCAL IMPACT:

1. Is there A Fiscal Impact? No
2. Is it Currently Budgeted? No

Item History

Liquor, Beer, and Cigarette licenses expire each year on June 30th. Renewal applications were received, and legal notice was published as per Wis. Stat. Sec. 125.04(3)(g) (see attached notice). We received the following applications for consideration:

“Class B” Combination Liquor and Beer:

The Marq
Plank Road Bar and Grill
Macks Pub and Grill
Mid Vallee Golf Course
Outlawed Pub & Grill
Mexico Lindo

Class “B” – Beer Only:

Sports Emporium
Scotts Subs & Pizza

“Class A” Liquor/Beer:

Kwik Trip

Class “A” Beer:

Tight Lines Fly Fishing Co.

Cigarette License:

Kwik Trip

Recommended Action By Town Board

Staff recommends contingent approval for the Mexico Lindo application, based on Town Board requirement to be open for business by June 30, 2025.

Staff recommends approval of the remainder of the renewal applications for Liquor, Beer and Cigarette Licenses received for the 2025-2026 license year.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>100.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____ 40
Total Fees	\$ <u>140.00</u>

pol
51825
#2274

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) <u>DeLere Select Soccer Inc</u>			
2. Business Trade Name or DBA <u>Sports Emporium</u>			
3. FEIN <u>39-1732124</u>		4. Wisconsin Seller's Permit Number <u>456-0003090716-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>09/09/1993</u>	
8. Wisconsin DFI Registration Number <u>23832-800</u>			
9. Premises Address <u>1856 W. Mitz Dr</u>			
10. City <u>DeLere</u>		11. State <u>WI</u>	12. Zip Code <u>54115</u>
13. County <u>Brown</u>		14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Lawrence</u>	
15. Aldermanic District <u>D023799</u>			
16. Premises Phone <u>920-336-1900</u>		17. Premises Email <u>gbsportserporium@gmail</u>	
18. Website <u>sportserporiumgb.com</u>			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Beer - Stored & Served in Concession Stand area/Storage</u> <u>Records - Stored in facility office - filing cabinet</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Dale Rhodes	Dale	President	920-246-3253
Paul	Fabry	Vice	920-217-5107
Nowak	William	Treasurer	920-819-1248
Winters	Adam	Secretary	312-833-2031
Part D: Attestation	Casey Patrick	At Large	414-750-3139

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

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

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

Last Name	First Name	M.I.
Rhodes	Derek	
Title	Email	Phone
Executive Director	derek.rhodes10@gmail	920-246-2020
Signature	Date	
	5-6-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/8/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Lawrence Town of
License Period July 1, 2025 - June 30, 2026

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

- ☒ Class "A" Beer \$ 150 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>650</u>
Background Check Fee	\$ <u>—</u>
Publication Fee	\$ <u>40</u>
Total Fees	\$ <u>690</u>

all states
11/20/2025

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 105			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization October 7, 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address 2746 Freedom Rd			
10. City De Pere		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Lawrence Town of	
15. Aldermanic District -----		16. Premises Phone 920-983-0354	
17. Premises Email LicensingDept@kwiktrip.com		18. Website www.KwikTrip.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with storage in lockable walk-in cooler, on sales floor & behind sales counter.			
20. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107			
21. City La Crosse		22. State WI	23. Zip Code 54602-2107

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Ahrenholtz	Kevin	Agent	414-708-1766

Part D: Attestation

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

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

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

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

Date Application Was Filed With Clerk 3/31/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400</u>
Background Check Fee	\$
Publication Fee	\$ 40
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) <u>MAKES PUB LLC</u>		
2. Business Trade Name or DBA <u>Macks Pub and Grill</u>		
3. FEIN <u>33-1989928</u>	4. Wisconsin Seller's Permit Number <u>456-1031875449-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>Wisconsin</u>	7. Date of Organization <u>11-27-24</u>	8. Wisconsin DFI Registration Number <u>M134709</u>
9. Premises Address <u>2983 Lawrence Drive</u>		
10. City <u>De Pere</u>	11. State <u>WI</u>	12. Zip Code <u>54115</u>
13. County <u>Brown</u>	14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Lawrence</u>	15. Aldermanic District
16. Premises Phone <u>920-532-9075</u>	17. Premises Email <u>mackspub2024@gmail.com</u>	18. Website <u>mackspubandgrill.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>2 bedroom home upstairs - residence (no alcohol sales)</u> <u>basement bar</u>		
20. Mailing Address (If different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Alvarez	Wendy	Owner	920-609-1303

Part D: Attestation

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

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

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

Last Name Alvarez	First Name Wendy	M.I. M
Title Owner	Email macks pub 2024@gmail.com	Phone
Signature Wendy M Alvarez		Date 5-12-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/13/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk [Signature]		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	07/01/2025 - 6/30/2025

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>40.00</u>
Total Fees	\$ <u>440.00</u>

pd
15/11/25
\$2000

Part A: Premises/Business Information

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

Mexico Lindo No. 2 LLC

2. Business Trade Name or DBA

Mexico Lindo

3. FEIN

99-3881967

4. Wisconsin Seller's Permit Number

456-103792963-01

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

July 9, 2024

8. Wisconsin DFI Registration Number

M132990

9. Premises Address

700 Sand acres Drive

10. City

De Pere

11. State

WI

12. Zip Code

54115

13. County

Brown

14. Governing Municipality: ☐ City ☒ Town ☐ Village

of: Lawrence

15. Aldermanic District

16. Premises Phone

n/a yet

17. Premises Email

indomexico45@gmail.com n/a

18. Website

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

entire restaurant, back patio, bar
stored in coolers and office.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Bouajas Farias	Amber	owner	920 784 9039

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Bouajas Farias	Amber	A.
Title	Email	Phone
Owner	amberbouajas29@icloud.com	920 784 9039
Signature	Date	
Amber Bouajas	5/14/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/14/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
[Signature]			

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400
Background Check Fee	\$
Publication Fee	\$ 40
Total Fees	\$ 440

151026
#6782

Part A: Premises/Business Information

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

Mid Vallee Golf Course Inc

2. Business Trade Name or DBA

3. FEIN

39-1387910

4. Wisconsin Seller's Permit Number

456-0000320905-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

01/01/1980

8. Wisconsin DFI Registration Number

600-0000320905-05

9. Premises Address

3850 Mid Valley Drive

↑ 1 M21808

10. City

De Pere

11. State

WI

12. Zip Code

54115

13. County

Brown

14. Governing Municipality: ☐ City ☒ Town ☐ Village

of Lawrence

15. Aldermanic District

16. Premises Phone

(920) 532-6644

17. Premises Email

info@midvallee.com

18. Website

www.midvallee.com

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

Clubhouse is where we sell, store, consume beverages along with stored of records. We also sell, consume beverages on course.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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


Last Name	First Name	Title	Phone
Smith	Danielle	President	(920) 621-5610
Smith	Eric	Vice-President	(920) 371-2574

Part D: Attestation


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

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

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

Last Name	First Name	M.I.
Smith	Danielle	M
Title	Email	Phone
President	info@midvallee.com	9206215610
Signature	Date	
	5/12/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/13/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 250.00 ☒ "Class B" Liquor \$ 150.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>40</u>
Total Fees	\$ <u>440.00</u>

PA 5/8/25
24 2025

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)			Outlawed Pub and Grill, LLC		
2. Business Trade Name or DBA			Outlawed Pub and Grill		
3. FEIN		4. Wisconsin Seller's Permit Number			
33-2239854		466-1031863379-04			
5. Entity Type (check one)					
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization					
6. State of Organization		7. Date of Organization		8. Wisconsin DFI Registration Number	
Wisconsin		12-05-24		000075763	
9. Premises Address					
1358 Mid Valley Drive Unit B					
10. City		11. State		12. Zip Code	
De Pere		WI		54115	
13. County		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		15. Aldermanic District	
Brown					
16. Premises Phone		17. Premises Email		18. Website	
920.632.2040		outlawpubgrill@gmail		N/A	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.					
Alcohol consumed at bar, tables & back patio area. Storage of alcohol includes behind bar, coolers, back storage shelf by office & down stairs cooler. Records of sales/purchase in top filing cabinet in office or in invoice box upon delivery.					
20. Mailing Address (if different from premises address)					
n/a					
21. City		22. State		23. Zip Code	

Part B: Questions

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Minster	Leigha	member	920.604.4955
Minster	Andrew	member	920.698.0565
Ross	Jacob	member	920.794.9757

Part D: Attestation

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

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

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

Last Name	Minster	First Name	Leigha	M.I.	N
Title	Member	Email	leigha.minster211@gmail	Phone	920.604.4955
Signature	Leigha Minster		Date	5/3/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/8/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
[Signature]			

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only
Municipality
Town of Lawrence
License Period
July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 200.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400.00
Background Check Fee	\$
Publication Fee	\$ 40
Total Fees	\$ 440.00

del
8/19/25
5235

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) Plank Road LLC			
2. Business Trade Name or DBA Plank Road Plate & Pour			
3. FEIN 4710-17470		4. Wisconsin Seller's Permit Number 456-1028649413	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number P063664			
9. Premises Address 1632 mid Valley Dr.			
10. City De Pere		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Lawrence	
15. Aldermanic District		16. Premises Phone 920 632-7051	
17. Premises Email Scott.van417@gmail.com		18. Website PlankRoadPlatePour	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Liquor room, bar inside (outside bar) patio, dining area, parking lot Kitchen, bathroom.			
20. Mailing Address (if different from premises address) 1632 mid Valley Dr.			
21. City De Pere		22. State WI	23. Zip Code 54115

Part B: Questions

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

Law/Ordinance Violated DUI	Location Grand chate	Trial Date 9/2016
Penalty Imposed Suspended license		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

4a. Name of Business Entity **Narrow Bridge / The Creamery DT** 4b. Business Entity FEIN **83-2811252 / 92-3014945**

