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 Brienen, 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 Brienen 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 Brienen 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 Brienen 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 Brienen 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 Brienen, 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 Brienen seconded the motion. The motion carried unanimously.

14. Consideration of Pay Request #2 – LE-2 Connection Station Improvements, Rhode Brothers - \$73,625.00:

Supervisor Brienen 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 Brienen 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 Brienen, 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 Brienen 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 Brienen, 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.

/endor Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	\
T Business Technologies, LLC	5000	IT.0	05/04/0005	040.00	00		
869 AIT Business Technologies, LLC	59262	IT Services	05/31/2025	810.00	.00		
Total AIT Business Technologies, LLC) :			810.00	.00		
lean 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		
omplete Office							
1010 Complete Office	940445	Fire Department Supplies	06/17/2025	67.13	.00		
Total Complete Office:				67.13	.00		
ore & Main LP							
200 Core & Main LP	X120204	Water Dist. Parts/Supplies	06/09/2025	150.00	.00		
Total Core & Main LP:				150.00	.00		
ngebos Heating & Cooling, LLC							
146 Engebos Heating & Cooling, LLC	SD2277	HVAC Maintenance	06/06/2025	815.48	.00		
Total Engebos Heating & Cooling, LLC	D:			815.48	.00		
ameree Consulting & Inspection							
154 Fameree Consulting & Inspection	1177	Electrical Inspection-VerHalen, 2	06/06/2025	690.30	.00		
Total Fameree Consulting & Inspectio	n:			690.30	.00		
sher Concrete Sawing, Inc							
972 Fisher Concrete Sawing, Inc972 Fisher Concrete Sawing, Inc	12025-05-27	Fill Sink Hole on Lamers Property	05/21/2025	300.00	.00		
972 Fisher Concrete Sawing, Inc	12025-06-02 12025-06-04	Auger Holes for Signs Culvert-Bain Court	06/10/2025 06/10/2025	300.00 150.00	.00		
Total Fisher Concrete Sawing, Inc:				750.00	.00		
annett Media Corp							
175 Gannett Media Corp	0007104284	Public Notices	05/31/2025	192.41	.00		
Total Gannett Media Corp:				192.41	.00		
im'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		
ICC Inc							
282 MCC Inc	TOL 2025-1	PR#1-2025 ROAD IMPROVEME	05/27/2025	290,503.04	290,503.04	06/10/2025	
				290,503.04	290,503.04		

endor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voide
lenard	s 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		
To	otal Menards Inc:				231.68	.00		
lidwes	t Meters Inc.							
295	Midwest Meters Inc.	0178583-IN	New Meters	06/05/2025	26,280.00	.00		
To	otal Midwest Meters Inc.:				26,280.00	.00		
	h Fire & Police Equipment							
320	Oshkosh Fire & Police Equipment	197351	Washable Mesh bag 2%	06/05/2025	145.50	.00		
To	otal Oshkosh Fire & Police Equipmen	t:			145.50	.00		
	reek Lawn Services LLC	0.4000005	T	00/40/0005	005.00	00		
1242	Plum Creek Lawn Services LLC	24002025	Tractor & Seeder Rental	06/10/2025	905.00	.00		
To	otal Plum Creek Lawn Services LLC:				905.00	.00		
	Janitorial Inc							
342	Pro One Janitorial Inc	224399	Monthly cleaning - July	06/20/2025	576.66	.00		
To	otal Pro One Janitorial Inc:				576.66	.00		
тѕ со	NTRACTORS, 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	
To	otal PTS CONTRACTORS, INC:				67,626.90	67,626.90		
& R Ir	surance Services, Inc							
1099	R & R Insurance Services, Inc	3223005	Insurance Services-July	06/02/2025	242.00	.00		
To	otal R & R Insurance Services, Inc:				242.00	.00		
	Brothers Inc	10047.00.04.0	D D	05/40/0005	70.005.00	70.005.00	00/40/0005	
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	
To	otal Rohde Brothers Inc:				73,625.00	73,625.00		
	an Wildlife Solutions LLC	7040	Townsian at Danda	00/40/0005	40.070.00	00		
397	Suburban Wildlife Solutions LLC	7319	Trapping at Ponds	06/12/2025	12,376.00	.00		
To	otal Suburban Wildlife Solutions LLC:				12,376.00	.00		
	quipment Inc.	4400054 00	T 1 //44	00/00/00=	00.000.77	2.5		
	Truck Equipment Inc.	1108251-00	Truck #14	06/06/2025	20,992.50	.00		
	Truck Equipment Inc.	1108251-00	Truck #14	06/06/2025	20,992.50	.00		
	Truck Equipment Inc.	1149158-00	Utility Truck	06/05/2025	347.36	.00		
	Truck Equipment Inc.	1149158-00 1152783-00	Utility Truck F4	06/05/2025 06/13/2025	347.36 31.68	.00		
				UD/ 13/7U/5	a i na	.00		
	Truck Equipment Inc.	1132703-00	14	00/10/2020				

Town of Lawrence Payment Approval Report		Page: 3
	Report dates: 6/10/2025-6/20/2025	Jun 20, 2025, 09:56AM

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		
To	tal Weyers Equipment Inc:				162.36	.00		
Yesterd	ay's Trees LLC							
552	Yesterday's Trees LLC	238103	Tree Removal-Cemetery	06/09/2025	2,500.00	.00		
To	tal Yesterday's Trees LLC:				2,500.00	.00		
Gı	and 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:

Is there A Fiscal Impact?
 Is it Currently Budgeted?

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

KITIFIC COLUMN	Fo	r Municipal Us	e Onf	V	eu m
Munici	pality	(Ferrence	****
Town	of:	Lawrence			
License	Pei	lod			
July	1.	2025 - June	30.	2026	

License(s) Requested: (up to two boxes may i	oe checked)				Fees			
☐ Class "A" Beer	Class "B" Beer	\$ 10	v. ²⁰	License I	ees	\$	100.	Ø
☐ "Class A" Liquor	l "Class B" Liquor	\$		Backgrou	ind Check Fee	\$		······································
Class A" Liquor (cider only) \$	Reserve "Class B" Liqu	or \$	*******	Publication	n Fee	\$		40
☐ "Class C" Liquor (wine only) \$				Total Fe)\$	\$	140	æ
Part A: Premises/Business Information	The state of the s	102M 15M 15 1 4 - 100 100 100 100 100 100 100 100 100 1						
1. Legal Business Name (Individual name if sole prop Defere Select Soce	rletorship)	MANAGANA SAMBANA				Limite		
LZ PUISINARS Trans Nama or DEO								
Sports Enporium 39-1732124	4. W			rmit Numbe	0716-0)	***************************************	10000001000001000010
5. Entity Type (check one)	Part 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						manimum Ar .	
Sole Proprietor Partnership 6. State of Organization	Limited Liability Cor 7. Date of Organization	npany	AN CO	orporation 8 Wiscon	M Nonpro In DFI Registration			on
WI	09/09/199	13		239	32-80	۵. ارد ا	IIIDOI	
9. Premises Address 1856 N. n.tz D		·			033799	****	***************************************	
10. City Defere	тиштот доба на сита на систем и со се со			11. State	12. Zlp Code			
	14. Governing Municipality: of: Lawrence	City	⊠ Town	☐ Village	15. Aldermani	c Dist	rict	
	17. Premises Email		***************************************	, 18. W	- ebsite			
920-336-1900	17. Premises Email 95 sports erpo	برنمج (2 gru	500	tscrporiu	206	· com	
19. Premises Description - Describe the building or b are kept. Describe all rooms within the building, in only on the premises described in this application beer - Stored 2 Served in Accords - Stored in Facult	ulldings where alcohol beve cluding living quarters. Auti . Attach a map or diagram a Co∧c ⊏SSi ∞∧. S to∧	erages are horized al and addition	e produced lcohol beve onal sheets L~/5 h	I, sold, store grage activit s if necessa	ed, or consumed, les and storage o	and r	elated re-	cords
20. Malling Address (if different from premises address	S)	ala an ara an again an far ag		*************************************				***************************************
21. City				22. State	23. Zip Code		**************************************	<u></u>
Part B: Questions		:		***************************************			لايدا الوالديد الدين الوالدين	ACI Management of Ex
Has the business (sole proprietorship, partner violating federal or state laws or local ordinan	rship, limited liability cor ces? Exclude traffic offe	npany, o nses uni	r corpora ess relate	tion) been ed to alcoh	convicted of ol beverages.		Yes 🂢	No
If yes, list the details of violation below. Attact	n additional sheets if nec	essary.						
Law/Ordinance Violated	Location			-	rial Date			
Penalty Imposed		I	Was sen	tence com	pleted?,		res [] No
Law/Ordinance Violated	Location	l.	***************************************	1	rial Date	,		
Penalty Imposed			Was sen	tence com	pleted?	□ \	res [] No

Are charges for any offenses pending a beverages.	gainst the business	s? Exclude traffic offe	enses unless related to	alcohol ☐ Yes 🔀 No
If yes, describe the nature and status o	f pending charges	using the space belo	w. Attach additional she	ets as needed.
	•		N Access Care Supple of the Care	
Is the applicant business or any of its a individuals or entities a restricted investigation of the restricted investigation.	tor with any intere	st in an alcohol beve	arage producer or distr	ner related butor? Yes 🔀 No
4. Is the applicant business owned by and	other business entit	y?	than additional chaste	Yes X No
If yes, provide the name(s) and FEIN(s) of the business ei	4b. Business E		do Hooded.
4a. Name of Business Entity		40. Dasi 1000 E	and a min	
Have the partners, agent, or sole propression this license period? Submit proof of corrections.	ietor satisfied the re	esponsible beverage	server training require	ment for Yes No
6. Is the applicant business indebted to a	ny wholesaler beyo	nd 15 days for beer	or 30 days for liquor/wit	ne? Yes 🔀 No
7. Does the applicant business owe past	due municipal prop	erty taxes, assessm	ents, or other fees?	Yes X No
Part C: Individual Information		The state of the s		
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of a com any, Attach additional	ocration of nonprolit of sheets if necessary.	ganization, ali partneis di a	д ракциявыр, апа ан папьсто,
Include Form AB-100 for each person listed be	low. Corporations an First Name		n agent by including Form tle	AB-101. Phone
Last Name	- 1		President	920-246-3253
Dale Modes	Dole		The state of the s	
Paul	Fabey	4	Vice	930 217 5107
Novak	William		Treasurer	920-919-1248
Winters	Alan	the state of the s	Secretary	312-823-7-03
Part D: Attestation	Patrick		At Large	414 750 3139
One of the following must sign and attest • sole proprietor • one general	il partner of a partn	•		one member of an LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of law, I h	ave answered each of	the above questions com	pletely and truthfully. I agree that
I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice	anegie) if aranted W	ill not be assigned to 8	inother individual of elilliy	. I agree to obbiggo mig amongo
according to the taw, including but not limited	to, purchasing alcon	oi peverages from stat med a refusal to allow i	le authorized wholesalers Inspection, Such refusal is	a misdemeanor and grounds for
revocation of this license. I understand that a understand that I may be prosecuted for subm	ny fizonoa idellaci col	ntrany to Mas Stat Chi	Anter 125 Shan de voia di	INDI DRUGICY OF SCALE IGHT I WILLIAM
Ingly provides materially false Information on t	his application may i	be required to forfeit no	ot more than \$1,000 if cor	Miciea.
Last Name		First Name		M.I.
Khodes	Email	Dere 4		Phone
Rhodes Title Executive Director	1,5111,000	derek chade	510@3 mil	920-246-2020
Signature			10 @ 3 mail Date 5-6-25	
Part E: For Clerk Use Only	Militar and Military and Milita			THE PROPERTY OF THE PROPERTY O
	se Number	The second secon	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		aggraphic ggyptemace of crystallists of the state of the	Date Provision	nnal License Issued (if applicable)
(ing Xa)	<u>/ L</u>	A		The second secon

AB-200

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

Licenson Decumented (up to true house month	a shaalrad\		Fees	
License(s) Requested: (up to two boxes may be		Licens	se Fees	\$650-
·	Class "B" Beer \$ _	Backo	round Check Fee	\$
☐ "Class A" Liquor \$ <u>500</u> ☐	"Class B" Liquor \$		ation Fee	\$40-
☐ "Class A" Liquor (cider only) \$ ☐	Reserve "Class B" Liquor \$			10
Class C" Liquor (wine only) \$		Total	rees	\$ 690" \\
			######################################	Ly.
Part A: Premises/Business Information			All the second s	aloda izania manamatan man
Legal Business Name (individual name if sole propi Kwik Trip, Inc.	rietorship)			
Business Trade Name or DBA Kwik Trip 105				The second secon
3. FEIN 39-1036365	4. Wisconsin 456-00002	Seller's Permit Num 28761403	iber	
5. Entity Type (check one)		KT & 4	power	#t4 #4 E -1
Sole Proprietor Partnership 6. State of Organization	Limited Liability Company	X Corporation		fit Organization
Wisconsin	7. Date of Organization October 7, 1964	1K04	onsin DFI Registratio 301	u Mamber
9. Premises Address 2746 Freedom Rd				
10. City De Pere		11. Stat Wi	e 12. Zlp Code 54115	, h h i h i h . a i a i i i i i i i i i i i i i i
13. County Brown	14. Governing Municipality: City of: Lawrence Town of	X Town Vill	age 15. Aldermank	District
16. Premises Phone 920-983-0354	17. Premises Email LicensingDept@kwiktrip.com		Website www.KwikTrip.com	- II. II. MARK III. III. III. III. III. III. III. II
19. Premises Description - Describe the building or beare kept. Describe all rooms within the building, in only on the premises described in this application. One-story frame construction with storage in locks.	cluding living quarters. Authorized ald . Attach a map or diagram and addit	cohol beverage activional sheets if neces	Ities and storage of rasary.	
20. Mailing Address (if different from premises addres Kwik Trip – Legal Dept., P.O. Box 2107	3)		The second section of the second seco	
21. City La Crosse		22. Stat Wi	e 23. Zip Code 54602-210	7
Part B: Questions				
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal lf yes, list the details of violation below. Attaction below.	nces? Exclude traffic offenses ur	nless related to al		X Yes No
Law/Ordinance Violated **Please see enclosed list of retail store violations.	Location		Trial Date	
Penalty (mposed		300		
		vvas sentence c	ompleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penally Imposed		Was sentence c	ompleted?	Yes No
		L		