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Vann	Scott	President	920 366 7686
Vann	Tammy	Vice President	920 366-7685

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Vann	Scott	J
Title	Email	Phone
President/owner	scott.vann417@gmail.com	920 366-7686
Signature	Date	
Scott Vann	4/25/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/19/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
[Signature]			

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100.00
Background Check Fee	\$
Publication Fee	\$ 40
Total Fees	\$ 140.00

Part A: Premises/Business Information			
1. Legal Business Name (Individual name if sole proprietorship) Scott's Subs Dr. Pare, LLC			
2. Business Trade Name or DBA Scott's Subs			
3. FEIN		4. Wisconsin Seller's Permit Number 454-1030851089-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number 0135361
9. Premises Address 1325 Quarry Park Drive			
10. City Dr. Pare		11. State WI	12. Zip Code 54115
13. County Brown		14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Lawrence	
15. Aldermanic District			
16. Premises Phone 920-632-4297		17. Premises Email scottssubsdpare@yahoo.com	
18. Website scottssubs.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 9,300 Sq Ft Building. Alcohol is stored in the front of the business from a Le tap cooler system. Extra barrels of beer are stored in the Le tap cooler in the back of the building.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

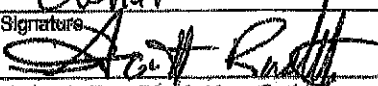
Last Name	First Name	Title	Phone

Part D: Attestation

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

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

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

Last Name Radtke	First Name Scott	M.I. V
Title Owner	Email scottssob3d4perc@yahoo.com	Phone 920-632-4297
Signature 		Date April 4, 2005

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/12/05	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____
- ☒ "Class B" Liquor \$ 300
- ☐ "Class A" Liquor (cider only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>400.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____ 40
Total Fees	\$ <u>440.00</u>

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)		
<u>Little town marg LLC</u>		
2. Business Trade Name or DBA		
<u>The Marg</u>		
3. FEIN	4. Wisconsin Seller's Permit Number	
<u>85-1357181</u>	<u>456-1030320775-04</u>	
5. Entity Type (check one)		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
<u>WI</u>		<u>TO85469</u>
9. Premises Address		
<u>3177 french Rd</u>		
10. City	11. State	12. Zip Code
<u>De Pere</u>	<u>WI</u>	<u>54115</u>
13. County	14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village	15. Aldermanic District
<u>Brown</u>	of: <u>Lawrence</u>	
16. Premises Phone	17. Premises Email	18. Website
<u>920-785-8090</u>	<u>Mike.Grahack@littletownwi.com</u>	<u>www.themargwi.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
<u>wedding venue / Restaurant liquor at Bar, stored in locked Room and Beer cooler</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Grabek	Mike	owner	920-879-0227
Swick	Mary	owner	715-570-6262

Part D: Attestation

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

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

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

Last Name <i>Grabek</i>	First Name <i>Mike</i>	M.I. <i>J</i>
Title <i>owner</i>	Email <i>mike.grabek@hillsboroughs.com</i>	Phone <i>920-879-0227</i>
Signature <i>[Signature]</i>		Date <i>5-2-25</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/5/2025</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Town of Lawrence
License Period	July 1, 2025-June 30, 2026

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

- ☒ Class "A" Beer \$ 150.00 ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
Licenses Fees	\$ <u>150.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____ 40
Total Fees	\$ <u>190.00</u>

pol
4/15/25
#23763

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Tight Lines Fly Fishing Co. LLC.		
2. Business Trade Name or DBA Tight Lines Fly Fishing Co.		
3. FEIN 39-2010464	4. Wisconsin Seller's Permit Number 456-1029395973-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 02/01/2001	8. Wisconsin DFI Registration Number 0000463669
9. Premises Address 1534 Mid Valley Dr		
10. City De Pere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Lawrence	15. Aldermanic District
16. Premises Phone (920) 336-4106	17. Premises Email timothylandwehr@gmail.com	18. Website www.tightlinesflyshop.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. We have a small refridgerator that we sell a small amount of local beers to support some conservation efforts we support.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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


Last Name	First Name	Title	Phone
Landwehr	Timothy	Owner	(920) 309-2356

Part D: Attestation

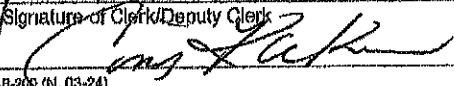
One of the following must sign and attest to this application:

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

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

Last Name Landwehr		First Name Timothy	M.I. C
Title Owner	Email timothylandwehr@gmail.com	Phone (920) 309-2356	
Signature 		Date 4-11-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/15/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Temporary Alcohol Beverage License

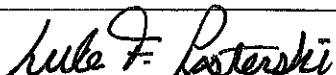
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$
	Background Check	\$
	Total Fees	\$

Part A: Organization Information				
1. Organization Name Lawrence Fire Departement Benevolent				
2. Organization Permanent Address 2595 French Road				
3. City De Pere			4. State WI	5. Zip Code 54115
6. Mailing Address (if different from permanent address) 2400 Shady Court				
7. FEIN		8. Date of Organization/Incorporation		9. State of Organization/Incorporation WI
10. Phone (920) 336-9131		11. Email		
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Pasteraki	Luke	Chief	
Vander Bloomen	Bryan	Asst. Chief	
Wagner	Colin	Captain	
Maus	Jason	Captain	
Carew	Steve	Captain	

Continued →

Part C: Event Information			
1. Name of Event (If applicable) Lawrence Food Truck Rally			
2. Dates of Operation 06/29/2025		3. Hours of Operation 4:00pm - 8:00pm	
4. Premises Address 1625 Quarry Park Drive @ Quarry Park			
5. City De Pere		6. State WI	7. Zip Code 54115
8. County Brown	9. Governing Municipality <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Lawrence		10. Aldermanic District
11. Organizer of Event (If not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Quarry Park Pavillion and Property			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Pasterski	First Name Luke	M.I.
Title Fire Chief	Email LukeP@lawrencewi.gov	Phone (920) 336-9131
Signature 		Date 06-04-25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



Agenda Item Review

Meeting Date: 6/23/25

Agenda Item#: 10-11

TOWN OF LAWRENCE BOARD MEETING STAFF REPORT

REPORT TO: Town Board of Supervisors
REPORT FROM: Scott Beining, Building Inspector/Zoning Administrator
AGENDA ITEM: **Staff Report-Scott-Planning/Zoning items**

1. **Public Hearing:** Request for a Change of Zoning from Agricultural Zone (A-1) to Residential (R-1) at Lots 1, 2, and 3 of 3 Lot CSM, Parcel L-480-2 by Scott Turriff.

Lots 1 and 3 meet min. requirements of 12,000 SF and 100' of street frontage, and have sewer/water laterals installed and available for R-1 zoning. Lot 2 meets min. requirements for R-1 zoning and will most likely be divided for future development. PZ voted unanimously to recommend approval of the rezoning of the 3 parcels on 5/14/25. Staff recommends approval.

12. Review of Recommendations and Reports from Planning & Zoning Board:

- a. Consideration of 3 Lot Certified Survey Map (CSM) at 2609 Lawrence Drive, Parcel L-480-2 by Scott Turriff.

All 3 lots meet min. requirements for R-1 zoning. Lot 2 could be subdivided for future development. PZ voted unanimously to recommend approval of the CSM on 5/14/25. Staff recommends approval.

- b. Consideration of Sign Review for Commercial Buildings at 1740 Eisenhower & 1580 Mid Valley Drive, Parcel L-655 and L-227-A by Creative Sign.

Sign reviews for Robinson on former Cellcom Building and on Eisenhower. The structures and cabinets are getting changed out, which is the reason for the review, but the overall signage area is not changing much. The Free standing sign and EMC is being updated. Office building signage is 364sf of wall signs and 273sf of freestanding sign. Confirm sign height is 35'. All of these sizes are within regulation of the sign ordinance especially when considering allowance for highway corridor allowances. Approval is recommended by staff. PZ voted unanimously to recommend approval on 6/9/25.

TOWN OF LAWRENCE, WI
PUBLIC HEARING NOTICE

Please take notice a public hearing will be held with the Town of Lawrence Board of Supervisors on Monday, June 23, 2025, at 6:00PM or as shortly thereafter as possible at the Town Hall located at 2400 Shady Court. This meeting will be held in person for the public to submit testimony, either oral or written, on the following:

1. A request to change the zoning from Agricultural Zone (A-1) to Residential (R-1); 2609 Lawrence Drive, Parcel L-480-2 by Scott Turriff.

Cindy Kocken, Clerk-Treasurer
Town of Lawrence
June 3, 2025

Posted at the following on June 9 & 16, 2025

- ☒ *Town Hall, 2400 Shady Court*
- ☒ *Town of Lawrence website*
- ☒ *Property owners notified within 500 feet of subject property*
- ☒ *Notice in Green Bay Press Gazette*

25-04-0040
L-480-2**TOWN OF LAWRENCE
CSM REVIEW APPLICATION****GENERAL INFORMATION**

Purpose:	A Certified Survey Map (CSM) is a legal recorded property description created in accordance with Wisconsin Statutes 236 and Brown County Ordinances Chapter 21. All CSMs must be created by a registered land surveyor. A CSM can divide property in 1-4 parcels. Five or more parcels require a subdivision plat.
Fee:	\$75.00
Meeting Dates/Times:	Meetings of the Planning and Zoning Board occur the second Wednesday of each month at the Lawrence Town Hall, 2400 Shady Ct., De Pere, WI 54115 at 6:00pm. Application and supporting document(s) must be submitted seven (7) days prior to meeting.
Application/Information Submittal:	A completed application along with appropriate fee must be submitted to the Town's Business Office. One (1) complete copy of the information being presented to the Board must be included with the application along with a .pdf copy via email. A representative is required to attend and present the information at the meeting.
Ordinance:	<u>Town Ordinance § 267-29</u>

READ ALL INSTRUCTIONS PROVIDED BEFORE COMPLETING. IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.