Are charges for any offenses pending a beverages. If yes, describe the nature and status of the charges.				
and the second state of the second se		ne t i		
Is the applicant business or any of its o individuals or entitles a restricted investor of the restricted investors.	or with any interest	in an alcohol beverag	ge producer or dis	other related tributor? Yes X No
4				
Is the applicant business owned by ano If yes, provide the name(s) and FEIN(s)	ther business entity of the business er	ntity owners below. At	tach additional sh	
4a. Name of Business Entity		4b. Business En	tity FEIN	
5. Have the partners, agent, or sole propri	ietor satisfied the re	asnonsible beverage	server fraining reg	ulrement for
this license period? Submit proof of con	npletion			X Yes No
6. Is the applicant business indebted to an	ıy wholesaler beyo	nd 15 days for beer o	r 30 days fo <u>r lig</u> uc	ywine? Yes X No
7. Does the applicant business owe past of	due municipal prop	erty taxes, assessme	nts, or other fees?	Yes X No
Part C: Individual Information				to a sharpanga latad in Dort D
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a con any. Altach additional	poration or nonprofit organishes if necessary.	anization, all partne	s of a partnership, and all members,
Include Form AB-100 for each person listed bel	low. Corporations an First Name	d LLCs must appoint an		Phone
Last Name			O & President	608-791-7385
Zietlow	Scott		**************************************	608-793-4741 608-791-7385
Wagner	David	CF	O & Treasurer	608-793-4741
Ahrenholtz	Kevin	Ag	ent	414-708-1766
Part D: Attestation	name and its of the said of the latest and a said of the said of t			
One of the following must sign and attest to sole proprietor one genera	to this application: partner of a partn	ershin • one co	orporate officer	• one member of an LLC
READ CAREFULLY BEFORE SIGNING: Undo i am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during inspersions of this license. I understand that an	er penalty of law, I he siness and not on be nse(s), if granted, will be, purchasing alcohol section will be deems by license issued con	nve answered each of the shalf of any other individed in not be assigned to and beverages from state and a refusal to allow instruct of Wis. Stat. Chapters to Wis. Stat. Chap	e above questions on ual or entity seeking other individual or elutrorized wholesale pection. Such refus ter 125 shall be voi	completely and truthfully. I agree that g the license. Further, I agree that the ntity. I agree to operate this business irs. I understand that lack of access to all is a misdemeanor and grounds for d under penalty of state law. I further
understand that I may be prosecuted for submitti provides materially false information on this app	ing false statements s	and affidavits in connecti	on with this applicati	on, and that any person who knowingly
Last Name Zietlow		First Name Scott	<u> </u>	M.t. P
Title CEO & President	Email Licensi	ngDept@kwiktrip.com	de constituire de la constitui	Phone 608-791-7385 608-793-4741
Signature Suft P. Filther		í	Date March 1, 2025	DAGINETITI
	Callegar Commission			
The state of the s	e Number		Date License Gra	
Signature of Clark/Deputy Clerk		1	Date Pro	ovisional License Issued (if applicable)
AB-200 (R. 1926).		-2-	The second secon	And the state of t

Form AB-200

***************************************	Fo	r Municipal Us	InO e	V	
Munici	pality	 			***
		Lawrence			
Licens	e Pei	lod		······································	~~~
Tully	1.	2025-June	30.	2026	

License(s) Requested: (up to two boxes may	be checked)		ſ		Fees		
☐ Class "A" Beer \$	☑ Class "B" Beer	\$ 🗾	<u>00 </u>	License Fe	nse Fees \$,)
☐ "Class A" Liquor \$ 5_	Z∕"Class B" Liquor .	\$ <u>.</u> 3	<u> </u>	Background Check Fee		\$	***************************************
☐ "Class A" Liquor (cider only) \$ ☐	☐ Reserve "Class B"	Liquor \$	-	Publication Fee		\$	40
Class C" Liquor (wine only) \$				Total Fees		\$	
Part A: Premises/Business Information	<u>. </u>						***************************************
1. Legal Business Name (individual name if sole pro	prietorship)		***************************************		······································		# ····
MACKS PUBLIC				······································	· All Marine the	·	
2. Business Trade Name or DBA Macks Pub and Grill							
3. FEIN 4. Wisconsin Seller's F						***************************************	
33-1989928		456	-1031	87 5	149-02	,	
5. Entity Type (check one)				()	P*****		
Sole Proprietor Partnership 6. State of Organization	Limited Liability 7. Date of Organization		**************************************	rporation	Nonpro		ation
Wisconsin	11-27-24	JII		MIR	·	ur jaminier	
9. Promises Address 2983 Lawrence Drive							Accounts to the Automobile for the same
10. City De Pave	l the conditioner of the control of the character oppy grade beginning the target of the grape opposite (1935)	**************************************		11. State	12. Zip Code 54//5	***************************************	
13. County Brown	14. Governing Municipality: City Z Town of: Lawrence			n 🔲 Village 15. Aldermanic District			
16, Premises Phone	17. Premises Emall			18. Web	sit e	······································	***************************************
920-532-9075	Madespub 200	4 Dema	11. com	mac	kspeb and	gertt. a	oM
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. 2 bedroom home upstairs - base ment for	including living quarters n. Attach a map or diag	s. Authorized a ram and additi	icohoi beve onal sheets	rage activities	and storage o		
20. Mailing Address (If different from premises addre	\$8)	MA AN A-CORRESSON AND AND AND AND AND AND AND AND AND AN				**************************************	
21. City				22. State	23, Zlp Code	<u></u>	***************************************
Part B: Questions		***************************************	***************************************				. :
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)	ership, limited liabilit	y company, c offenses un	r corporat less relate	ion) been o	onvicted of beverages.	Yes	⊠ No
If yes, list the details of violation below. Attac	ch additional sheets	f necessary.					
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed			Was sent	ence compl	eted?	☐ Yes	☐ No
Law/Ordinance Violated	Location	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	Thi	al Date	**************************************	
Penalty Imposed			Was sent	ence compl	eted?	☐ Yes	∏ No

2. Are charges for any offenses per	nding against the busines	s? Exclude traffic off	enses unless related to	alcohol 🔲 Ye	as No
beverages. If yes, describe the nature and s	tatus of pending charges	using the space belo	w. Attach additional she	ets as needed.	
Is the applicant business or any individuals or entities a restricte If yes, provide the name of the r	d investor with anv intere	st in an alcohol bev	erage producer or distrit	er related outor? Ye	s No
Is the applicant business owned If yes, provide the name(s) and I	by another business entit EIN(s) of the business er	y? http://www.ers.below.ers.	uttach additional sheets	∐ Y∈ as needed.	es No
4a. Name of Business Entity	MALES MARKET STORY OF THE STORY	4b. Business E			
5. Have the partners, agent, or sole this license period? Submit proo	proprietor satisfied the re	esponsible beverage	server training requirer	nent for	es 🗀 No
6. Is the applicant business indebte	ed to any wholesaler beyo	nd 15 days for beer	or 30 days for liquor/win	e? 🔲 Ye	es Z No
7. Does the applicant business owe	past due municipal prop				hàmai
Part C: Individual Information					
List the name, title, and phone number Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	directors, and agent of a corp y company. Altach additional	oration or nonprofit org sheets if necessary.	janization, all partners of a	partnership, and al	ted in Part B, I membars,
Include Form AB-100 for each person li	sted below. Corporations and First Name		n agent by Including Form∄ tle	AB-101. Phone	
Last Name			THE RESERVE THE PROPERTY OF THE PARTY OF THE		0 1213
alvarez	Wendy		owner	920-60	4-1302
		44-44-44-44-44-44-44-44-44-44-44-44-44-	a addisa Manakana ana ana ana ana ana ana ana ana		***************************************
The state of the s		AND THE RESERVE OF THE PERSON			<u></u>
Part D: Attestation			we describe the second of th		
One of the following must sign and	attest to this application:		theres to the same sales and the same of t	beaver not open of the same of	
	general partner of a partne	ership • one c	orporate officer • •	one member of a	n LLC
READ CAREFULLY BEFORE SIGNIN I am acting solely on behalf of the appli rights and responsibilities conferred by according to the law, including but not to any portion of a licensed premises di revocation of this license. I understand understand that I may be prosecuted fo ingly provides materially false informati	G: Under penalty of law, I had cant business and not on be the license(s), if granted, wi limited to, purchasing alcohouring inspection will be deen that any license issued corresubmitting false statements	eve answered each of chalf of any other indivi- it not be assigned to a bi beverages from stat- ned a refusal to allow i itrary to Wis. Stat. Cha s and affidavits in conn	Idual or entity seeking the nother individual or entity. e authorized wholesalers, aspection. Such refusal is apter 125 shall be void undection with this application.	Ilcense. Further, I a I agree to operate I understand that is a misdemeanor an der penalty of state , and that any persolcted.	agree that the this business ack of access of grounds fo law. I furthe on who know
Last Name		First Name Wendy			M.I. M
Title DWNer	Email M.A.	ches pub 2024	@gmad.com	Phone	
Signature Whendy M Alvano	3		Ogmad.com Date 5-12-25		
Part E: For Člerk Use Only		egypony and a second se			
Date Application Was Filed With Clerk	License Number	The state of the s	Date License Granted	Date License	
Signature of Clerk/Deputy Clerk			Date Provision	nal License Issued (if applicable)
AB-200 (R. 1-25)		-2-			

AB-200

Alcohol Beverage License Application

For Municipal Use Only						
Municipality Town of Lawrence						
License Period						
09/01/2025 - 6/30/2025						

License(s) Requested: (up to two boxes ma	ay be checked)	Γ	Fees	
☐ Class "A" Beer \$	(X) Class "B" Beer \$ 100	<u> </u>	License Fees	100°00
☐ "Class A" Liquor \$	M "Class B" Liquor \$ 201	Dot D	Background Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publication Fee	\$ 40.00
Class C" Liquor (wine only) \$		444 441	Total Fees	* 440°°
Part A: Premises/Business Informat				
1. Legal Business Name (Individual name if sole MCX100 1:1000 1	oropriotorship) LUC		MURANUS	
2. Business Trade Name or DBA	ndo			
3. FEIN 99-388 1967	4, Wisconsin St	eller's Peri	mit Number 1792963 -	' 04
5. Entity Type (check one) Sole Proprietor Partnership	Imited Liability Company	☐ Cor	poration	ofit Organization
6. State of Organization	7. Date of Organization		8. Wisconsin DFI Registrati M132997	on Number
9. Premises Address QUA O	ores some			
10, glive Pere			11. State 12. Zip Code 5U1	5
13 County BYXVV	14. Governing Municipality: City of:	Town	hasensa —	ic District
16. Premises Phone	17. Premises Email	15 C	18. Website	1010
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	ig, including fiving quarters, Authorized alc	ohol bever	rage activities and storage o	and related records of records may occur
entire resteurar	4 pack batio,	bou	***	
Swed W COOKI	ound office.			
20. Mailing Address (if different from premises ad	dress)			
21. City			22. State 23. Zip Code	
Part B: Questions				
Has the business (sole proprietorship, pa violating federal or state laws or local ord	inances? Exclude traffic offenses unle	corporati ss relate	ion) been convicted of d to alcohol beverages.	☐ Yes ☑ No
If yes, list the details of violation below. A	·····			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed	l l	Was sent	ence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	\$414 <u>74444444444444444444444444444444444</u>	Trial Date	
Penalty Imposed	,	Was sent	ence completed?	☐ Yes ☐ No

13/19/2³

Are charges for any offenses pending beverages.	against the business? Exclude traffic	offenses unless related to a	alcohol 🗌 Yes 📝 No
If yes, describe the nature and status o	of pending charges using the space t	oelow. Attach additional shee	ets as needed.
is the applicant business or any of its individuals or entities a restricted inveit fyes, provide the name of the restrict.	stor with any interest in an alcohol b	everage producer or distrib	er related outor? Yes W No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?	v. Attach additional sheets a	Yes No s needed.
4a. Name of Business Entity	4b. Busines	s Entity FEIN	
Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the responsible beverampletion	age server training requirem	ent for Yes No
6. Is the applicant business Indebted to a	•		·······
Does the applicant business owe past	due municipal property taxes, asses	sments, or other fees?	Yes No
Part C: Individual information			
List the name, title, and phone number for each Guestion 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of a corporation or nonprofit any. Attach additional sheets if necessary	organization, all partners of a p	artnership, and all members,
Include Form AB-100 for each person listed be	4-9-4		
Last Name	First Name	Title	Phone
Ronaja taviar	WEST	owner	920784903
Part D: Attestation			and the state of t
One of the following must sign and attest t	to this application:	dan da da ana da da da ku shamadh na manarai a ang manarai a ang manarai a ang manarai a ang manarai sa ang ma	and the second s
• sole proprietor • one general	partner of a partnership • one	e corporate officer • or	ne member of an LLC
READ CAREFULLY BEFORE SIGNING: Under am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the faw, including but not limited to any portion of a licensed premises during inserted revocation of this license. I understand that an understand that I may be presecuted for subminingly provides materially false information on the	isiness and not on behalf of any other In nse(s), if granted, will not be assigned to to, purchasing alcohol beverages from s spection will be deemed a refusal to allo by ticense issued contrary to Wis. Stat. C tting false statements and affidavits in co	dividual or entity seeking the lid o another individual or entity. I tate authorized wholesalers. I i w inspection. Such refusal is a Chapter 125 shall be vold unde nnection with this application, a	cense. Further, I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for penalty of state law. I further and that any person who know-
Borajos Fanos			Mt.
Owner		aza180010m	Phone a 20 - 1849
ignature Denvler Ben	400	Date PE 5/W	1/2025
minimum and a second	e Number	Date License Granted	Date License Issued
3/14/0-05 Signature of Clefk/Deputy Clerk		Date Provisional	License Issued (If applicable)
200 (ft. 1-26)	- 2 -		

Form AB-200

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)			Fees			
☐ Class "A" Beer	☐ Class "B" Beer	\$100	License Fe	es	\$	400
Class A" Liquor	〗"Class B" Liquor	\$300	Backgroun	d Check Fee	\$	
Class A" Liquor (clder only) \$	☐ Reserve "Class B" Liq	uor \$	Publication	Fee	\$	40
Class C" Liquor (wine only) \$			Total Fees		\$	440
Part A: Premises/Business Information	<u></u>			um su um aus unu un mar ille de different ille de	, u,	
1. Legal Business Name (individual name if sole pro				anne ann an ann an ann an ann an ann an an a	gardinalisania katalisani	
Mid Vallee Golf Course Inc						
2. Business Trade Name or DBA	ant control of the co			and the state of t		
3. FEIN	I A	Wisconsin Seller's F	Permit Number			
39-1387910		456-0000320				
5. Entity Type (check one)						************
Sole Proprietor Partnership	Limited Liability Co	ompany 📝 🤇	Corporation	Nonpro	fit Organiz	zation
6. State of Organization	7. Date of Organization		8. Wisconsin	DFI Registration	n Number	
WI	01/01/1980		600-00	00320905	-05	
9 Premises Address 3850 Mid Valley Drive			个 I Ma	41808		
10. City	THE PASS OF STREET, THE PASS OF STREET,		11. State	12. Zip Code		
De Pere			WI	54115		-1
	14. Governing Municipality	r: 🗌 City 📝 Tow	m 🔲 Village	15. Aldermani	c District	
Brown	of: Lawrence		4, 11, 1			,,
16. Premises Phone (920) 532-6644	17. Premises Email info@midvallee	18. Web	sue nidvalles	a com		
Premises Description - Describe the building or are kept. Describe all rooms within the building, i only on the premises described in this application.	buildings where alcohol be including living quarters. At	verages are produc athorized alcohol be	ed, sold, stored verage activitie	, or consumed, s and storage o	and related	
Clubhouse is where we sell records. We also sell, co				ong with	store	ed of
20, Mailing Address (if different from premises addre	ss)					
21, City			22. State	23. Zip Code		
Part B: Questions						
Has the business (sole proprietorship, partner violating federal or state laws or local ordina	ership, limited liability o nces? Exclude traffic of	ompany, or corpoi fenses unless rela	ration) been c ited to alcoho	onvicted of beverages.	Yes	☑ No
If yes, list the details of violation below. Attac	ch additional sheets if ne	ecessary.				
Law/Ordinance Violated	Location		Trl	al Date		
Penalty imposed		Was se	ntence comp	eted?	Yes	☐ No
Law/Ordinance Violated	Location	AND THE RESERVE OF THE PARTY OF	Tri	al Date		
Penalty Imposed		Was se	entence compl	eted?	☐ Yes	☐ No

Are charges for any offenses p beverages.					∕es [√] N
If yes, describe the nature and	l status of pending charge	es using the space below	w. Attach additional sneets	; as needed.	
Is the applicant business or a individuals or entities a restrict if yes, provide the name of the second control of the second	sted investor with any inte	erest in an alcohol beve	erage producer or distribut	related tor?	∕es ☑ ì
Is the applicant business owner If yes, provide the name(s) an	ed by another business e	ntity?s entity owners below. A	ttach additional sheets as	needed.	Yes 🔽 f
4a. Name of Business Entity	The second of th	4b. Business E			un annual en de d
5. Have the partners, agent, or s this license period? Submit pr6. Is the applicant business inde7. Does the applicant business or	oof of completion bted to any wholesaler be	eyond 15 days for beer	or 30 days for liquor/wine?	· · · · · · · · · · · · · · · · · · ·	Yes 📝 I Yes 📝 I
		Toperty texes, assessing	STEGE OF DELIGITATION TO THE TANK		
Part C: Individual Informati List the name, title, and phone numb Question 4: sole proprietor, all officer managers, and agent of a limited list	er for each person or entity l s, directors, and agent of a dillity company. Attach addition	corporation of notiprofit ofg mal sheets if necessary.	janizanon, an parmers or a pe	unicianibi cuo	listed in Par all members
Include Form AB-100 for each person	r listed below. Corporations First Name	and LLCs must appoint ar		Phone	
Last Name			resident		521-561
Smith	Danielle				
Smith	Eric	V	ice-President	(920) 3	371-257
Park Park Address Andrew					and the state of t
Part D: Attestation One of the following must sign as	nd attact to this application	* P3 1	in the second of	<u> </u>	les Al Air-Air-
	e general partner of a pa IING: Under penalty of law, pplicant business and not or by the license(s), if granted not limited to, purchasing all s during inspection will be d and that any license issued ther submitting false statem	rtnership • one c I have answered each of t n behalf of any other inclvi l, will not be assigned to al cohol beverages from stat- leemed a refusal to allow to contrary to Wis. Stat. Che lents and affidavits in conn ay be required to forfeit no	the above questions complet idual or entity seeking the lice to the lice that individual or entity. It is a authorized wholesalers, I was pection. Such refusal is a support 125 shall be void under ection with this application, a	agree to operatinders and that misdemeanor are penalty of stand that any per	illy. I agree I agree that te this busir I lack of acc and grounds ate law. I fur rson who kr
Last Name		First Name			M.I. M
Smith	TEm	Danielle		Phone	L
Tille President	I	am fo@midvallee.c	om	9206215	610
Signature / C	~ 5~i	\sim	Date	2/25	
Part E: For Clerk Use Only	C				
Date Application Was Filed With Clear 57/3/3,5	k License Number		Date License Granted Date Provisional	Date Licens	
Signature of Clerk Boputy Clerk	10/h		Date Provisional	License (sade)	n (n chhuca
AB-200 (R. 1 -25) -	**************************************	-2-			

AB-200

*****	Fo	r Municipal Uş	e Onl	У	-
/lunicipa	allly	······································	Market Species		-
lown o	οÊ	Lawrence			
Icense	Per	od	*		ESSA).
neller :	1	2025 Trans	20	2024	

License(s) Requested: (up to two boxes may be	e checked)	<u> </u>	Fees				
☐ Class "A" Beer	Class "B" Beer \$	Lican	se Fees	\$ 400.00			
	"Class B" Liquor \$ 🚜	~ a)	ground Check Fee				
	Reserve "Class B" Liquor \$		cation Fee	\$ 40			
☐ "Class C" Liquor (wine only) \$,	1 (45)		((m ns)			
V		Foral	Fees	\$ 440.00			
Part A: Premises/Business Information							
Legal Business Name (Individual name if sole proprie	etorship) Outlawed	Puh a	nd full	.110			
2. Business Trade Name or DBA OLH OWER DID AND Frill							
3. FEIN 22-1729 854	4. Wisconsin	Seller's Permit Nu	mber 52701-04	TO CHARLES COLUMN TO THE			
5. Entity Type (check one)		VOIOVA	UNIVI				
	Limited Liability Company	☐ Corporat		ofit Organization			
6. State of Organization Wisconsin 7	Date of Organization		consin DFI Registrati	on Number			
9. Premises Address 1368 Mid Va	Iley Drive Un	ItB "	1004571				
10. City De Pere		11, St	1	54115			
13, County Brown	d. Governing Municipality: City of:	Town V	llage 15. Aldermani	ic District			
18 Premises Phone 17 920 • 032.2040	7. Premises Email Ut 101WDUban 1100 am		3. Website	A CONTRACT OF THE PROPERTY OF			
 Premises Description - Describe the building or but are kept. Describe all rooms within the building, inc 							
only on the premises described in this application. ALCOYOL CONSUMICA OF DAY, FAID NOTICE STOYAGE SOLUTION NOTICE STOYAGE NOTICE STOYAGE	A blooming on the contract of the contract of the alless of the contract of th						
won delivery	elling coloines in	Office of	IN MINOR	ce loov			
20. Mailing Address (if different from premises address)	nla						
21. City		22. St	te 23. Zlp Code				
Part B: Questions	поточен податительного податительног		**************************************	HARRISTANDO AND PARTICIPATOR OF THE STATE OF			
Has the business (sole proprietorship, partners violating federal or state laws or local ordinance)	ship, limited liability company, o es? Exclude traffic offenses un	r corporation) b ess related to a	en convicted of cohol 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	PARAMETER CONTRACTOR C			
Penalty Imposed	ALSO OFFICIAL PORT ACTION OF THE PROPERTY OF T	Was sentence	completed?	Yes No			

Are charges for any offenses pen beverages.	ding against the business	3? Exclude traffic	offenses u	nless related to a	alcohol 🔲 `	∕es XXINo
If yes, describe the nature and sta	itus of pending charges (using the space be	olow. Attac	ch additional shee	ets as needed.	
Is the applicant business or any of individuals or entities a restricted if yes, provide the name of the restricted.	investor with any intere	st in an alconol be	erage ()	roducer or distric	er related outor? \(\)	Yes X No
• . • •	<i>,</i>					
Is the applicant business owned the if yes, provide the name(s) and F	by another business entit EIN(s) of the business er	y? Itity owners below	. Attach a	dditional sheets a	s needed.	res X No
4a. Name of Business Entity		4b. Busines	Entity FE	IN		
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the re	esponsible bevera	ge server	training requirem	ent for	Yes 🔲 No
Is the applicant business indebted Does the applicant business owe	to any wholesaler beyo	nd 15 days for bee	or 30 de	ays for (iquor/wine	e? ☐ `	Yes XX No Yes XX No
7. Does the applicant business owe	past due municipal prop	arry taxes, assess	menio, o	01101 10001		-7
Part C: Individual Information		MANAGEMENT AND THE PROPERTY OF THE PARTY OF				NAMES OF THE OWNER
List the name, title, and phone number k Question 4: sole proprietor, all officers, d managers, and agent of a limited liability	r each person or entity not rectors, and agent of a corp company. Attach additional	ing the following por orallon or nonprofit sheets if necessary.	organizatio	n, all partners of a p	panneramp, enu	all members,
Include Form AB-100 for each person lis		f LLCs must appoint		by Including Form A		
Last Name	First Name		Title	NORC	Phone Co.	يتهنئرشان المارق ا
MINSTEY	<u> </u>		MAKE	MACI	920.60	4.4958
Minster	HMarew	AMANGANA ANG ANG ANG ANG ANG ANG ANG ANG A	WKN	1 DCY	920.69	1 (DUD)
MUSS	ROLOD	MATTER TO THE PROPERTY OF THE	YYVYY	NACI	V20+14	4.4701
Part D: Attestation						
One of the following must sign and a sole proprietor • one g	ittest to this application: eneral partner of a partne	ership • one	corporat	e officer • c	one member of	an LLC
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by t	ant business and not on be	shalf of any other inc	ilvidual or	entity seeking the i	icense. Furinor,	i agree aiai m
seconding to the law including but not li	mited to, nurchasing alcoho	al heverages from s	lafe author	ized wholesalers. I	i understand thai	inck of acces
to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information	that any license issued cor submittina faise statement	itrary to Wis. Stat. (a and affidavits in co	ihapter 12 nnection w	5 shall be void und /ith this application,	ier penalty of sta , and that any pei	n⊜ iaw. i tuπne
Last Name MMSHY	11 OT EUR OPPROVING	First Name	ama	7		M.L. N
TIIL MEMBER	Email	elaha. mir	Str2	1 @ gmail	Phone 920,00	4,4955
Signature A	Mint	7	Date	5/3/25)	
Part E: For Clerk Use Only		×			I Post I Same	a lound
5 8 3035	License Number		Date	License Granted	Date Licens	
Signature of Clark (Deputy Clerk				Date Provision	al Licenso Issued	a (if applicable)
AB-200 (Ft. 1-25)		-2-				