SECTION 1: APPLICANT INFORMATION

Applicant Name:	Troy Hewitt		
Mailing Address:	1250 Centennial Centre Blvd		
City:	Hobart	State:	WI ZIP Code: 54155
Email:	thewitt@releeinc.com		
Phone Number:	920-662-9641		

SECTION 2: LANDOWNER/DEVELOPER INFORMATION (IF DIFFERENT FROM APPLICANT)

Owner/Developer Name:	Maddie Buhrandt		
Mailing Address:	2609 Lawrence Dr	Email:	
City:	De Pere	State:	WI ZIP Code: 54155
Email:	turriffm24@gmail.com		
Phone number:	920-217-9601		

SECTION 3: PROJECT OR SITE LOCATION

Project Address:	2609 Lawrence Dr	Parcel #(s):	L-480-2
Parcel Size:	176,278 square feet / 4.047 acres		
Current Zoning District:	A-1: Agriculture	Frontage:	369.6'

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



**TOWN OF LAWRENCE
CSM REVIEW APPLICATION**

SECTION 4: CSM INFORMATION

Present Use of Parcel:	Residential
Proposed Use of Lots:	Residential

Please submit 1 hard copy and 1 PDF copy of the CSM if the property is located within the Town.

SECTION 5: CERTIFICATION and PERMISSION

CERTIFICATION: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this permit application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and or forfeiture under the provisions of applicable laws.

PERMISSION: I hereby give the Town permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.

Signature of Applicant:

Date:

4/24/25



*****FOR OFFICE USE ONLY***
APPLICATION/PAYMENT RECEIVED BY**

Name: _____

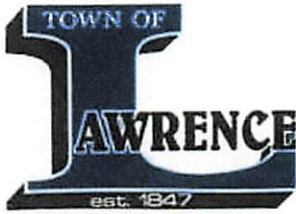
Check # 132748 Amount: \$ 75.-

Date: _____ Meeting Date: 5/14/25

Permit #: 25-04 ⁰⁰⁴⁰ ~~0002~~

Parcel #: L-480-2

District: _____ Zoning: _____



2400 Shady Court * De Pere, WI 54115 * Phone: (920) 336-9131 * Fax: (920) 336-9193

CSM Application Flowchart

CSM APPLICATION WITH SUPPORTING
DOCUMENT(S) TURNED INTO STAFF AT
TOWN HALL



STAFF REVIEW
REVIEW BY ZONING
ADMINISTRATOR



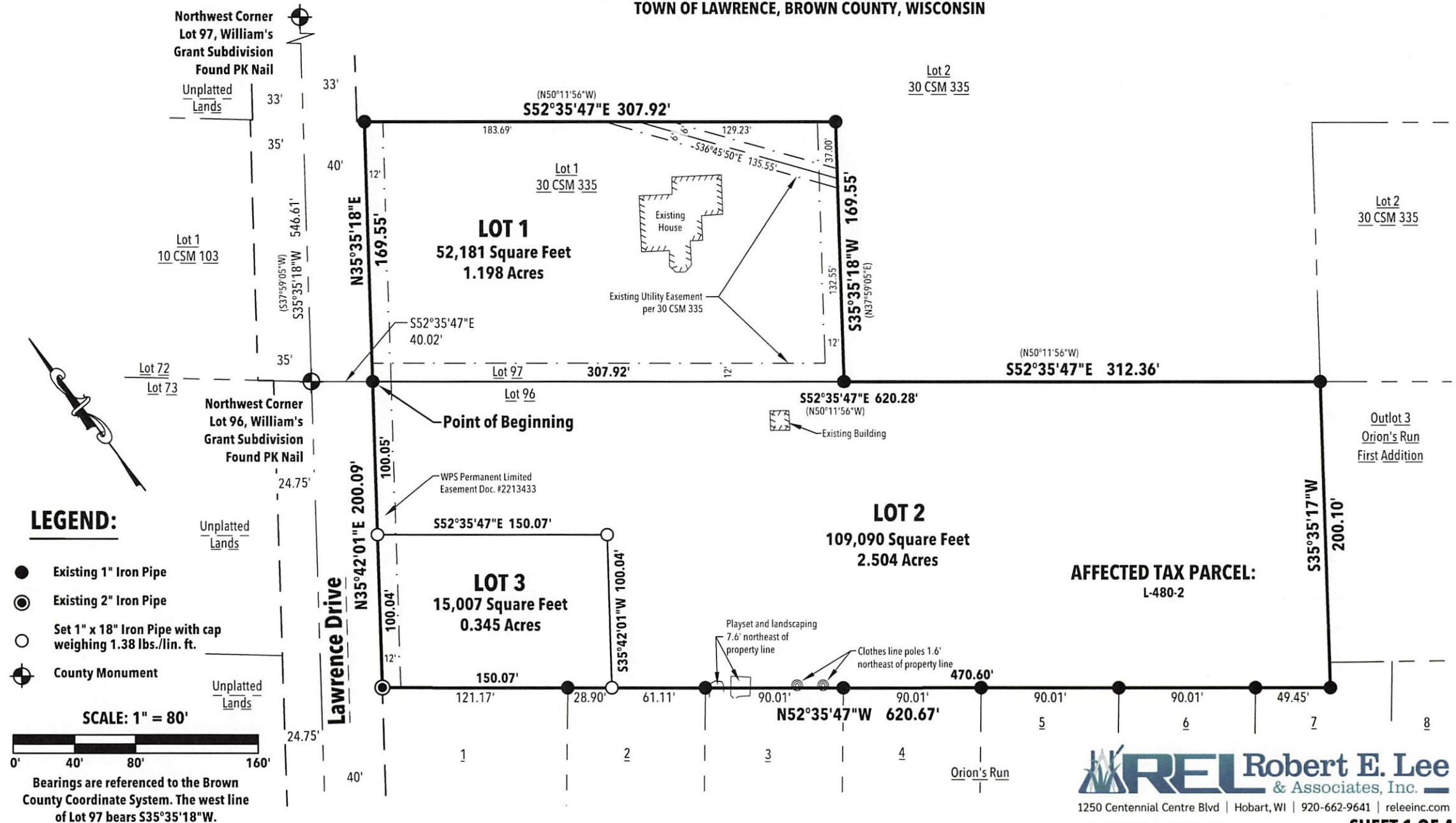
PLANNING AND ZONING MEETING
RECOMMENDS OR DOES NOT
RECOMMEND TO TOWN BOARD



FINAL REVIEW BY TOWN BOARD
WHICH MEETS THE 2ND AND 4TH
MONDAY OF EACH MONTH AT
6:30PM AT THE TOWN HALL.

CERTIFIED SURVEY MAP

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



CERTIFIED SURVEY MAP

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

SURVEYOR'S CERTIFICATE

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

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

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

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

Dated this _____ day of _____, 2025.

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

RESTRICTIVE COVENANTS

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

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

EROSION CONTROL NOTE

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

CERTIFIED SURVEY MAP

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

OWNERS CERTIFICATE

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

TOWN OF LAWRENCE
CITY OF DE PERE
BROWN COUNTY PLANNING COMMISSION

Scott P. Turriff

Date

Janelle R. Turrif

Date

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

STATE OF WISCONSIN)
_____ COUNTY) SS

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

Notary Public, State of Wisconsin

(print name)_____

My commission expires:_____

CERTIFIED SURVEY MAP

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

CERTIFICATE OF THE BROWN COUNTY PLANNING COMMISSION

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

Devin Yoder
Senior Planner

TOWN BOARD APPROVAL CERTIFICATE

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

Cindy Kocken, Clerk-Treasurer

CITY OF DE PERE EXTRA TERRITORIAL APPROVAL CERTIFICATE

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

Carey E. Danen, City Clerk

Date

TREASURER'S CERTIFICATE

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

Raymond Suennen
Brown County Treasurer

Date

CLIENT: ROBINSON METAL INC

LOCATION: 1580 MID VALLEY DR, DE PERE, WI 54115
DRAWN BY: TIMOTHY P
SALESPERSON: KELLI L
DATE: 04/16/25
LEAD #: 3821
PAGE: 1B

REVISION LOG:	INTL	DATE	DESCRIPTION
	TP	04/23/2025	MONUMENT
	TP	05/01/2025	NEW CAB/EMC
	TP	05/05/2025	REVISIONS
	TP	05/06/2025	12' WIDE EMC
	TP	05/12/2025	14' WIDE EMC
	TP	05/12/2025	12 X 6 EMC

PYLON ALTERATIONS

QUANTITY: 1 EXISTING D/F ILLUMINATED SIGN

MESS CENTER: 10MM WATCHFIRE (RGB)

COMMUNICATION: WIRELESS

SOFTWARE: IGNITE OPX

PC OR MAC PC-BASED SOFTWARE

TRAINING: WEB-BASED SOFTWARE TRAINING

TEMP PROBE: YES

ZIP CODE: 54115

FILLER PANEL: .040" PREFINISHED MATTE BLACK ALUM

PHOTO EYE/TIMER: BY ELECTRICIAN

INSTRUCTION: REMOVE & DISPOSE OF EXISTING CAB
& EMC. PRODUCE & INSTALL NEW.

PAINT POLE COVERS AS SHOWN.

COLORS:

- ☐ C-1 WHITE
☒ C-2 PMS 2728 C
☐ P-3 STANDARD SILVER METALLIC (MP 41 342SP)
☐ V-4 ORACAL 751-070 BLACK VINYL

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

SIGNATURE

DATE

LOCATION VIEW (AFTER)

SCALE: 3/32" = 1'



NIGHT VIEW

N.T.S.



TOP VIEW

SCALE: 3/16" = 1'

ALL SIZES IN RED ARE APPORXIMATE



ROUNDED ENDS

36"
(3'-0")

DETAIL VIEW

SCALE: 3/16" = 1'

SIDE A & B ARE IDENTICAL



NEW CAB
108"
(9'-0")

EXISTING VIEW

N.T.S.



REMOVE & DISPOSE OF
EXISTING CABINET & EMC

CSC TO PAINT EXISTING
POLE COVERS, P-3

FABRICATED ALUMINUM CABINET
INTERNALLY LIT W/ WHITE LEDS,
P-3 FACES ROUTED & BACKED W/ LEXAN
(C-2 DIGITAL PRINT GRAPHICS PREM
CLEAR, DUAL SURFACE W/ GLOSS LAM)

PREMIUM PRODUCTS &
UNMATCHED SERVICE

EMC
77"
(6'-5")

EMC
147"
(12'-3")

NEW CAB
252" (21'-0")

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CABINET DEPTH
& EMC MOUNTING



505 LAWRENCE DR, DE PERE, WI 54115
920.336.8900 CREATIVESIGNCOMPANY.COM

CLIENT: ROBINSON METAL INC

LOCATION: 1580 MID VALLEY DR, DE PERE, WI 54115
DRAWN BY: TIMOTHY P
SALESPERSON: KELLI L
DATE: 04/16/25
LEAD #: 3821
PAGE: 2

REVISION LOG:	INTL	DATE	DESCRIPTION
	TP	05/05/2025	PMS 2728 C
	TP	05/14/2025	SIZE CHANGE

WALL MOUNT CABINETS

QUANTITY: 2 S/F ILLUMINATED SIGNS

MOUNTING: FLUSH TO BUILDING

PHOTO EYE/TIMER: BY ELECTRICIAN

INSTRUCTION: REMOVE & DISPOSE OF EXISTING SIGNS.
PRODUCE & INSTALL NEW.

SQ FT: 186.67 SQ FT

LIT SIGN

THIS SIGN WILL REQUIRE ELECTRICAL HOOK UP. CUSTOMER IS REQUIRED TO SCHEDULE A LICENSED ELECTRICIAN TO RUN POWER TO THE SIGN AND DO FINAL HOOK UP. TALK TO YOUR SIGN CONSULTANT IF:

- YOU WOULD LIKE CREATIVE SIGN TO COORDINATE YOUR ELECTRICAL
- YOU HAVE ANY QUESTIONS REGARDING THE POWER REQUIREMENTS FOR YOUR SIGNAGE.

COLORS:

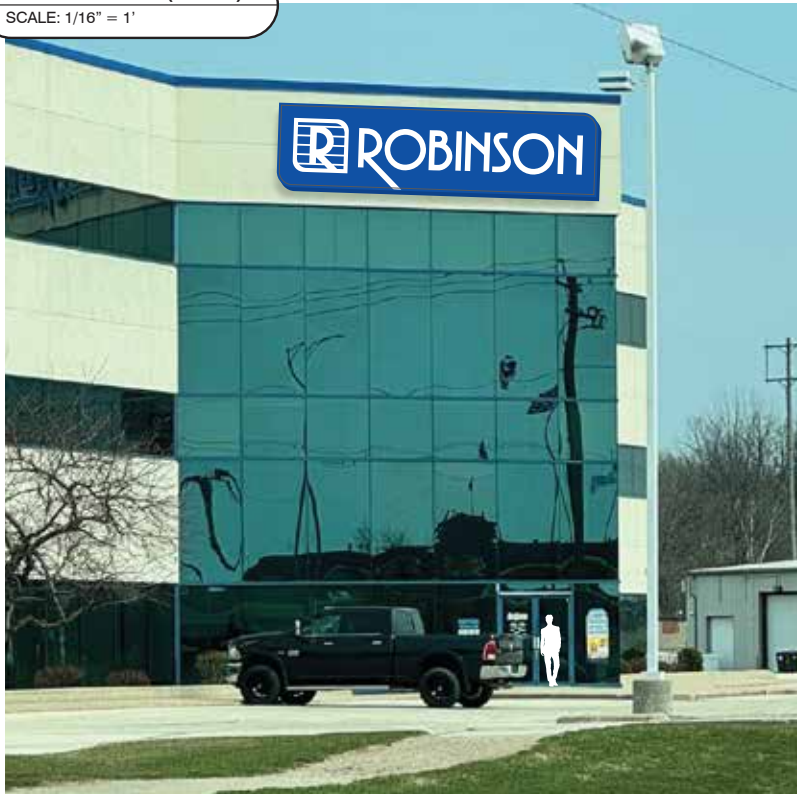
- ☐ C-1 WHITE
☒ C-2/P-2 PMS 2728 C

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

SIGNATURE

DATE

LOCATION VIEW (AFTER)
SCALE: 1/16" = 1'



SOUTH ELEVATION

EXISTING VIEW
N.T.S.



REMOVE & DISPOSE
OF EXISTING SIGNS



NORTH ELEVATION

DETAIL VIEW
SCALE: 3/16" = 1'

QTY 2



2.5" RETAINER, P-2

FLEX FACE W/ C-2 DIGITAL
DIRECT PRINT, 1ST SURFACE

FABRICATED ALUMINUM CABINET
W/ P-2 RETURNS, INTERNALLY LIT
WITH WHITE LEDS

84"
(7'-0")

CS DECAL:
CS-WH-3.5

6"

WALL



EXISTING LETTER
SIZE

CAB-1: LOC-2 & 3
OPTION A

NIGHT VIEW
N.T.S.



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CLIENT: ROBINSON METAL INC

LOCATION: 1740 EISENHOWER DR. DE PERE, WI 54115
DRAWN BY: TIMOTHY P
SALESPERSON: KELLI L
DATE: 04/16/25
LEAD #: 3821
PAGE: 3

REVISION LOG:	INTL	DATE	DESCRIPTION
	TP	05/05/2025	PMS 2728 C

WALL MOUNT CABINET

QUANTITY: 1 S/F ILLUMINATED SIGN

MOUNTING: FLUSH TO BUILDING

PHOTO EYE/TIMER: BY ELECTRICIAN

INSTRUCTION: REMOVE & DISPOSE OF EXISTING SIGN.
PRODUCE & INSTALL NEW.

SQ FT: 115.5 SQ FT

 LIT SIGN


THIS SIGN WILL REQUIRE ELECTRICAL HOOK UP. CUSTOMER IS REQUIRED TO SCHEDULE A LICENSED ELECTRICIAN TO RUN POWER TO THE SIGN AND DO FINAL HOOK UP. TALK TO YOUR SIGN CONSULTANT IF:

- YOU WOULD LIKE CREATIVE SIGN TO COORDINATE YOUR ELECTRICAL
- YOU HAVE ANY QUESTIONS REGARDING THE POWER REQUIREMENTS FOR YOUR SIGNAGE.

COLORS:

- ☐ C-1 WHITE
- ☒ C-2/P-2 PMS 2728 C

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

 SIGNATURE

DATE

LOCATION VIEW (AFTER)
SCALE: 1/16" = 1'

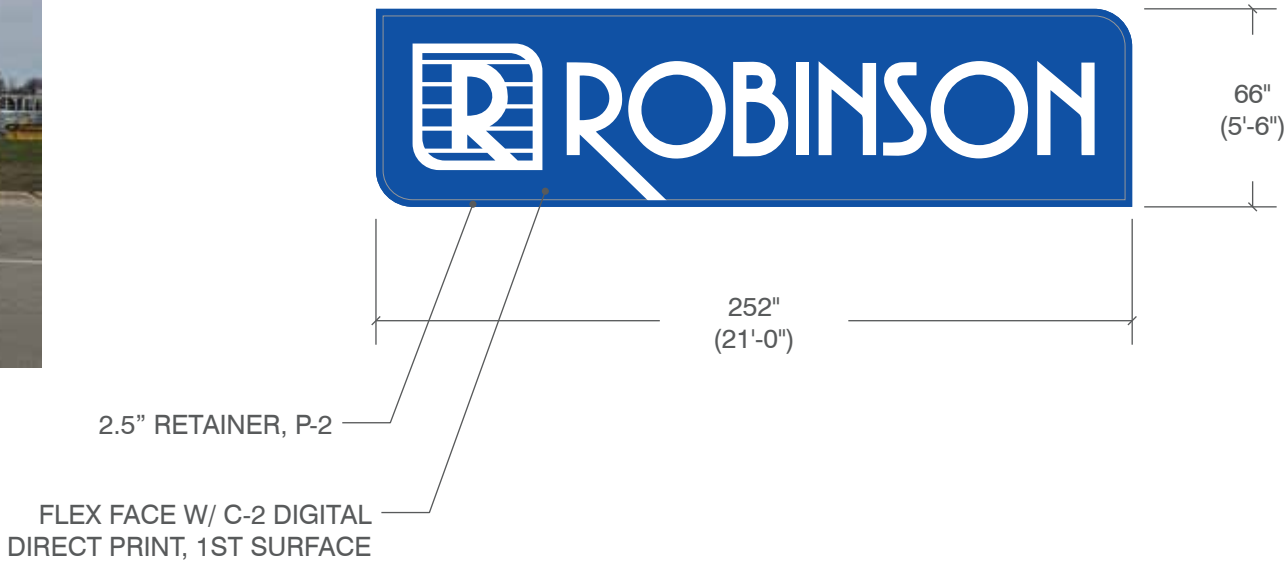


EAST ELEVATION OF EXISTING ROBINSON METALS INC BUILDING
(INSTALL 4' FROM UPPER LEFT CORNER OF BUILDING)

EXISTING VIEW
N.T.S.



DETAIL VIEW
SCALE: 3/16" = 1'



FABRICATED ALUMINUM CABINET
W/ P-2 RETURNS, INTERNALLY LIT
WITH WHITE LEDS

CS DECAL:
CS-WH-3.5

6"

WALL

NIGHT VIEW
N.T.S.