AB-200

*****	Po	r Municipai Us	io Onl	У	
Munici					
Town	οť	Lawrence			
Licens	Pe	riod			
331 LSZ	1.	2025-June	30.	2026	

License(s) Requested: (up to two boxes may	be checked)	Fees	
☐ Class "A" Beer \$ \$	Class "B" Beer \$ _/	_ 1	\$ 400.00
☐ "Class A" Liquor \$ \$			
	Reserve "Class B" Liquor \$		\$ 40
Class C" Liquor (wine only) \$		Total Fees	\$ 4410.00
Part A: Premises/Business Information	1		
1. Legal Business Name (Individual name if sole proj Plank Koad L	orletorship) LC	A A A A A A A A A A A A A A A A A A A	AND AND THE PROPERTY OF THE PR
2. Business Trade Name or DBA	ye a Pour		The state of the s
3. FEIN 4710-17470	4. Wisconsin	Seller's Permit Number 6 - 1028649413	
5. Entity Type (check one) Sole Proprietor Partnership	☐ / Limited Liability Company	Corporation Nonpro	ofit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registrati	on Number
9. Premises Address MWValley i	Dr.		Section of the sectio
10. Shepere		11. State 12. Zip Code 54 ((5
13. County BYOWN	14. Governing Municipality: Gity of: Lawyen C	2.	ic District
16. Premisea Phone 920 (032-705)	17. Premises Email Scott. Van HIT CO	mal com Plank	oud Plater Plor
 Premises Description - Describe the building or lare kept. Describe all rooms within the building, in 	ncluding living quarters. Authorized a	alcohol beverage activities and storage o	and related records of records may occur
only on the premises described in this application Light OFFOON, bar in state	n. Attach a map or diagram and addit (001510le bour) Pa	ional sheets if nocessary. 5470, almning avea	, parlanglot
Kitchen, bathroom.			
20. Mailing Address (if different from premises address 16.32 MM 14144 DY	•		
21. Gity Depene		22. State 23. Zlp Code 54/6	
Part B: Questions			
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)			Tres TNo
If yes, list the details of violation below. Attac	h additional sheets if necessary.		
LawOrdinance Violated	Location Chy	He 9/20	16
Pénalty Imposed SUSOPHALA ITCPLOS	20	Was sentence completed?	Des No
Law/Ordinance Violated	Location	Trial Date	
Penally Imposed		Was sentence completed?	☐ Yes ☐ No

•			
Are charges for any offenses pending beverages.			V
If yes, describe the nature and status	of pending charges using the space t	elow. Attach additional sheets	as needed.
		u.·	
3. Is the applicant business or any of it	s officers, directors, members, agent,	employees, owners, or other	related k_A
individuals or entities a restricted in If yes, provide the name of the restr	vestor with any interest in an alcohol b icted investor and describe the nature	peverage producer or distribute of the interest.	or? Yes W No
4 • 4			
,			
4. Is the applicant business owned by a If yes, provide the name(s) and FEIN	another business entity?(s) of the business entity owners below	พ. Attach additional sheats as เ	needed Yes No
4a. Name of Business Entity		ss Entity FEIN	. 1000 . 1
Narrow Bridge The Cri	earpery DI 183-29	The state of the s	4945
Have the partners, agent, or sole prothis license period? Submit proof of	oprietor satisfied the responsible bever completion.	age server training requiremen	it for 🗹 Yes 🔲 No
6. Is the applicant business indebted to			
7. Does the applicant business owe pa			
Part C: Individual Information	Hart of Alberta Company of the Company of the Alberta Company of the Alberta Company of the Comp	weeken the first with a second	(4
List the name, litte, and phone number for e Question 4: sole proprietor, all officers, direc	ach person or entity holding the following po	psitions in the applicant business of	or businesses listed in Part B,
Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability cor	mpany. Attach additional sheets if necessary		manufactor with the time (10)
Include Form AB-100 for each person listed			
Last Name	First Name	Title	Phone
Vann	Scott.	gresident	920 366 7808
Vann	Tammu	Vice President	920 366-7485
The second secon	- West - J		A CONTRACT OF THE CONTRACT OF
- add , d. A subject to the subject			ng managan da
то по в в по в подателнительного при в подательного при в подательного по в подательного по в подательного по п	And the first with the first the first of th	Mary reference and the second	
Part D. Attestation One of the following must sign and atte		The state of the s	The state of the s
· · · · · · · · · · · · · · · · · · ·		ne corporate officer • one	member of an LLC
DEAD CARELLLY REFORE SIGNING-L	Inder penalty of law I have answered each	of the above questions complete	ly and truthfully. I agree that
I am acting solely on behalf of the applicant	t business and not on behalf of any other it license(s), if granted, will not be assigned :	ndividual or entity seeking the lice to another individual or entity. I a	inse. Huriner, i agree mat me gree to operate this business
according to the law, including but not limit to any portion of a licensed premises during	ed to nurchasing alcohol beverages from	state authorized wholesalers, i ur	iderstand inat lack of access
revocation of this license. I understand that	t any license issued contrary to Wis. Stat.	Chapter 125 shall be void under	penalty of state law. 1 fulfiller
understand that I may be prosecuted for sullingly provides materially false information of	omitting false statements and affidavits in C	onnection with this application, ar	id that any person who know-
Last Name	First Name	The state of the s	· M.[.
Vann	500tt	- A MACHINIA MANAGAM M	13
President/nuner	- Scott Vann		Phone N 920 36(a-7(08(a
Signature Scot 1/2	and	Date 4/25/	25 <u></u>
Part E: For Clerk Use Only			
and the same of th	anse Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy-Clerk		Date Provisional I	 cense Issued (if applicable)
DIGITALITY OF CHANGE OF CH	Fak -		
AB-200 (R. 1-25)	-2-		

AB-200

	Fo	r Municipal Us	e Oni	V	_
vi unioir,	ality	1		C	
lown	to.	Lawrence			
icense	Pe	lod			4-1-1
¥11712	1.	2025 - Tune	30	2026	

License(s) Requested: (up to two boxes may	/ be checked)	Fees	
☐ Class "A" Beer\$	X Class "B" Beer	License Fees	\$ 100,00
Class A" Liquor \$ ["Class B" Liquor \$	- Background Check Fee	\$
C "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		\$ 40
Class C" Liquor (wine only) \$		Total Fees	\$ 140.00
Part A: Premises/Business Informatio	ri		
1. Legal Business Name (Individual name if sole pro ちんみそう らしょ	Dy Pire, LLC	mannen manaka kili (Sebinderak III Astra Anta)	
2. Business Trade Name or DBA Scott'S Sub			
3. FEIN	4. Wisconsin Seller's	s Permit Number 30851089-04	f
5. Entity Type (check one)			
Sole Proprietor Partnership	Limited Liability Company		flt Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration	on Number
9. Premises Address 1325 Charry Park	Drive	A PER STATE OF THE	
10. City Or Pere		11. State 12. Zip Code 54115	*
13. County Brewn	14. Governing Municipality: City K To	own Vilfage 15. Aldermani	c District
16. Premises Phone	17. Premises Email	18. Website	7** <u>11*********************************</u>
920-632-4297	5cottssubscripercayahoo	com scottsubs.	com
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. 2. 3 - Se + Building of the cooler of the c	Including living quariers. Authorized alcohol lon. Attach a map or diagram and additional sh	beverage activities and storage of neets if necessary. Line of The local control of the loca	of records may occur
Leider in the bad	2 of the building		
20. Mailing Address (if different from premises addre			P
21. City		22. State 23. Zip Code	aura da e e e e e e e e e e e e e e e e e e
Part B: Questions			
Has the business (sole proprietorship, partn violating federal or state laws or local ordina	ership, limited liability company, or corp	oration) been convicted of plated to alcohol beverages.	☐ Yes No
If yes, list the details of violation below. Atta	ch additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date	,
Penalty Imposed	Was	sentence completed?	☐ Yés ☐ No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	Was	sentence completed?	Yes No
A8-200 (R. 1-25)	. 1 -	Wisco	nish Department of Revenue

Are charges for any offenses pending a beverages.	igainst the business	s? Exclude traffic o	offenses unle	ess related to alco	hol 🔲 Ye	s X No
If yes, describe the nature and status o	f pending charges ι	using the space be	elow. Attach	additional sheets a	as needed.	
						-
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict investigation. If yes, provide the name of the restrict.	stor with any interes	st in an alcohol be	average proc	lucer or distribute	elated or? Ye	s XNo
						=
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity of the business er	y? htity owners below	. Attach addi	tional sheets as n	Te eeded.	s X No
4a. Name of Business Entity		4h, Busines	s Entity FEIN			
Have the partners, agent, or sole proprethis license period? Submit proof of columns	letor satisfied the re	esponsible bevera	ge server tra	ining requirement	for Ye	s No
Is the applicant business indebted to a					- LI	Minesty -
7. Does the applicant business owe past	due municipal prope	erty taxes, assess	ments, or oti	ner fees?	🗀 Ye	s XNo
Part C: Individual Information		Manager 1947			18,04 1 30	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a fimited flability comp	e, and agent of a corp any. Attach additional	oration or nonprofit sheets if necessary.	organization, a	all partners of a part	nersnip, and al	ted in Part B, i members,
Include Form AB-100 for each person listed be	low. Corporations and First Name	d LLCs must appoint	t an agent by i Title	ncluding Form AB-1	01. Phone .	
Last Namo	rust Name		TIWE	, , , , , , , , , , , , , , , , , , , 	, , , , , , , , , , , , , , , , , , , ,	
			ATTURBUTE OF THE PROPERTY OF T	ATTACK OF THE OWNER, T	LONG AND	
			gyayayaa ahaa ka saa ka sa			en e
				V 19 19 19 19 19 19 19 19 19 19 19 19 19	a Carried Company of the Company of	pour and the state of the state
Part D: Attestation			**************************************	The state of the s		Name of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh
One of the following must sign and attest	to this application:	and the second s	and resident from the construction of the special	.e .e.	2) Marcel Inc. 1981 Marcel 1978 No. 7	
• sole proprietor • one genera	l partner of a partne		corporate o		member of a	
READ CAREFULLY BEFORE SIGNING: Und	ler penalty of law, I ha	ave answered each	of the above o	questions completel	ly and truthfully ase. Further, Li	. I agree that
rights and responsibilities conferred by the fice according to the law, including but not limited	anse(s) if granted, wi	II not be assigned to	another indix	/idual or entity. ↓ag	rae to operate	tule bhainesa
to any partian of a licensed premises during in	ispection will be deen	refusal to allo	w inspection. :	Such refusal is a m	isdemeanor an	ia grounas tor
revocation of this license, I understand that a understand that I may be prosecuted for subm	itting false statements	s and affidavits in co	nnection with	this application, and	d that any pers	on who know-
ingly provides materially false information on t	his application may b	e required to forfeit	not more than	1 \$1,000 if convicte	d.	VI.I
Last Name		Seott				V
Title	Emall	eHssubs <i>d</i>	Apere @	. 1	Phone 920-63	
Signature A	<u> </u>	<u> </u>	Date	1		3-10-77
Start Kull	THE STATE OF THE S		Her	7/4,200	5	secure is seen in the second of the
Part E: For Glerk Use Only Date Application Was Filed With Clerk Licens	se Number		Date Lic	ense Granted	Date License	Issued
5/12/25	W MINDO					
Signature of Ølerk/Degidty Clerk				Date Provisional L	icense issued i	(1 applicable)
AB-200 (R. 125)		_ 2 _				NAME OF TAXABLE PARTY.