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CLIENT: ROBINSON METAL INC

LOCATION: 450 FORTUNE AVE. DE PERE, WI 54115
DRAWN BY: TIMOTHY P
SALESPERSON: KELLI L
DATE: 04/16/25
LEAD #: 3821
PAGE: 4

REVISION LOG:	INTL	DATE	DESCRIPTION
	TP	04/23/2025	ADD PAGE
	TP	05/01/2025	NON-LIT
	TP	05/05/2025	PMS 2728 C
	TP	05/14/2025	PAGE 4

MONUMENT

QUANTITY: 1 D/F NON-LIT SIGN

POLE: 6" ROUND STEEL


MOUNTING: DIRECT EMBEDMENT

INSTRUCTION: PRODUCE & INSTALL

COLORS:

- ☐ C-1 WHITE
☒ C-2 PMS 2728 C
☐ P-3 STANDARD SILVER METALLIC (MP 41 342SP)
☐ V-4 ORACAL 751-070 BLACK VINYL

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

 SIGNATURE
DATE

LOCATION VIEW (AFTER)

SCALE: 1/8" = 1'



EXISTING VIEW

N.T.S.



DETAIL VIEW

SCALE: 1/4" = 1'

TOP VIEW

RADIUS ENDS

SIDE A & B ARE IDENTICAL

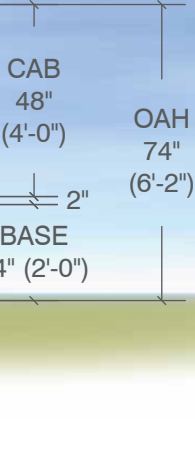
END

NON-LIT FABRICATED ALUMINUM CABINET,
P-3 FACES & RETURNS W/ C-2 DIGITAL PRINT
ON REFLECTIVE W/ GLOSS LAM

2" REVEAL, P-3

P-3

V-4



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CLIENT: ROBINSON METAL INC

LOCATION: 1740 EISENHOWER DR. DE PERE, WI 54115

DRAWN BY: TIMOTHY P

SALESPERSON: KELLI L

DATE: 04/16/25

LEAD #: 3821

PAGE: 3

REVISION LOG:	INTL	DATE	DESCRIPTION
	TP	05/05/2025	PMS 2728 C

WALL MOUNT CABINET

QUANTITY: 1 S/F ILLUMINATED SIGN


MOUNTING: FLUSH TO BUILDING

PHOTO EYE/TIMER: BY ELECTRICIAN

INSTRUCTION: REMOVE & DISPOSE OF EXISTING SIGN.

PRODUCE & INSTALL NEW.

SQ FT: 115.5 SQ FT

 LIT SIGN


THIS SIGN WILL REQUIRE ELECTRICAL HOOK UP. CUSTOMER IS REQUIRED TO SCHEDULE A LICENSED ELECTRICIAN TO RUN POWER TO THE SIGN AND DO FINAL HOOK UP. TALK TO YOUR SIGN CONSULTANT IF:

- YOU WOULD LIKE CREATIVE SIGN TO COORDINATE YOUR ELECTRICAL
- YOU HAVE ANY QUESTIONS REGARDING THE POWER REQUIREMENTS FOR YOUR SIGNAGE.

COLORS:

- ☐ C-1 WHITE
- ☒ C-2/P-2 PMS 2728 C

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

SIGNATURE

DATE

LOCATION VIEW (AFTER)

SCALE: 1/16" = 1'



EAST ELEVATION OF EXISTING ROBINSON METALS INC BUILDING

(INSTALL 4' FROM UPPER LEFT CORNER OF BUILDING)

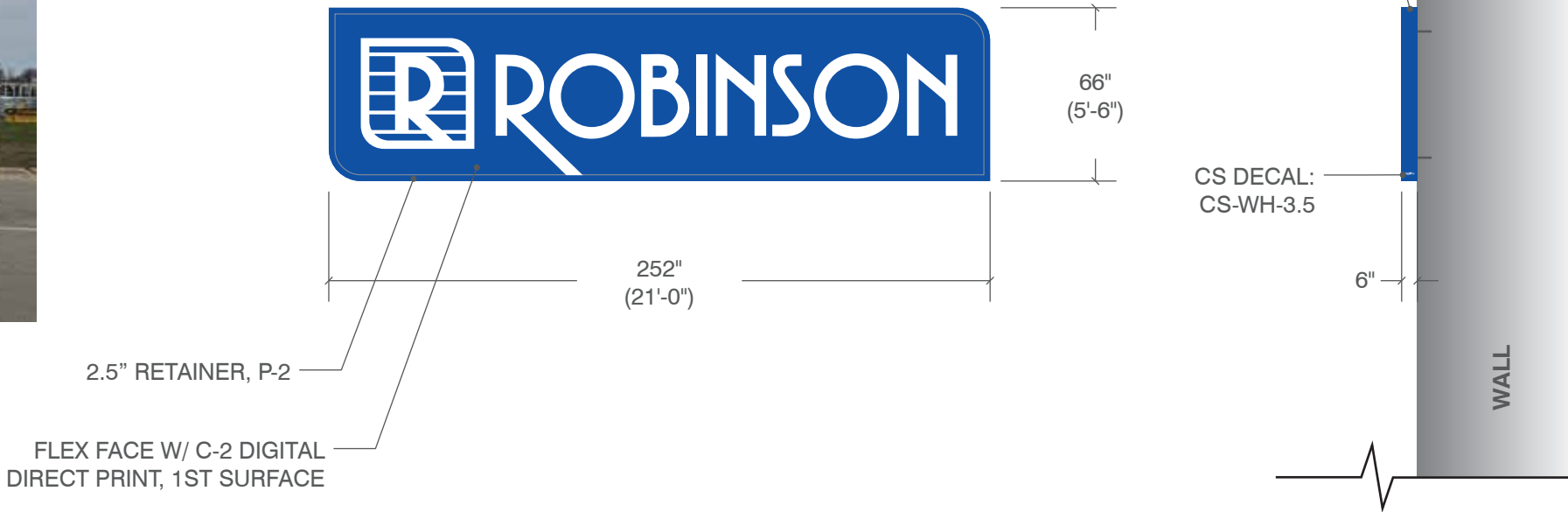
EXISTING VIEW

N.T.S.



DETAIL VIEW

SCALE: 3/16" = 1'



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Agenda Item Review

Meeting Date: 6/23/2025
Agenda Item#: 13

TOWN OF LAWRENCE BOARD MEETING STAFF REPORT

REPORT TO: Dr. Lanny Tibaldo, Town Board Chairman, Town Board
REPORT FROM: Patrick Wetzal, Town Administrator
AGENDA ITEM: **Town Auditor Review of 2024 Financial Reports**

FISCAL IMPACT:

1. Is there A Fiscal Impact? Yes
2. Is it Currently Budgeted? Yes

Item History: Representative(s) from the CliftonLarsonAllen audit team that reviews Town financials will be on hand to discuss the 2024 audit and financials.

Recommended Action: Presentation Only



Agenda Item Review

Meeting Date: 6/23/2025

Agenda Item#: 14

TOWN OF LAWRENCE BOARD MEETING STAFF REPORT

REPORT TO: Dr. Lanny Tibaldo, Town Board Chairman, Town Board
REPORT FROM: Patrick Wetzol, Town Administrator
AGENDA ITEM: Pay Request #2 – Quarry Park Dr Culvert Replacement – DeGroot - \$41,645.30

FISCAL IMPACT:

1. Is there A Fiscal Impact? Yes
2. Is it Currently Budgeted? Yes

Item History: DeGroot Inc. have continued their work on the Quarry Park Dr. Culvert Replacement project and have submitted their second pay request of \$41,645.30

McMahon has reviewed all documents and has approved moving forward with this second payment.

Recommended Action: Recommend approval of Pay Request #2 – Quarry Park Dr Culvert Replacement by DeGroot Inc. in the amount of \$41,645.30



June 10, 2025

Town of Lawrence
2400 Shady Court
De Pere, WI 54115

Re: Town of Lawrence
Quarry Park Drive Culverts Replacement
Certificate for Payment #2
McM. No. L0017-09-22-00519

Enclosed herewith is Certificate for Payment #2 for the above referenced project. This Certificate is issued to De Groot, Inc. in the amount of \$41,645.30 for partial payment for work performed through May 29, 2025.

Please process the enclosed, and forward payment to De Groot, Inc. Should you have any questions, please contact our office at your convenience.

Respectfully,

McMahon Associates, Inc.

A handwritten signature in blue ink, appearing to read "Shane K. Kelliher".

Shane K. Kelliher, PLS
Sr Municipal & Civil Engineering Technician

SKK:car

Enclosure: Certificate for Payment #2

**CERTIFICATE FOR
PAYMENT**

TOWN OF LAWRENCE
2400 Shady Court
De Pere, WI 54115

Contract No. L0017-09-22-00519
Project File No. L0017-09-22-00519
Certificate No. Two (2)
Issue Date: June 10, 2025
Project: Quarry Park Drive
Culverts Replacement

This Is To Certify That, In Accordance With The Contract Documents Dated: September 4, 2024

DE GROOT, INC.
4201 Champion Road
Green Bay, WI 54311

Is Entitled To Partial Payment For Work Performed Through: May 29, 2025

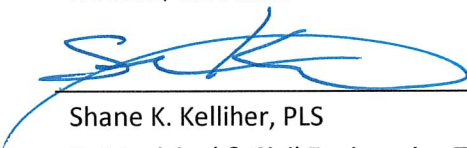
- ☒ Contractor's Application for Payment Attached
☒ Itemized Cost Breakdown Attached

Original Contract	<u>\$284,029.68</u>	Completed To Date	<u>\$304,527.08</u>
Net Change Orders	<u>\$0.00</u>	Retainage 5%	<u>\$15,226.35</u>
Current Contract Amount	<u>\$284,029.68</u>	Subtotal	<u>\$289,300.73</u>
		Previously Certified	<u>\$247,655.43</u>

Amount Due This Payment: \$41,645.30

Please process and forward payment to De Groot, Inc.

Certified By:
McMAHON ASSOCIATES, INC.
Neenah, Wisconsin


Shane K. Kelliher, PLS
Sr Municipal & Civil Engineering Technician

CERTIFICATE FOR PAYMENT #2

OWNER: TOWN OF LAWRENCE
Project Name: Quarry Park Drive Culverts Replacement
Contract No. L0017-09-22-00519
Project Manager: Andy Schmidt, PE

Engineer: DE GROOT, INC.
4201 Champion Road
Green Bay, WI 54311

McMAHON ASSOCIATES, INC.
1445 McMahon Drive
PO Box 1025

BASE BID

Item	Qty	Unit	Description
1.	1	L.S.	Clearing and Grubbing - North Culvert
2.	1	L.S.	Clearing and Grubbing - South Culvert
3.	1	L.S.	Temporary Coffier Dams and Bypass Pumping - North Culvert
4.	1	L.S.	Temporary Coffier Dams and Bypass Pumping - South Culvert
5.	1	Ea.	Remove Existing 48 Inch Culvert
6.	1	Ea.	Remove Existing 8.5 Foot x 14.5 Foot Culvert
7.	1	L.S.	Remove and Salvage Existing Beam Guard
8.	77	L.F.	48 Inch RCP Culvert
9.	57	L.F.	12 Foot x 10-Foot-High Precast Cast Concrete Culvert
10.	2	Ea.	48 Inch RCP Endwall
11.	2	Ea.	12 Foot x 10 Foot Concrete Box Culvert Cast-In-Place Endwall
12.	60	C.Y.	Heavy Rip Rap
13.	142	TON	Base Aggregate Dense 1-1/4 Inch for Roadway Restoration
14.	142	TON	Base Aggregate Dense 3 Inch for Roadway Restoration
15.	2,155	S.F.	HMA Roadway Restoration, 4 Inch
16.	48	L.F.	Sawcutting
17.	850	S.Y.	Grass Restoration Including Topsoil, Seed and Fertilizer
18.	850	S.Y.	Erosion Mat, Class 1, Type A
19.	1	L.S.	Traffic Control Quarry Park Drive
TOTAL (Items 1. through 19., Inclusive)			

Item	Qty	Unit	Description
1-1	101	L.F.	New Beam Guard Posts and Install Salvaged Beam Guard

Unit Price	Total
\$3,535.00	\$3,535.00
\$4,545.00	\$4,545.00
\$505.00	\$505.00
\$7,575.00	\$7,575.00
\$2,525.00	\$2,525.00
\$3,535.00	\$3,535.00
\$505.00	\$505.00
\$339.75	\$26,160.75
\$2,508.08	\$142,960.56
\$757.50	\$1,515.00
\$24,997.50	\$49,995.00
\$85.85	\$5,151.00
\$19.19	\$2,724.98
\$22.22	\$3,155.24
\$6.05	\$13,037.75
\$5.05	\$242.40
\$9.09	\$7,726.50
\$3.03	\$2,575.50
\$6,060.00	\$6,060.00
\$284,029.68	

Previous Requests	
Qty	Total
1	\$3,535.00
1	\$4,545.00
1	\$505.00
1	\$7,575.00
1	\$2,525.00
1	\$3,535.00
1	\$505.00
77	\$26,160.75
57	\$142,960.56
2	\$1,515.00
2	\$49,995.00
60	\$5,151.00
142	\$2,724.98
142	\$3,155.24
48	\$242.40
0	\$0.00
0	\$0.00
1	\$6,060.00
\$260,689.93	

This Request	
Qty	Total
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
0	\$0.00
5543	\$33,535.15
850	\$7,726.50
850	\$2,575.50
0	\$0.00
\$43,837.15	

6/6/2025

Completed To Date	
Qty	Total
1	\$3,535.00
1	\$4,545.00
1	\$505.00
1	\$7,575.00
1	\$2,525.00
1	\$3,535.00
1	\$505.00
77	\$26,160.75
57	\$142,960.56
2	\$1,515.00
2	\$49,995.00
60	\$5,151.00
142	\$2,724.98
142	\$3,155.24
5543	\$33,535.15
48	\$242.40
850	\$7,726.50
850	\$2,575.50
1	\$6,060.00
\$304,527.08	

Previous Requests	
Qty	Total

This Request	
Qty	Total

6/6/2025

Completed To Date	
Qty	Total

Completed to Date:
Retainage: 5%
Subtotal: \$289,300.73
Previous Application: \$247,655.43
Amount Due This Application: \$41,645.30

\$304,527.08
\$15,226.35
\$289,300.73
\$247,655.43
\$41,645.30



McMahon Associates, Inc.
1445 McMahon Drive P.O. Box 1025
Neenah, WI 54956 Neenah, WI 54957-1025

Telephone: (920)751-4200
FAX: (920)751-4284

APPLICATION FOR PAYMENT

(Owner) Town of Lawrence 2400 Shady Ct De Pere WI 54115	PROJECT:	Quarry Park Dr - Culvert Replacements
	CONTRACTOR	De Groot, Inc.
	Contract No.	
	Project No.	L0017-09-22-00519
	Application No.	2
	Application Date	05/29/2025
	Period From	12/31/2024 To 05/29/2025

Application Is Made For Payment In Connection With The Above Contract.

The following documents are attached:

- ☐ Schedule Of Values
- ☐ Schedule Of Unit Prices
- ☐ Inventory Of Stored Materials

The Present Status Of The Account For This Contract Is As Follows:

Original Contract	\$ 284,029.68	Completed To Date	\$ 260,689.93 ^{304,527.08}
Net Change Orders	\$ 0.00	Retainage 5.00 %	\$ 15,226.35
Current Contract Amount	\$ 284,029.68	Subtotal	\$ 289,300.73
		Previous Applications	\$ 247,655.43

Amount Due This Application: \$ 41,645.30

The undersigned Contractor hereby swears, under penalty of perjury, that (1 All previous progress payments received from the Owner, on account of work performed under the Contract referred to above, have been applied by the undersigned to discharge in full all obligations of the undersigned incurred in connection with work covered by prior Applications For Payment under said Contract, being Applications For Payment numbered 1 through 1 inclusive; and 2) All materials and equipment incorporated in said project or otherwise listed in or covered by this Application For Payment are free and clear of all liens, claims, security interests and encumbrances.

Dated May 30 20 2025

De Groot, Inc.

By [Signature] (contractor)

(name & title) President

COUNTY OF _____
STATE OF _____ } ss

Before me on this 30th day of May 20 25 personally appeared Mark DeGroot

known to me, who being duly sworn, did depose and say that he/she is the _____

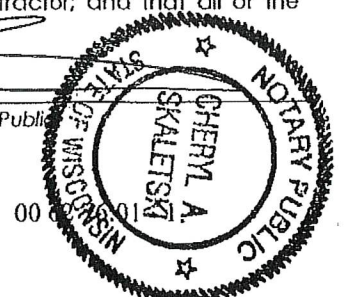
President of the Contractor above mentioned; that he/she

(title)

executed the above Application For Payment and statement on behalf of said Contractor; and that all of the statements contained therein are true, correct and complete.

My Commission Expires: 7/16/2025

[Signature]
(Notary Public)



PAY REQUEST No. 2 CONTRACT:

TOWN OF LAWRENCE - QUARRY PARK

CONTRACTOR: DEGROOT, INC.

DATE: 5/29/2025

Job#24104

ITEM	DESCRIPTION	UNITS	UNIT PRICE	TOTAL PRICE	QTY PREV COMPL	CST WK PREV COMPL	QTY COMPL TO DATE	CST WK COMPL TO DATE	QTY DIFF	COST WORK DIFF
1	CLEARING & GRUBBING NORTH CULVERT - LS	1	\$ 3,535.00	\$ 3,535.00	1	\$ 3,535.00	1	\$ 3,535.00	0	\$ -
2	CLEARING & GRUBBING SOUTH CULVERT - LS	1	\$ 4,545.00	\$ 4,545.00	1	\$ 4,545.00	1	\$ 4,545.00	0	\$ -
3	TEMPORARY COFFER DAMS & BYPASS PUMPING NORTH CULVERT - LS	1	\$ 505.00	\$ 505.00	1	\$ 505.00	1	\$ 505.00	0	\$ -
4	TEMPORARY COFFER DAMS & BYPASS PUMPING SOUTH CULVERT - LS	1	\$ 7,575.00	\$ 7,575.00	1	\$ 7,575.00	1	\$ 7,575.00	0	\$ -
5	REMOVE EXISTING 48" CULVERT - EA	1	\$ 2,525.00	\$ 2,525.00	1	\$ 2,525.00	1	\$ 2,525.00	0	\$ -
6	REMOVE EXISTING 8.5' X 14.5' CULVERT - EA	1	\$ 3,535.00	\$ 3,535.00	1	\$ 3,535.00	1	\$ 3,535.00	0	\$ -
7	REMOVE & SALVAGE EXISTING BEAM GUARD - LS	1	\$ 505.00	\$ 505.00	1	\$ 505.00	1	\$ 505.00	0	\$ -
8	48" RCP CULVERT - LF	77	\$ 339.75	\$ 26,160.75	77	\$ 26,160.75	77	\$ 26,160.75	0	\$ -
9	12X10' HIGH PRECAST CONC CULVERT - LF	57	\$ 2,508.08	\$ 142,960.56	57	\$ 142,960.56	57	\$ 142,960.56	0	\$ -
10	48" RCP ENDWALL - EA	2	\$ 757.50	\$ 1,515.00	2	\$ 1,515.00	2	\$ 1,515.00	0	\$ -
11	12X10' CONC BOX CULVERT CAST-IN-PLACE ENDWALL - EA	2	\$ 24,997.50	\$ 49,995.00	2	\$ 49,995.00	2	\$ 49,995.00	0	\$ -
12	HEAVY RIP RAP - CY	60	\$ 85.85	\$ 5,151.00	60	\$ 5,151.00	60	\$ 5,151.00	0	\$ -
13	BASE AGG DENSE 1-1/4" FOR ROADWAY RESTORATION - TON	142	\$ 19.19	\$ 2,724.98	142	\$ 2,724.98	142	\$ 2,724.98	0	\$ -
14	BASE AGG DENSE 3" FOR ROAD RESTORATION - TON	142	\$ 22.22	\$ 3,155.24	142	\$ 3,155.24	142	\$ 3,155.24	0	\$ -