AB-200

	For Municipal Us	e On	ly	•
Municipa	lity			١
Town o	of Lawrence			
License I	Period		***************************************	١
Just 1	2025 7020	a n	2026	

License(s) Requested: (up to two boxes may	be checked)	_ [Fees	***************************************
☐ Class "A" Beer \$ \$	Class "B" Beer \$ <u>/</u>		ense Fees	\$ 400,00
☐ "Class A" Liquor	(Proclass Brull Liquor	DO D Bac	ekground Check Fee	\$
☐ "Class A" Liquor (cider only) \$			blication Fee	\$ 40
Class C" Liquor (wine only) \$ /60		Tot	al Fees	\$ 440.00
Part A: Premises/Business Information				
Legal Business Name (individual name if sole pro			ny tepy, ny saranga (saragana panana agan kaupa agan kababa ay manana a	to a consistent of the construction of the con
2. Business Trade Name or DBA	, LLC			mannin kanan kanan kanan arawa da da sa
The Mary				
385-1357181	4. Wisconsin	Seller's Permit I	1380772-0	4
5. Entity Type (check one)	No. 1 imited Linkilling Company	r Compa	ohion [""] Mannes	th Owner in stier
Sole Proprietor Partnership 6. State of Organization	Limited Liability Company 7. Date of Organization	Corpor	ation Nonpro //sconsin DFI Registration	fit Organization
	The same of Organisation		0854109	ATT TO THE
9. Premises Address 3177 French RA	Analyses (March as Arteria) was assured an area and a second as a second as a second and a second as a second			version entre a consecutive since the converse entre entre entre entre entre entre de la definition (de la dep
10. City		11.5	State 12. Zip Code	
Devere			OI 541	15
13. Gounty	14. Governing Municipality: City	Town	Village 15. Aldermani	c District
15 Flows 7	of:			
920 - 785 - 809 0	17. Premises Email Milly. Crahek@title	town for a	18. Website	marg WI.com
19. Premises Description - Describe the building or the are kept. Describe all rooms within the building, it only on the premises described in this application with the premises described in the application of the premises described in the premises described in the premises described in the application.	ouildings where alcohol beverages a netuding living quarters. Authorized a	re produced, solo ilcohol beverage	t, stored, or consumed, activities and storage o	and related records frecords may occur
20. Mailing Address (if different from premises address				androquanticano anticana antic
DA Cit.	an and an angular comment of the state of th	Tan a		te descrives y with the subsequence year plant of the subsequence is the subsequence.
21. City		22, 8	State 23. Zip Code	
Part B: Questions	I PO MATERIAL PROPERTY AND THE THE THE THE THE PROPERTY AND THE PROPERTY OF THE	memorasy and a second	terministe en järsägerin elle en en mena sanat sinna en järsägsig mäsen sele en en järsägerin sanat en j	nganiparyan nganggapar akang ngan ang mananananan da katan Mayainda sa madikin 1844 a sa am
Has the business (sole proprietorship, partner violating federal or state laws or local ordinary)	ership, limited liability company, nces? Exclude traffic offenses un	or corporation) iless related to	been convicted of alcohol beverages.	☐ Yes 🎇 No
If yes, list the details of violation below. Attac	h additional sheets if necessary.			,
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed	найны у [†] лагын манган	Was sentence	completed?	Yes No
Law/Ordinance Violated	Location		Trial Date	P 4
Penalty Imposed		Was sentence	completed?	☐ Yes ☐ No
				

Are charges for any offenses pending a beverages.	against the business	Exclude traffic offe	nses unless related to	alcohol TYes	M No
If yes, describe the nature and status o	of pending charges us	sing the space belov	v. Attach additional sh	eets as needed.	
Is the applicant business or any of its individuals or entities a restricted inverse if yes, provide the name of the restrict.	stor with any interest	t in an alcohol beve	rage producer or dist	ther related ributor? Yes	₩ No
4 Is the applicant business owned by an	other business entity	Address Addres			∏ No
Is the applicant business owned by and if yes, provide the name(s) and FEIN(s Name of Business Entity) of the business ent	ity owners below. At		as needed.	-4-/
Ma. 18chilla di Didditioda Estaty			,		
 5. Have the partners, agent, or sole proprethis license period? Submit proof of cold. 6. Is the applicant business indebted to a 7. Does the applicant business owe past 	mpletion ny wholesaler beyon	d 15 days for beer o	or 30 days for liquor/wi	ine? Yes	No No No
Part C: Individual Information	defenden anne ann an Franklik komunik kom de Statische (der Statische Verbeiter) in der Statische (der Statisch				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp Include Form AB-100 for each person listed be	s, and agent of a corpo any. Attach additional si	ration or nunprofit organisms.	anization, all partners of	a partnership, and all me	in Part B, mbers,
Last Name	First Name	Titl		Phone	
Grahel	Mike	4	gun es e p	920-877-	0227
5016	Mary		wnor	715-570	-6262
		1	Management of the second of th		######################################
					distributura sonatocomosica.
Part D: Attestation)	kanganan samayiminintasisisismikkindossismikanismikanismikanismikanismikanismikanismikanismikanismikanismikan	and the second s		***************************************
One of the following must sign and attest sole proprietorone general	to this application: Il partner of a partner	shin • one co	orporate officer	one member of an L	LC
READ CAREFULLY BEFORE SIGNING: Undights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the	ler penalty of law, I hav usiness and not on beh ense(s), if granted, will to, purchasing alcohol aspection will be deemeny license issued contritting false statements a this application may be	e answered each of the alf of any other individe not be assigned to an beverages from state at a refusal to allow in any to Wis. Stat. Chaland affidavits in connerquired to forfelt not	ne above questions com dual or entity seeking the other individual or entity authorized wholesalers aspection. Such refusal I pter 125 shall be vold un otton with this applicatio	pletely and truthfully. It is a license. Further, It agree to operate this is I understand that lack is a misdemeanor and grader penalty of state law is, and that any person vivicted.	agree that the that the business of access rounds for v. I further
Last Name	[!	First Name Mike		M.I.	ach
Title Sunce	Email Milli	ر و تص	ahle hunt	Phone 920-879-6	227
Signature Color Color	C		Date 5-2-25		
5/5/2025	se Number		Date License Granted		
Signature of Clerk/Deputy Clerk		- 7	Date Provision	onal License Issued (If a	opiicable)

Form AB-200

Alcohol Beverage License Application

	Fo	r Muntelpal Us	e Onl		
Munfel					
	,	Lawrence			
License	9 Per	lod			
July	1,	2025-June	30,	2026	

License(s) Requested: (up to two boxes may	be checked)		and the features	Fees		<u>U,liminationinelimite</u>
A-Class "A" Beer] Class "B" Beer	\$	Lio	ense Fees	\$/50.00	**
"Class A" Ltquor \$] "Class B" Liquor .	\$	Bac	kground Check Fee		
Class A" Liquor (clder only) \$	☐ Reserve "Class B"	Liquor \$	Pul	dication Fee	\$	40
Class C" Liquor (wine only) \$			Tot	al Fees	\$ 190.0	K)
Part A: Premises/Business Information	Constitution and interest on the State of Constitution of the Property of the Constitution of the State of the Constitution of					
Legal Business Name (individual name if sole prop						
Tight Lines Fly Fishing Co.	LLC.			- 		
2. Business Trade Name or DBA Tight Lines Fly Fishing Co.					•	1
3. FEIN		4. Wisconsin	Seller's Permit	Number		
39-2010464			29395973			
5. Entity Type (cheak one)	en e e strang par mente en sonne cons en encondrata nelle e lan limana, dalamo mpag byf pjedy fi			a de provincia de como por estado de la forta de l		M44-18-4
Sole Proprietor Partnership	☑ Limited Liabilit	y Company	☐ Corpoi	ation 🔲 Nonpr	ofit Organizati	on
6. State of Organization	7. Date of Organizati	on	8. V	Visconsin DFI Registrat	ion Number	A
MI	02/01/2001		0	000463669		
9. Premises Address 1534 Mid Valley Dr	-Balgo, malante aurin habitannin 1864 (1966 (196	4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A	7030993		
10. City	The second secon		[11,	State 12. Zip Code		
De Pere				WI 54115		
-	14. Governing Municip	cality: City	☑ Town ☐	Village 15, Alderman	ic District	
Brown	of: Lawrence	<u> </u>				~~~
	17. Premises Email	4-4-4-4		18. Website		
	timothyland			www.tightlin		
 Premises Description - Describe the building or are kept. Describe all rooms within the building, i only on the premises described in this application 	including living quarter n. Attach a map or diag	s, Authorized a gram and additi	lcohol beverage onal sheets if n	e activities and storage ecessary.	of records may	occur
We have a small refridgera	ator that we	e sell a	small	amount of lo	ocal bee	rs
to support some conservat:	ion efforts	we supp	ort.			
				The state of the s		***************************************
20. Mailing Address (if different from premises addre	se)					
21, Cily	ga (dana) y Payetta a a Metala alatek tanan a varan jayan mir mendaman mendamban saman dari da	******	22.	State 23, Zlp Code	, <u>, , , , , , , , , , , , , , , , , , </u>	
Part B: Questions		1		last the state		
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)	ərship, İlmited İlabili nces? Exolude traffi	ty company, c c offenses un	or corporation less related to	been convicted of alcohol beverages.	Yes 🖢	☑ No
if yes, list the details of violation below. Attac	ch additional sheets	If necessary.				
Law/Ordinance Violated	Location	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Trial Date		CONTRACTOR IN THE PARTY OF
Penalty Imposed		oon aan aan dan dada'aya' ii dadan dada saa saa saa saa saa saa saa saa sa	Was sentend	ce completed?	Yes [] No
Law/Ordinance Violated	Location	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Trial Date		, 1 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Penalty Imposed	promptom of major promites the meson we shall be had been been as the second	THE COLUMN ST. LIST SEC. AS A STATE OF PERSONS AS A STATE OF THE COLUMN SEC. AS A STATE OF THE COLUMN SEC. AS	Was santone	e completed?	[] Yes []] No
		į	THE SETTOTIC	20 Sangarawa 1 1 1 1 1	ا مور اسا	· · · ·

PILISTO 3

Are charges for any offenses pending a beverages.	against the business	s? Exclude traffic o	offenses unle	es related to alco	hol 🔲	Yes 🔽	No
If yes, describe the nature and status of	f pending charges i	using the space be	low. Attach	additional sheets	as needed		
Is the applicant business or any of its individuals or entities a restricted investiges, provide the name of the restrict.	etor with anv intere	st in an alcohol be	ord epareve	ducer or distribute	elated or? ,. []	Yes 🔽	No
4. Is the applicant business owned by and	other business entit	v?				Yes 🔽	No
If yes, provide the name(s) and FEIN(s) of the business er	itity owners below.	. Attach addl	tional sheets as n	eeded.	Lint	
4a. Name of Businese Entity		4b. Business	Entity FEIN	A STATE OF THE STA			
				The state of the s			
5. Have the partners, agent, or sole propri	letor satisfied the re	esponelble bevera	ge server tra	lining requirement	for	Yes	No
this license period? Submit proof of col 6. Is the applicant business indebted to a						- Learned	No
The applicant business indepted to a Does the applicant business owe past						-	No
	ane unucibal blob			(IQI 1000)	**************************************		7.7
Part C: Individual Information	aliek dieg artikaliek dal a staurenia di	الماداء والماداء والماداء والماداء والماداء والماداء	رات والعربي المراجع المراجع العربي العربية العربي				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director	n person or entity hold Seand agent of a corn	ling the following pos paration or paparolit s	sitions in the a prognization, a	oplicent business of all partners of a part	r businesses nership, and	i listed in Pa I all member	art B, rs,
managers, and agent of a limited liability comp	any. Attach additional	sheets if necessary.	3				
Include Form AB-100 for each person listed be	low, Corporations and	d LLCs must appoint	an agent by l	ncluding Form AB-1	01.		ma(y
Lest Name	First Name		Title		Phone	The state of the s	
Landwehr	Timothy		Owner		(920)	309-23	56
			- 	adan Esserantan Haliffigayi dan direnye isang sesera serepera serepera s			******************
		*		NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		y lag bilinina, para and lingue at ancests				
PACE THE CARREST STATES OF THE STATES			***************************************	The second secon			7.8
Part D: Attestation	L. M. L. and D. Dankieren		ر معمار المراسيط شديد <u>. المستستون .</u>		<u> </u>		نسنسن
One of the following must sign and attest • sole proprietor • one genera	to this application: I perfoor of a partne	arshin • one	corporate c	officer + one	member a	f an LLC	
READ CAREFULLY BEFORE SIGNING: Unc			•		v and truthf	uliv. Lagree	e that
I am acting valou on habalf of the applicant by	usiness and not on be	shalf of any other inc	lividual or ent	itv seekina the licer	ise, Fulther	, i agree me	at mae
rights and responsibilities conferred by the lice according to the law, including but not limited	anse(s), if granted, wi	ll not be assigned to at heverages from st	another indiv ete authorize	/idual or entity. I ag d wholesalers, i un	ree to opera derstand the	ate this busi at lack of ac	C088
to any portion of a licensed premises during it	ispection will be deen	ned a refusal to allov	v inspection.	Such refusal is a mi	isdəməanor	and ground	IS FOR
revocation of this license, I understand that a understand that I may be prosecuted for subm	ny license issued con Ittina faise statement	itrary to VVIS, Stat. C s and affidavits in coi	:napter 125 si nnection with	nali be volg under p this application, and	i that any p	arson who k	nulei Now-
ingly provides materially false information on	his application may b	e required to forfeit	not more than	1 \$1,000 if convicted	d.		
Last Name		First Name				M.I.	
Landwehr	was and the same of the same o	Timothy				<u> </u>	
Title	Emall		O	į.	Phone	100-23E	: 4
Owner	timo	thylandwehr		COM	(920) 3	309-235	
Signatury			Dato	4-11-	-2025		
L/L/C		terrantemental managemental series de la constante de la const	·	4 - L L			10.57
Pay(En Fy): Clerk Use Only	- Missak	· · · · · · · · · · · · · · · · · · ·	Plate 1 te	ense Granted	Dafa Lica	nse Issued	مران معاضمات
Dele Application Was Filed With Clerk Licens	se Number		Date FIG	Mana Oranga			
Signature of Clerk/Deputy Clerk				Date Provisional L	lcense Issu	ed (if applica	able)
The state of the s							
CRA COLI		-2-	**************************************			PARTITION OF THE PROPERTY OF T	