ITEM	DESCRIPTION	UNITS	UNIT PRICE	TOTAL PRICE	QTY PREV COMPL	CST WK PREV COMPL	QTY COMPL TO DATE	CST WK COMPL TO DATE	QTY DIFF	COST WORK DIFF
15	HMA ROADWAY RESTORATION 4" SF	2155	\$ 6.05	\$ 13,037.75	0	\$ -	5543	\$ 33,535.15	5543	\$ 33,535.15
16	SAWCUTTING - LF	48	\$ 5.05	\$ 242.40	48	\$ 242.40	48	\$ 242.40	0	\$ -
17	GRASS RESTORATION INCL TOPSOIL, SEED & FERT - SY	850	\$ 9.09	\$ 7,726.50	0	\$ -	850	\$ 7,726.50	850	\$ 7,726.50
18	EROSION MAT CLASS 1 TYPE A - SY	850	\$ 3.03	\$ 2,575.50	0	\$ -	850	\$ 2,575.50	850	\$ 2,575.50
19	TRAFFIC CONTROL QUARRY PARK DR - LS	1	\$ 6,060.00	\$ 6,060.00	1	\$ 6,060.00	1	\$ 6,060.00	0	\$ -
A1	44" 11" WIDE X 8' 10" HIGH ALUMINUM STRUCTURAL PLATE- CULVERT - LF	62	\$ 2,109.23	\$ 130,772.26	0	\$ -	0	\$ -	0	\$ -
A2	44" 11" WIDE X 8' 10" HIGH ALUMINUM CULVERT-CAST-IN-PLACE-ENDWALL - EA	2	\$ 56,307.50	\$ 112,615.00	0	\$ -	0	\$ -	0	\$ -
S1	NEW BEAM GUARD POSTS & INSTALL SALVAGED BEAM-GUARD - LF	404	\$ 40.40	\$ 4,080.40	0	\$ -	0	\$ -	0	\$ -
0		1	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -
0		1	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -
0		1	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -
0		1	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -
TOTAL COMPLETED TO DATE				\$ 304,527.08						
LESS RETAINAGE(2.5% CONTRACT \$)				-5%	\$ (15,226.35)					
TOTAL PAYMENT DUE TO DATE					\$ 289,300.73					
LESS PREVIOUS REQUEST					\$ (247,655.43)					
TOTAL PAYMENT DUE THIS REQUEST					\$ 41,645.30					



Agenda Item Review

Meeting Date: 6/23/2025

Agenda Item#: 15

TOWN OF LAWRENCE BOARD MEETING STAFF REPORT

REPORT TO: Dr. Lanny Tibaldo, Town Board Chairman, Town Board
REPORT FROM: Patrick Wetzel, Town Administrator
AGENDA ITEM: Pay Request #3 – LE-2 Connection Station – Rohde Bros. - \$60,140.80

FISCAL IMPACT:

1. Is there A Fiscal Impact? Yes
2. Is it Currently Budgeted? Yes

Item History: Rohde Brothers Inc. have continued their work on our water utility's LE-2 Connection Station Improvements project and have submitted their third pay request of \$60,140.80

McMahon has reviewed all documents and has approved moving forward with this third payment.

Recommended Action: Recommend approval of Pay Request #3 – LE-2 Connection Station Improvements by Rohde Brothers inc. in the amount of \$60,140.80



June 11, 2025

Town of Lawrence
2400 Shady Court
De Pere, WI 54115

Re: Town of Lawrence
Connection Station LE-2 Improvements
Certificate for Payment #3
McM. No. L0017-09-24-00318

Enclosed herewith is Certificate for Payment #3 for the above referenced project. This Certificate is issued to Rhode Brothers, Inc. in the amount of \$60,140.80 for partial payment for work performed through May 31, 2025.

Please process the enclosed, and forward payment to Rhode Brothers, Inc. Should you have any questions, please contact our office at your convenience.

Respectfully,

McMahon Associates, Inc.

Donald J. Voogt, P.E.
Vice President / Senior Project Manager

DJV:jlh

cc: Rhode Brothers, Inc.

Enclosure: Certificate for Payment #3

**CERTIFICATE FOR
PAYMENT**

TOWN OF LAWRENCE
2400 Shady Court
De Pere, WI 54115

Contract No. L0017-09-24-00318
Project File No. L0017-09-24-00318
Certificate No. Three (3)
Issue Date: June 11, 2025
Project: TOWN OF LAWRENCE
Connection Station LE-2 Improvements

This Is To Certify That, In Accordance With The Contract Documents Dated: November 21, 2024

RHODE BROTHERS, INC.
W5745 Woodchuck Lane / PO Box 409
Plymouth, WI 53073

Is Entitled To Final Payment For Work Performed Through: May 31, 2025

- ☒ Contractor's Application for Payment Attached
☒ Itemized Cost Breakdown Attached

Original Contract	<u>\$231,700.00</u>
Net Change Orders	<u>\$0.00</u>
Current Contract Amount	<u>\$231,700.00</u>

Completed To Date	<u>\$150,071.00</u>
Retainage – 2.5%*	<u>\$5,792.50</u>
Subtotal	<u>\$144,278.50</u>
Previously Certified	<u>\$84,137.70</u>

* 2.5% of Current Contract Amount.

Amount Due This Payment: \$60,140.80

Please process and forward payment to Rhode Brothers, Inc.

Certified By:
McMAHON ASSOCIATES, INC.
Neenah, Wisconsin



Donald J. Voogt, P.E.
Vice President / Senior Project Manager



McMahon Associates, Inc.
1445 McMahon Drive P.O. Box 1025
Neenah, WI 54956 Neenah, WI 54957-1025
Telephone: (920)751-4200
FAX: (920)751-4284

APPLICATION FOR PAYMENT

(Owner)
Town of Lawrence
2400 Shady Court
De Pere, WI 54115

PROJECT: Lawrence LE-2 Improvements
CONTRACTOR: Rohde Brothers, Inc.
Contract No. L0017-09-24-00318
Project No. 25030
Application No. 3
Application Date 6/6/2025
Period From 5/1/2025 To 5/31/2025

Application Is Made For Payment In Connection With The Above Contract.
The following documents are attached:

- ☒ Schedule Of Values
☐ Schedule Of Unit Prices
☐ Inventory Of Stored Materials

The Present Status Of The Account For This Contract Is As Follows:

Original Contract \$ 231,700.00
Net Change Orders \$ -
Current Contract Amount \$ 231,700.00

Completed To Date \$ 150,071.00
Retainage 5 % \$ 5,792.50
Subtotal \$ 144,278.50
Previous Applications \$ 84,137.70

Amount Due This Application: \$ 60,140.80

The undersigned Contractor hereby swears, under penalty of perjury, that (1 All previous progress payments received from the Owner, on account of work performed under the Contract referred to above, have been applied by the undersigned to discharge in full all obligations of the undersigned incurred in connection with work covered by prior Applications For Payment under said Contract, being Applications For Payment numbered 1 through 8 inclusive; and 2) All materials and equipment incorporated in said project or otherwise listed in or covered by this Application For Payment are free and clear of all liens, claims, security interests and encumbrances.

Dated June 6, 20 25

Rohde Brothers Inc.
(contractor)

By Eric Carlson Eric Carlson, CFO
(name & title)

COUNTY OF
STATE OF

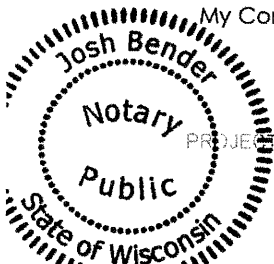
} ss

Before me on this 6th day of June 20 25 personally appeared Eric Carlson
known to me, who being duly sworn, did depose and say that he/she is the
CFO of the Contractor above mentioned; that he/she
(title)

executed the above Application For Payment and statement on behalf of said Contractor; and that all of the statements contained therein are true, correct and complete.