Form				
Λ	R	_2	2	ſ

Temporary Alcohol Beverage License

unicipa li ty		WEAT TO
Town	of	Lawrence

License(s) Requested				rees
A CONTRACTOR OF THE CONTRACTOR	- A di Anna palingti		License Fees	\$
✓ Temporary "Class B" W	/ine 🗹 Temporary Cl	ass "B" Beer	Background Che	ck \$
			Total Fees	\$
na ko an har siyes iyo basha				
Part A: Organization Informati 1. Organization Name	IOU			
1. Organization Name Lawrence Fire Departe	ement Benevolent			
2. Organization Permanent Address		And Printers	Mary Committee C	Million A
2595 French Road				
3. City	. 1000		4. State	5. Zip Code
De Pere	WANTED TO THE PARTY OF THE PART		WI	54115
6. Mailing Address (if different from perr	manent address)			•
2400 Shady Court	8. Date of Organization/	Incorporation	9. State of Organiz	ration/Incorporation
7. FEIN	meorporation	9. State of Organiz	.auon/moorporation	
10. Phone	11, Email		* 4 -	
(920) 336-9131	ii, Lillali			
12. Organization type (check one)		ACA .		
☑ Bona Fide Club ☐ □	Church	ation/Agricultural So	ociety 🔲 Veter	an's Organization
—	Chamber of Commerce or sim	ilar Civic or Trade (Organization under ch	n. 181, Wis. Stats.
13. Is this organization required to he	old a Wisconsin Sallar's narmit	?		Yes V No
and the state of t				
14. Wisconsin Seller's Permit Number (if	r applicable)			
			about an technique	
Part B: Individual Information		AND AND AND AND AND AND AND AND AND AND		
List the name, title, and phone num	nber for all officers, directors, a	and agent of the org	ganization. Include ar	n Individual Questionnaire
(Form AB-100) for each person liste	ed below. Attach additional she	eets if necessary.		
Corporations must also include Alco	ohol Beverage Appointment of	Agent (Form AB-10	01).	
Last Name	First Name	Title		Phone
Pasteraki 1	Luke	Chief		
Vander Bloomen I	Bryan	Asst. Chi	ief	NANANA.
Wagner	Colin	Captain		
Maus	Jason	Captain		
Carew	Steve	Captain		

 $\textit{Continued} \longrightarrow$

But O. Front left and its						7-1	7		
Part C: Event Information			<u> </u>		·		1 4/15		
1. Name of Event (if applicable)							•		
Lawrence Food Truck Rally	44.0								, - x 91-1-learn
· ·					lours of O	-			
06/29/2025					4	:00pm	_	8:00pm	
4. Premises Address									-
1625 Quarry Park Drive @ @	Quarry Park	<							
5. City						6. State		7. Zip Code	
De Pere						WI		54115	
8. County	, , , , , , , , , , , , , , , , , , ,			Aldermanic D	istrict				
Brown	of: Lawrence								
11. Organizer of Event (If not the named applicant) 12. Email and/or Phone Number for Organizer of Event				f Event					
13. Organizer Website		14.	14. Event Website						
alcohol beverage activities and storage or diagram and additional sheets if nece Quarry Park Pavillion and Pr	ssary.	occur	only on the p	oremises (desc	ribed in t	inis a	application.	Attach a map
The state of the s				<u> </u>	<i>;</i> ;;	<u> </u>	: 1		
Who must sign this application?									
 one officer or director of the nonprofit of 	rganization								
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		First I	Name						M.I.
Pasterski		Luke	Э						
Title Fire Chief	Email LukeP	@lav	wrencewi.	gov				Phone (920) 3	36-9131
Signature / / /						Date		, , -	
rule 7- lasterski 06-04-25			5						
Part E: For Clerk Use Only					<u>.</u>				
Date Application Was Filed With Clerk		License Number							
Date License Granted			Date License Issued						
Signature of Clerk/Deputy Clerk	MULE THE SEC.								



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 Hal	l, 2400	Shady	Court
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- ⊠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 INFORI				
Purpose:	accordance with Wisconsin Sta CSMs must be created by a re	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	\$75.00			
Meeting Dates/Time	at the Lawrence Town Hall, 24	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/Informa Submittal:	Business Office. One (1) comp Board must be included with the	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:	Town Ordinance § 267-29				
READ ALL INSTRUCTIONS PRO	OVIDED BEFORE COMPLETING. IF ADDITIONAL SPA NT INFORMATION	CE IS NEEDED, ATTACH ADDITIONAL PAGES.			
Applicant Name: Troy I	Hewitt				
Mailing Address: 1250	Centennial Centre Blvd				
City: Hobart	State: WI	ZIP Code: 54155			
Email: thewitt@releein	ic.com				
Phone Number: 920-662	2-9641				
SECTION 2: LANDOW	NER/DEVELOPER INFORMATION (IF DE	FFERENT FROM APPLICANT)			
	Mandalia Dulawanada				
Owner/Developer Name:	Maddle Bunrandt				
Owner/Developer Name: Mailing Address: 2609		Email:			
		Email: ZIP Code: 54155			
Mailing Address: 2609	Lawrence Dr State: WI				
Mailing Address: 2609 City: De Pere	Lawrence Dr State: WI nail.com				
Mailing Address: 2609 City: De Pere Email: turriffm24@gm	Lawrence Dr State: WI nail.com 7-9601				
Mailing Address: 2609 City: De Pere Email: turriffm24@gm Phone number: 920-21	Lawrence Dr State: WI nail.com 7-9601 OR SITE LOCATION				
Mailing Address: 2609 City: De Pere Email: turriffm24@gm Phone number: 920-21 SECTION 3: PROJECT Project Address: 2609 L	Lawrence Dr State: WI nail.com 7-9601 OR SITE LOCATION	ZIP Code: 54155			

LOT 97, WILLIAM'S GRANT SUBDIVISION AND PART OF LOT 96, WILLIAM'S GRANT

SUBDIVISION, TOWN OFLAWRENCE, BROWN COUNTY, WISCONSIN



TOWN OF LAWRENCE CSM REVIEW APPLICATION

SECTION 4: CSM INFORMATION						
Present Use of Parcel:	Residential					
Proposed Use of Lots:	Residential					
		CSM if the property is located within the Town.				
SECTION 5: CERTIFICAT						
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:	2	Date: 4/24/25				
FOR OFFICE USE ONLY APPLICATION/PAYMENT RECEIVED BY						
Name:		Check #_139748 Amount: \$_75				
Date: M	eeting Date: <u>5/14/25</u>	Permit #: 25-04-0000- Parcel #: L-480-2				
District: Zo	oning:					



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

1

STAFF REVIEW REVIEW BY ZONING ADMINISTRATOR

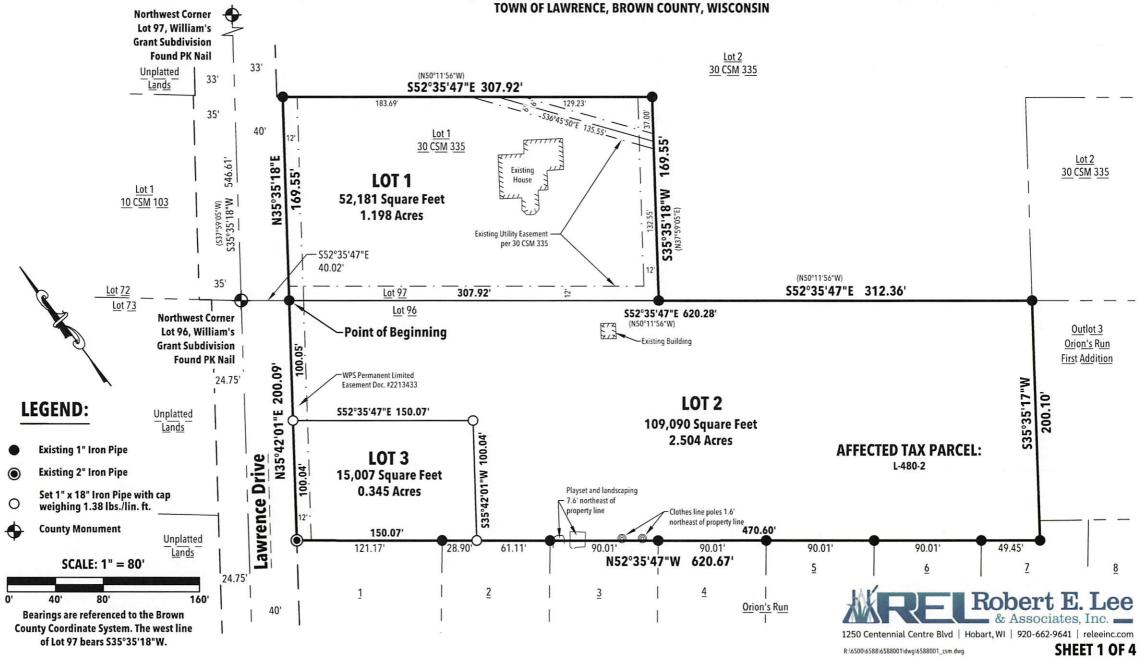
PLANNING AND ZONING MEETING RECOMMENDS OR DOES NOT RECOMMEND TO TOWN BOARD

1

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 & AS	SSOCIATES, 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

TOWN OF LAWRENCE

My commission expires:____

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:

CITY OF DE PERE
BROWN COUNTY PLANNING COMMISSION

Scott P. Turriff

Date

Janelle R. Turriff

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) ______

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 PLAI	NNING COMMIS	SSION		
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 APP	ROVAL CERTIFIC	CATE		
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 the lands included in this Certified Survey Map (L-480-2) as o	records in our office sh of the date listed belov	ow no unredeemed taxes a v.	nd no unpaid or special	assessments affecting any of
Raymond Suennen Brown County Treasurer	Date			

CLIENT:	ROBINS	ON METAL INC	

LOCATION: 1580 MID VALLEY DR. DE PERE. WI 54115

DRAWN BY: TIMOTHY P

SALESPERSON: KELLIL DATE: 04/16/25

LEAD #: 3821

PAGE: 1B

REVISION LOG: INTL **DESCRIPTION**

> TP 04/23/2025 MONUMENT TP 05/01/2025 NEW CAB/EMC 05/05/2025 REVISIONS TP 05/06/2025 12' WIDE EMC

05/12/2025 14' WIDE EMC TP 12 X 6 EMC 05/12/2025

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

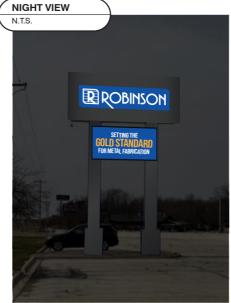
P-3 STANDARD SILVER METALLIC (MP 41 342SP)

V-4 ORACAL 751-070 BLACK VINYL

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

SIGNATURE DATE





TOP VIEW SCALE: 3/16" = 1

ROUNDED ENDS **ALL SIZES IN RED ARE APPORXIMATE** 36" (3'-0")

ALT-1: LOC-1

NEW CAB

108"

(9'-0")

DETAIL VIEW SCALE: 3/16" = 1

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)

SIDE A & B ARE IDENTICAL



EMC 77" (6'-5") **EMC** 147 (12'-3'')**NEW CAB** 252" (21'-0")





REMOVE & DISPOSE OF EXISTING CABINET & EMC

THIS DRAWING IS THE PROPERTY OF CREATIVE SIGN CO, INC.

This is an original, unpublished drawing by Creative Sign Co, Inc. It is for your personal use, in conjunction with a project being planned for you by Creative Sign Co, Inc. It is not to be shown to anyone outside of your organization nor is it to be used, reproduced, copied or exhibited in any fashion. Use of this design or the salient elements of this design in any sign done by any other company, without the expressed written permission of Creative Sign Co, Inc., is forbidden by law and carries a civil forfeiture of up to 25% of the purchase price of the sign. CONTACT YOUR SIGN CONSULTANT TO PURCHASE THE RIGHTS TO THIS DESIGN.

CONCEPTUAL DRAWING ONLY

All sizes and dimensions are illustrated for client conception of the project and are not to be understood as being exact size or exact scale. Renderings, including lighting effects, opacities, and coloration, are an

CUSTOMER RESPONSIBILITIES

Please review all drawing details closely, as Creative Sign will produce signs as approved drawing indicates. Some changes may occur based on production needs. While Creative Sign will make all efforts to correct any obvious spelling or grammatical errors, the customer is responsible for confirming that the above copy, including names and titles, appear as desired. Creative Sign will make every effort to closely match colors, including PMS, where specified. We cannot guarantee exact matches due to varying compatibility of surface materials and paints used.





CLIENT: ROBINSON METAL INC

LOCATION: 1580 MID VALLEY DR. DE PERE. WI 54115 DRAWN BY: TIMOTHY P

SALESPERSON: KELLIL DATE: 04/16/25 LEAD #: 3821

PAGE: 2

REVISION LOG: INTL DESCRIPTION

> 05/05/2025 PMS 2728 C 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 POWE TO THE SIGN AND DO FINAL HOOK UP. TALK TO YOUR SIGN CONSULTANT IF: YOU WOULD LIKE CREATIVI

SIGN TO COORDINATE YOUR ELECTRICAL

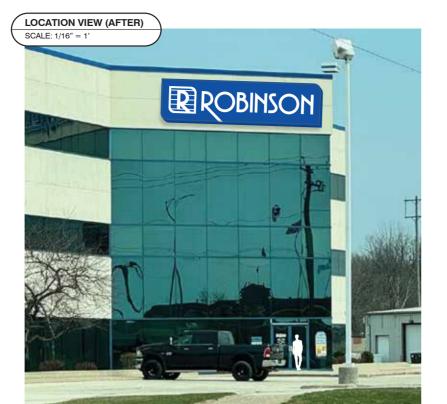
YOU HAVE ANY QUESTIONS REGARDING THE POWER REQUIREMENTS FOR YOUR SIGNAGE.

C-1 WHITE

C-2/P-2 PMS 2728 C

CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

SIGNATURE DATE



SOUTH ELEVATION



REMOVE & DISPOSE OF EXISTING SIGNS



NORTH ELEVATION

DETAIL VIEW

SCALE: 3/16" = 1



QTY 2





ROBINSON

CAB-1: LOC-2 & 3



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CONCEPTUAL DRAWING ONLY

2.5" RETAINER, P-2

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

> All sizes and dimensions are illustrated for client conception of the project and are not to be understood as being exact size or exact scale. Renderings, including lighting effects, opacities, and coloration, are an

CUSTOMER RESPONSIBILITIES

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3201

(26'-8'')



CLIENT: ROBINSON METAL INC

LOCATION: 1740 EISENHOWER DR. DE PERE. WI 541 DRAWN BY: TIMOTHY P

SALESPERSON: KELLIL DATE: 04/16/25

LEAD #: 3821 PAGE: 3

REVISION LOG: INTL 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 POWE 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) SCALF: 1/16" = 1

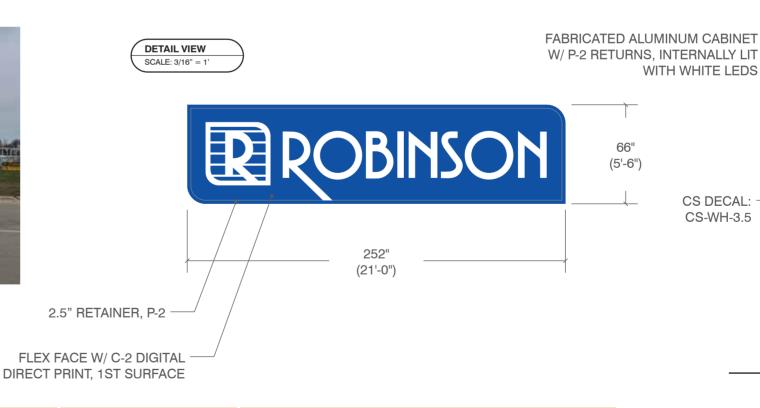






EAST ELEVATION OF EXISTING ROBINSON METALS INC BUILDING (INSTALL 4' FROM UPPER LEFT CORNER OF BUILDING)





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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	DMS 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

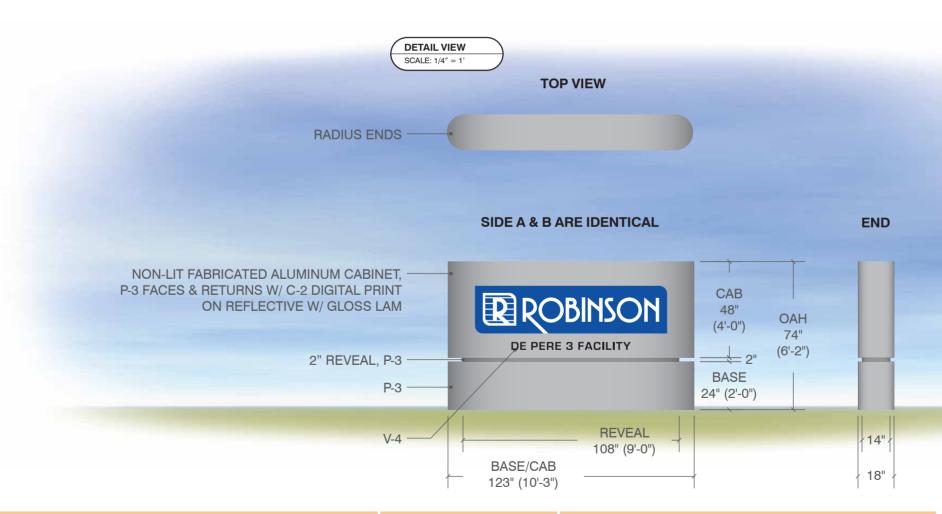
CUSTOMER SIGNATURE FOR DESIGN APPROVAL:

 χ_{-}

SIGNATURE DATE







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MON-1: LOC-5

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

TP 05/05/2025 PMS 2728 C

DESCRIPTION

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



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:

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 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:

 χ_{---}

SIGNATURE DATE

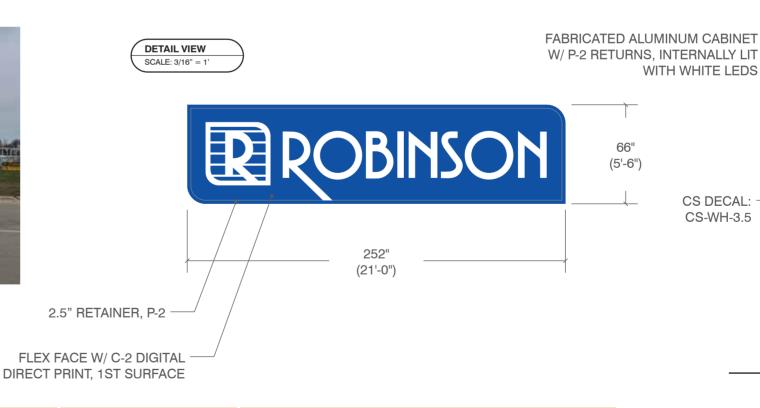






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Agenda Item Review

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 Wetzel, Town Administrator

AGENDA ITEM: Town Auditor Review of 2024 Financial Reports

FISCAL IMPACT:

Is there A Fiscal Impact?
 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 Wetzel, Town Administrator

AGENDA ITEM: Pay Request #2 – Quarry Park Dr Culvert Replacement – DeGroot - \$41,645.30

FISCAL IMPACT:

Is there A Fiscal Impact?
 Is it Currently Budgeted?

Yes
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.

Shane K. Kelliher, PLS

Sr Municipal & Civil Engineering Technician

SKK:car

Enclosure:

Certificate for Payment #2



McMAHON ASSOCIATES, INC.

1445 MCMAHON DRIVE PO BOX 1025 NEENAH, WI 54956

NEENAH, WI 54957-1025

TELEPHONE: 920.751.4200 FAX: 920.751.4284

CERTIFICATE FOR PAYMENT

TOWN OF LAWRENCE 2400 Shady Court De Pere, WI 54115

Contract No. Project File No.

Certificate No. Issue Date:

Project:

L0017-09-22-00519

L0017-09-22-00519

Two (2)

June 10, 2025

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

Original Contract Net Change Orders Current Contract Amount \$284,029.68 \$0.00 \$284,029.68

Completed To Date

Retainage 5%

\$15,226.35 \$289,300.73

Previously Certified

\$247,655.43

\$304,527.08

Amount Due This Payment:

Subtotal

\$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:
Project Name:
Contract No.
Project Manager:

TOWN OF LAWRENCE Quarry Park Drive Culverts Replacement L0017-09-22-00519 Andy Schmidt, PE

McMAHON ASSOCIATES, INC. 1445 McMahon Drive PO Box 1025

Engineer:

DE GROOT, INC. 4201 Champion Road Green Bay, WI 5431.1

RASERIO								6/6/2025	025
						Previou	Previous Requests	This Request	quest
Item	Q.	Unit	Description	Unit Price	Total	Qty	Total	Qty	Total
Į.	1	LS.	Clearing and Grubbing - North Culvert	\$3,535.00	\$3,535,00	-	\$3,535.00	0	\$0.00
2.	Н	LS.	Clearing and Grubbing - South Culvert	\$4,545.00	\$4,545.00	-	\$4,545.00	0	\$0.00
m	⊣	L.S.	Temporary Coffer Dams and Bypass Pumping - North Culvert	\$505.00	\$505,00	_	\$505.00	0	\$0.00
4	⊣	L.S.	Temporary Coffer Dams and Bypass Pumping - South Culvert	\$7,575.00	\$7,575.00	н	\$7,575.00	0	\$0.00
· rų	⊣	Ë.	Remove Existing 48 Inch Culvert	\$2,525.00	\$2,525.00	-	\$2,525.00	0	\$0.00
6	Н	Ea.	Remove Existing 8.5 Foot x 14.5 Foot Culvert	\$3,535.00	\$3,535.00		\$3,535.00	0	\$0.00
7.	Ħ	ĽS.	Remove and Salvage Existing Beam Guard	\$505.00	\$505,00	_	\$505.00	0	\$0.00
· «	11	<u>"</u>	48 Inch RCP Culvert	\$339.75	\$26,160.75		\$26,160.75	0	\$0.00
of.	57	<u></u>	12 Foot x 10-Foot-High Precast Cast Concrete Culvert	\$2,508.08	\$142,960.56	57	\$142,960.56	0	\$0.00
10.	5	Ë,	48 Inch RCP Endwall	\$757.50	\$1,515,00	2	\$1,515.00	0	\$0.00
11.	7	Ę.	12 Foot x 10 Foot Concrete Box Culvert Cast-In-Place Endwall	\$24,997.50	\$49,995.00	2	\$49,995.00	0	\$0.00
12.	09	ς,	Heavy Rip Rap	\$85.85	\$5,151,00	9	\$5,151.00	0	\$0.00
13.	142	TON	Base Aggregate Dense 1-1/4 Inch for Roadway Restoration	\$19.19	\$2,724.98	142	\$2,724.98	0	\$0.00
14	142	TON		\$22.22	\$3,155.24	142	\$3,155.24	0	\$0.00
. 15	2.155	S.F.		\$6.05	\$13,037,75	_	\$0.00	5543	\$33,535.15
16.	48	<u>"</u>	Sawcutting	\$5.05	\$242.40	48	\$242.40	0	\$0.00
17.	820	S.Y.	Grass Restoration Including Topsoil, Seed and Fertilizer	\$9.09	\$7,726.50	_	\$0.00	820	\$7,726.50
18	820	S.Y.	Erosion Mat, Class 1, Type A	\$3.03	\$2,575,50	_	\$0.00	820	\$2,575.50
19.	Н	L.S.	Traffic Control Quarry Park Drive	\$6,060.00	\$6,060.00		\$6,060.00	0	\$0.00
			TOTAL (Items 1. through 19., Inclusive)		\$284,029.68		\$260,689.93		\$43,837.15

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Unit Price Total	\$40.40 \$4,080.40
Description	New Beam Guard Posts and Install Salvaged Beam Guard
Chit	⋍
Oţţ	101
Item	1-1

	This Request	duest	Complete	Completed To Date
-	Qty	Total	Qty	Total
	0	\$0.00	1	\$3,535.00
	0	\$0.00		\$4,545.00
	0	\$0.00	← 1	\$505.00
	0	\$0.00	н	\$7,575.00
	0	\$0.00	Н	\$2,525.00
	0	\$0.00	~	\$3,535.00
	0	\$0.00	-	\$505.00
	0	\$0.00	7	\$26,160.75
	0	\$0.00	57	\$142,960.56
	0	\$0.00	2	\$1,515.00
	0	\$0.00	2	\$49,995.00
	0	\$0.00	9	\$5,151.00
	0	\$0.00	142	\$2,724.98
	0	\$0.00	142	\$3,155.24
	5543	\$33,535.15	5543	\$33,535.15
	0	\$0.00	48	\$242.40
	850	\$7,726.50	820	\$7,726.50
	820	\$2,575.50	820	\$2,575.50
	0	\$0.00		\$6,060.00

6/6/2025	Request	Total	
9/9	This F	QtA	

Previous Requests
Oty Total

\$304,527.08

	Completed To Date	Total	
	Ö	Q Q	
/2025	Request	Total	

Completed to Date: Retainage: 5% Previous Application: Amount Due This Application: Subtotal:

\$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)	PROJECT:	Quarry Park Dr - Culvert Replacements
Town of Lawrence	CONTRACTOR	De Groot, Inc.
2400 Shady Ct	Contract No.	
De Pere WI 54115	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 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 I	LOHOM2.	304,527.08
Original Contract \$ 284,029.68		eted To Date \$ 260,689.93
Net Change Orders \$ 0.00	 Retaina	ge5.00 % \$ 15,226.35
Current Contract Amount \$ 284,029.68	 Subtota	\$ 289,300.73
	— Previous	\$ Applications \$ 247,655.43
The undersigned Contractor hereby swears, under penal from the Owner, on account of work performed under undersigned to discharge in full all obligations of the undeplications for Payment under said Contract, being inclusive; and 2) All materials and equipment incorpora Application For Payment are free and clear of all liens, of	ily of perjury, that (1 A the Contract referred dersigned incurred in Applications For Pay ated in said project o	of to above, have been applied by the connection with work covered by prior rement numbered 1 through by otherwise listed in or covered by this
Dated May 30 20 2025		De Groot, Inc.
В	Mulla	(contractor) Proceedont
COUNTY OF STATE OF		(name & tille)
SIATE OF		red Mark DeGroot
Before me on this 30th day of May 20 28 known to me, who being du	personally appea	.04
President Rhown to me, who being do		above mentioned; that he/she
(lille)	Of the confidence	above memoriod, mar not site
executed the above Application For Payment and statements contained therein are true, correct and comp 7/16/2025 My Commission Expires:		(Notary Public Fig. 1) (Notary Public Fig. 1)
PROJECTS \ 00029 \ 092300154 \ ADMIN \ SPEC \ DIV-0		00 15 01 25 > 35