My Commission Expires: 7/26/2028

Josh Bender
(Notary Public)



PROJECTS \ L0017 \ 002400318 \ ADMIN \ SPEC \ DIV 0

00 62 76.01 - 1

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER: Town of Lawrence 2400 Shady Court De Pere, WI 54115	PROJECT: Lawrence LE-2 Improvements 1451 Biotech Way De Pere, WI 54115	APPLICATION NO: 3 APPLICATION DATE: 6/6/2025 PERIOD TO: 5/31/2025 CONTRACT DATE: 11/21/2024 PROJECT NOS: 25030 / L0017-09-24-00318 CONTRACT FOR:	Distribution to: <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ARCHITECT <input type="checkbox"/> CONTRACTOR
FROM CONTRACTOR: Rohde Brothers, Inc. P.O. Box 409 Plymouth, WI 53073	VIA ARCHITECT: McMahon Associates, Inc. 1445 McMahon Dr Neenah, WI 54956		

CONTRACTOR'S APPLICATION FOR PAYMENT

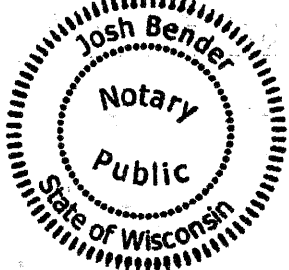
Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM	\$ 231,700.00
2. NET CHANGE BY CHANGE ORDERS	\$ -
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$ 231,700.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet)	\$ 150,071.00
5. RETAINAGE:	
a. 5 % of Completed Work up to 50% (Column D + E on Continuation Sheet)	\$ 5,792.50
b. 5 % of Stored Materials up to 50% (Column F on Continuation Sheet)	\$ -
Total Retainage (Lines 5a + 5b or Total in Column I of Continuation Sheet)	\$ 5,792.50
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$ 144,278.50
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$ 84,137.70
8. CURRENT PAYMENT DUE	\$ 60,140.80
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 87,421.50

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	-	-
Total approved this Month	-	-
TOTALS	-	-
NET CHANGES by Change Order	-	-

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Rohde Brothers, Inc. By: <u>[Signature]</u> Date: <u>6/6/2025</u>	
State of: Wisconsin County of: Sheboygan	
Subscribed and sworn to before me this <u>6th</u> day of <u>June</u> 2025	
Notary Public: <u>[Signature]</u> My Commission expires: <u>7-26-2028</u>	



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:
By: _____ Date: _____
This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



CONTINUATION SHEET

PROJECT: Lawrence LE-2 Improvements
 APPLICATION NUMBER: 3
 APPLICATION DATE: 6/6/2025
 PERIOD TO: 5/31/2025
 PROJECT NOS: 25030 / / L0017-09-24-00318

ITEM NO. (A)	DESCRIPTION OF WORK (B)	SCHEDULED VALUE (C)	WORK COMPLETED		MATERIAL STORED This Request (F)	TOTAL COMPLETED & STORED TO DATE		RETAINAGE 5% Up to 50% (I)	BALANCE TO FINISH (J)
			PREVIOUS APPLICATION (D)	THIS APPLICATION (E)		(G)	% (H)		
01	Job Supervision	\$15,849.00	\$5,000.00	\$5,000.00		\$10,000.00	63.1%	\$360.90	\$5,849.00
02	Submittals	\$2,500.00	\$2,500.00			\$2,500.00	100%	\$125.00	
03	O&M's	\$2,500.00							\$2,500.00
04	Bonds	\$2,066.00	\$2,066.00			\$2,066.00	100%	\$103.30	
05	Mobilization	\$5,000.00	\$5,000.00			\$5,000.00	100%	\$250.00	
06	Demobilization	\$5,000.00							\$5,000.00
07	Procurement								
08	Automated Chlorine Shutoff System	\$50,000.00	\$50,000.00			\$50,000.00	100%	\$2,500.00	
09	Chlorine Residual Analyzer	\$20,000.00	\$20,000.00			\$20,000.00	100%	\$1,000.00	
10	Misc. material and equipment	\$6,000.00	\$3,000.00	\$3,000.00		\$6,000.00	100%	\$216.54	
11	Rentals	\$4,000.00	\$1,000.00	\$2,000.00		\$3,000.00	75%	\$94.36	\$1,000.00
12	Labor Installation								
13	Concrete Work	\$5,000.00							\$5,000.00
14	Pipe and fittings install	\$8,000.00		\$4,800.00		\$4,800.00	60%	\$106.47	\$3,200.00
15	Antenna Install	\$4,000.00							\$4,000.00
16	Demolition	\$2,000.00		\$2,000.00		\$2,000.00	100%	\$44.36	
17	Excavating	\$3,000.00							\$3,000.00
18	Subcontractors								
19	Control Valve Rebuild	\$7,374.00							\$7,374.00
20	Controls	\$62,625.00		\$31,312.00		\$31,312.00	50%	\$694.61	\$31,313.00
21	Electrician	\$26,786.00		\$13,393.00		\$13,393.00	50%	\$297.06	\$13,393.00
	Totals	\$231,700.00	\$88,566.00	\$61,505.00		\$150,071.00	64.77%	\$5,792.50	\$81,629.00



Agenda Item Review

Meeting Date: 6-23-2025
Agenda Item#: 17

TOWN OF LAWRENCE BOARD MEETING STAFF REPORT

REPORT TO: Dr. Lanny Tibaldo, Town Board Chairman, Town Board
REPORT FROM: Kurt Minten, Director of DPW
AGENDA ITEM: **CMAR report**

FISCAL IMPACT:

1. Is there A Fiscal Impact? NO
2. Is it Currently Budgeted? NO

Item History

DNR requires an annual report on compliance maintenance of our sanitary sewer system. (CMAR) This report needs to be approved by a resolution passed from the town board on an annual basis. The 2024 report has been filled out and received a grade of A.

Recommended Action:

I recommend approval of the 2024 CMAR report.

Compliance Maintenance Annual Report

Lawrence Utility District

Last Updated: Reporting For:
6/20/2025 2024

Financial Management

1. Provider of Financial Information		
Name:	<input type="text" value="Patrick Wetzel"/>	
Telephone:	<input type="text" value="920-336-9131"/>	(XXX) XXX-XXXX
E-Mail Address (optional):	<input type="text" value="Patrickw@Lawrencewi.gov"/>	
2. Treatment Works Operating Revenues		
2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?		
● Yes (0 points) <input type="checkbox"/>		
○ No (40 points)		
If No, please explain:		
<input type="text"/>		
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?		
Year:	<input type="text" value="2023"/>	0
● 0-2 years ago (0 points) <input type="checkbox"/>		
○ 3 or more years ago (20 points) <input type="checkbox"/>		
○ N/A (private facility)		
2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?		
● Yes (0 points)		
○ No (40 points)		
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]		
3. Equipment Replacement Funds		
3.1 When was the Equipment Replacement Fund last reviewed and/or revised?		
Year:	<input type="text" value="2023"/>	
● 1-2 years ago (0 points) <input type="checkbox"/>		
○ 3 or more years ago (20 points) <input type="checkbox"/>		
○ N/A		
If N/A, please explain:		
<input type="text"/>		
3.2 Equipment Replacement Fund Activity		
3.2.1 Ending Balance Reported on Last Year's CMAR	\$	<input type="text" value="15,465.81"/>
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input type="text" value="0.00"/>
3.2.3 Adjusted January 1st Beginning Balance	\$	<input type="text" value="15,465.81"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	<input type="text" value="\$ 6,000.00"/>

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

- \$ 8,337.50

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 13,128.31

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

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

SCADA upgrades

3.3 What amount should be in your Replacement Fund? \$ 5,000.00

0

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

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

☒ Yes

☐ No

If No, please explain.

4. Future Planning

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

☐ Yes - If Yes, please provide major project information, if not already listed below. ☐ ☐

☒ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
None reported			

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

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

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 3

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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	1,874	1
February	2,018	1
March	1,893	1
April	1,674	1
May	1,037	0
June	1,027	1
July	915	1
August	807	1
September	790	0
October	814	1
November	1,097	1
December	1,706	1
Total	15,652	10
Average	1,304	1

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

● No

○ Yes

Year:

By Whom:

Describe and Comment:

Compliance Maintenance Annual Report

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

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

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Sanitary Sewer Collection Systems

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

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

- ☒ Yes
- ☐ No

If No, explain:

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

- ☒ Yes
- ☐ No (30 points)
- ☐ N/A

If No or N/A, explain:

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

☒ Goals [NR 210.23 (4)(a)]

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

Clean the three lift stations annually, inspect 50% of all manholes, Clean and televise 20% of all sewer lines annually

Did you accomplish them?

- ☒ Yes
- ☐ No

If No, explain:

☒ Organization [NR 210.23 (4) (b)] ☐ ☐

Does this chapter of your CMOM include:

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

☒ Legal Authority [NR 210.23 (4) (c)]

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

Ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2024-05-13

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

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

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

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

- ☒ Equipment and replacement part inventories
- ☒ Up-to-date sewer system map

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- ☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- ☒ A description of routine operation and maintenance activities (see question 2 below)
- ☒ Capacity assessment program
- ☒ Basement back assessment and correction
- ☒ Regular O&M training

- ☒ Design and Performance Provisions [NR 210.23 (4) (e)] ☐ ☐

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

- ☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- ☒ Construction, Inspection, and Testing
- ☐ Others:

- ☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)] ☐ ☐

Does your emergency response capability include:

- ☒ Responsible personnel communication procedures
- ☒ Response order, timing and clean-up
- ☒ Public notification protocols
- ☒ Training
- ☒ Emergency operation protocols and implementation procedures

- ☒ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)] ☐ ☐

- ☐ Special Studies Last Year (check only those that apply):

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Management Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☐ Others:

0

2. Operation and Maintenance

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

Cleaning	<input type="text" value="20"/>	% of system/year
Root removal	<input type="text" value="0"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="20"/>	% of system/year
Manhole inspections	<input type="text" value="50"/>	% of system/year
Lift station O&M	<input type="text" value="3"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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Private sewer I/I removal % of private services

River or water crossings % of pipe crossings evaluated or maintained

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

3. Performance Indicators

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

<input type="text" value="28.84"/>	Total actual amount of precipitation last year in inches
<input type="text" value="32.56"/>	Annual average precipitation (for your location)
<input type="text" value="46.29"/>	Miles of sanitary sewer
<input type="text" value="3"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value=".378"/>	Average daily flow in MGD (if available)
<input type="text" value="13110"/>	Peak monthly flow in MGD (if available)
<input type="text" value=".0176209"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="34682.5"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

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

Date	Location	Cause	Estimated Volume
------	----------	-------	------------------

None reported

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

5. Infiltration / Inflow (I/I)

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

☐ Yes

☒ No

If Yes, please describe:

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

☐ Yes

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<ul style="list-style-type: none">● No <p>If Yes, please describe:</p> <div></div> <p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div>none</div> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div>none</div>	
--	--

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

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			4	16
GRADE POINT AVERAGE (GPA) = 4.00				

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

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Resolution or Owner's Statement

Name of Governing Body or Owner:	<div>Town of Lawrence</div>
Date of Resolution or Action Taken:	<div>2025-06-23</div>
Resolution Number:	<div>2025-007</div>
Date of Submittal:	

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

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

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