PAY REQUEST No. 2 CONTRACT: TOWN

TOWN OF LAWRENCE - QUARRY PARK

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5			W	€3	↔	ь	49	€9	€>	€9-	€\$	↔	G	cs.	69	69
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CONTRACTOR: DEGROOT, INC.	DESCRIPTION		CLEARING & GRUBBING NORTH CULVERT - LS	CLEARING & GRUBBING SOUTH CULVERT - LS	TEMPORARY COFFER DAMS & BYPASS PUMPING NORTH CULVERT - LS	TEMPORARY COFFER DAMS & BYPASS PUMPING SOUTH CULVERT - LS	REMOVE EXISTING 48" CULVERT - EA	REMOVE EXISTING 8.5" X 14.5" CULVERT - EA	REMOVE & SALVAGE EXISTING BEAM GUARD - LS	48" RCP CULVERT - LF	12X10' HIGH PRECAST CONC CULVERT - LF	48" RCP ENDWALL - EA	12'X10' CONC BOX CULVERT CAST-IN-PLACE ENDWALL - EA	HEAVY RIP RAP - CY	BASE AGG DENSE 1-1/4" FOR ROADWAY RESTORATION - TON	BASE AGG DENSE 3" FOR ROAD RESTORATION - TON
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DESCRIPTION UNITS PRICE	QITY PREV COMPL	0	48	0	O	~	Ф	O.	Φ	0	0	0	0	ETED TO DAT	GE(2.5% COI	NT DUE TO D	IS REQUEST
DESCRIPTION UNITS PRICE	TOTAL						. 130,772.26	. 112,615.00	: [1	1			OTAL COMPL	ESS RETAINA	OTAL PAYME	ESS PREVIOU
DESCRIPTION UNITS UNITS		 				******				07	07	07	07			ļ,	
HMA ROADWAY RESTORATION 4" 2155 SAWCUTTING - LF 48 GRASS RESTORATION INCL TOPSOIL, SEED & FERT - SY EROSION MAT CLASS 1 TYPE A . 850 TRAFFIC CONTROL QUARRY ALUMINUM STRUCTURAL PLATE . 62 ALUMINUM CULVERT CAST IN PLACE ENDWALL EA . 62 ALUMINUM CULVERT CAST IN PLACE ENDWALL EA . 62 NEW BEAM CUARD POSTS & . 101 ALUMINUM CULVERT CAST IN PLACE ENDWALL EA . 62 ALUMINUM CULVERT CAST IN PLACE ENDWALL EA . 62 ALUMINUM CULVERT CAST IN PLACE ENDWALL EA . 62 ALUMINUM CULVERT CAST IN PLACE ENDWALL EA . 62 ALUMINUM CULVERT CAST IN . 62 ALUMINUM CULVERT C	UNIT	0.9	5.0	9.0	3.0	6,060.0	2,109.2	56,307.5	40.4			1	ľ				
HIMA ROADWAY RESTORATION 4" SF SAWCUTTING - LF GRASS RESTORATION INCL TOPSOIL, SEED & FERT - SY EROSION MAT CLASS 1 TYPE A - 85 TRAFFIC CONTROL QUARRY PARK DR - LS 14" 11" WIDE X 9" 10" HIGH ALUMINUM STRUCTURAL PLATE CULVERT - LF CULVERT - LF ALUMINUM CULVERT CAST IN- PLAGE-ENDWALL - EA NEW BEAM GUARD POSTS &- INSTALL SALVAGED BEAM GUARD - LF CUARD - LF O O O O O O O O O O O O O	, municipal (1), 11 - 1 - 1									-	မာ						
DESCRIPTION HMA ROADWAY RESTORATION 4 SF SAWCUTTING - LF GRASS RESTORATION INCL TOPSOIL, SEED & FERT - SY EROSION MAT CLASS 1 TYPE A - SY TRAFFIC CONTROL QUARRY PARK DR - LS 44 - 14" WIDE X 8' 10" HIGH ALUMINUM STRUCTURAL PLATE CULVERT LF 44 - 14" WIDE X 9' 10" HIGH ALUMINUM CULVERT CAST IN- PLACE ENDWALL EA NEW BEAM GUARD POSTS &- INSTALL SALVACED BEAM GUARD LF	UNITS	2155	48	850	850	-	79	Ci	- 1								
TEM 15 19 14 18 12 19 00 00 00 00 00 00 00 00 00 00 00 00 00	DESCRIPTION	IMA ROADWAY RESTORATION 4".	SAWCUTTING - LF	GRASS RESTORATION INCL TOPSOIL, SEED & FERT - SY	EROSION MAT CLASS 1 TYPE A - SY	TRAFFIC CONTROL QUARRY PARK DR - LS	44'41"WIDEX9'10"HIGH- ALUMINUM STRUCTURAL PLATE. GULVERT LF	44-44" WIDE X 9' 40" HIGH. ALUMINUM CULVERT GAST IN. PLAGE ENDWALL EA	NEW BEAM GUARD POSTS & INSTALL SALVAGED BEAM		O	0	0				
	1	AL (/)															



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:

Is there A Fiscal Impact?
 Is it Currently Budgeted?

Yes
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



1445 MCMAHON DRIVE PO BOX 1025 NEENAH, WI 54956

NEENAH, WI 54957-1025

TELEPHONE: 920.751.4200 920.751.4284 FAX:

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**

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

Connection Station LE-2 Improvements

□ Contractor's Application for Payment Attached

□ Itemized Cost Breakdown Attached

Original Contract	\$231,700.00	Completed To Date	\$150,071.00
Net Change Orders	\$0.00	Retainage – 2.5%*	\$5,792.50
Current Contract Amount	\$231,700.00	Subtotal	\$144,278.50
		Previously Certified	\$84,137.70

^{* 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 Associales, Inc. 1445 McMahon Drive Neenah, WI 54956 P.O. Box 1025 Neenah, WI 54957-1025

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

APPLICATION FOR PAYMENT

		•		
(Owner)	······································	PROJECT:	Lawrence LE	-2 Improvements
Town of Lawrence		CONTRACTOR	Rohde Broth	
2400 Shady Court		Contract No.	L0017-09-24-0	00318
De Pere, WI 54115		Project No.	25030	
		Application No.	3	
		Application Date	6/6/2025	
		Period From	5/1/2025	To <u>5/31/2025</u>
Application Is Made For Payment The following documents are atto Schedule Of Values Schedule Of Unit Price Inventory Of Stored M	ached: es	Above Contract.		
The Present Status Of The Accoun	t For This Contract Is As F	ollows:		
Original Contract	\$ 231,700.00	_ Comple	eted To Date	\$ 150,071.00
Net Change Orders	\$ _	Retaina	ge <u> 5 </u> %	\$ 5,792.50
Current Contract Amount	\$ 231,700.00	Subtoto	ıl	\$ 144,278.50
		Previou:	s Applications	\$ 84,137.70
The undersigned Contractor here from the Owner, on account of a undersigned to discharge in full a Applications For Payment under inclusive; and 2) All materials and Application For Payment are free	work performed under the under the obligations of the under said Contract, being A dequipment incorporate	ne Contract referred ersigned incurred in applications For Pay ed in said project o	Il previous prog I to above, ha connection wit ment numbers r otherwise list	ve been applied by the th work covered by prior and 1 through and in or covered by this
DatedJu	ine 6, 20 25	Roble Broi	then Inc	
-		1 1/1	/ (contracto	r)
	D.,	6:111	Eric Carlson,	CEO
COUNTY OF)		(name & tit	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
STATE OF	} ss		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,
Before me on this <u>6th</u> day	of <u>June</u> 20 <u>25</u>	_ personally appear	ed	Eric Carlson
	vn to me, who being dul			
CFO		of the Contractor	above mentior	ned; that he/she
executed the above Application statements contained therein are My Commission Expires: 7/26/202	true, correct and compl		f said Contract Notary Pub.	h
STATE TO STATE OF THE STATE OF		V		

APPLICATION AND CERTIFICATE FOR PAYMENT

Town of Lawrence 2400 Shady Court De Pere, WI 54115 FROM CONTRACTOR: Rohde Brothers, Inc. P.O. Box 409	PROJECT: Lawrence LE-2 Imp 1451 Biotech Way De Pere, WI 54115 VIA ARCHITECT: McMahon Associat 1445 McMahon Dr Neenah, WI 54956	es, Inc.	APPLICATION NO: APPLICATION DATE: PERIOD TO: CONTRACT DATE: PROJECT NOS: CONTRACT FOR:	5/31/2025 11/21/2024 25030 / L0017-09-24-0031	
CONTRACTOR'S APPLICATION Application is made for payment, as shown below, in a Continuation Sheet, is attached. 1. ORIGINAL CONTRACT SUM 2. NET CHANGE BY CHANGE ORDERS 3. CONTRACT SUM TO DATE (Line 1 ± 2) 4. TOTAL COMPLETED & STORED TO DATE (Column G on Continuation Sheet) 5. RETAINAGE: a. 5 % of Completed Work up to 50% (Column D + E on Continuation Sheet) 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) 6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) 7. LESS PREVIOUS CERTIFICATES FOR PAYMEN (Line 6 from prior Certificate) 8. CURRENT PAYMENT DUE 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	231,700.00 - 231,700.00 150,071.00	information and belief the V completed in accordance w by the Contractor for Work payments received from the CONTRACTOR. Rohde By: State of: Wisconsin County of: Sheboygan Subscribed and sworn to be me this & day of July My Commission expires: 7 ARCHITECT'S C in accordance with the Concomprising the application, Architect's knowledge, inforquality of the Work is in accentitled to payment of the AMOUNT CERTIFIED	efore ERTIFICATE FOR I Stract Documents, based on on the Architect certifies to the O mation and belief the Work has cordance with the Contract Documents and MOUNT CERTIFIED.	part for Payment has been paid for Payment were issued and ment shown herein is now due. Date: Comparison
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS	amount certified.)		
Total changes approved in previous months by Owne	-	-	ARCHITECT:		Date:
Total approved this Month	-	- ,	By:	Hable The AMOUNT OFFICE	Date:
TOTALS	-	-	This Certificate is not negoti Contractor named herein	tiable. The AMOUNT CERTIF Issuance, payment and accep	tance of payment are without
NET CHANGES by Change Order	•		prejudice to any rights of th	e Owner or Contractor under t	his Contract.



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

TEM	DESCRIPTION OF WORK	SCHEDULED	WORK CO	MPLETED	MATERIAL	TOTAL COMP	LETED &	RETAINAGE	BALANCE TO
NO.		VALUE	PREVIOUS	THIS	STORED	STORED TO		5%	FINISH
		7	APPLICATION	APPLICATION	This Request		1 %	Up to 50%	A.
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(7)
01	Job Supervision	\$15,849.00	\$5,000.00	\$5,000.00		\$10,000.00	63.1%	\$360.90	\$5,849.00
	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		at the control of the	\$2,066.00	100%	\$103.30	
05	Mobilization	\$5,000.00	\$5,000.00			\$5,000.00	100%	\$250.00	
-	Demobilization	\$5,000.00							\$5,000.00
07	Procurement							***	
	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		AND COLOR MAN AND THE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	\$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	
	Rentals	\$4,000.00	\$1,000.00	\$2,000.00		\$3,000.00	75%	\$94.36	\$1,000.00
12	Labor Installation							11/69 543	1519
13	Concrete Work	\$5,000.00	la la			- 2 X		N. 60 VE.	\$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					× 91	: 615	\$4,000.00
16	Demolition	\$2,000.00		\$2,000.00		\$2,000.00	100%	\$44.36	5 00
	Excavating	\$3,000.00					- 3	Nor	\$3,000.00
18	Subcontractors								
19	Control Valve Rebuild	\$7,374.00						1. Joan 1	c \$7,374.00
-	Controls	\$62,625.00		\$31,312.00		\$31,312.00	50%	\$694.51	\$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	34.	\$150,071.00	64 779/	\$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:

Is there A Fiscal Impact?
 Is it Currently Budgeted?

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.

Lawrence Utility DistrictLast Updated:Reporting For:6/20/20252024

Financial Management

1. Provider of Financial Information Name:	
Patrick Wetzel	
Telephone: 920-336-9131	(XXX) XXX-XXXX
E-Mail Address (optional): Patrickw@Lawrencewi.gov	
, as is in a local manager	
2. Treatment Works Operating Revenues 2.1 Are User Charges or other revenues sufficient to cover of treatment plant AND/OR collection system? ● Yes (0 points) □□ ○ No (40 points) If No, please explain:	· ,
2.2 When was the User Charge System or other revenue so Year: 2023 • 0-2 years ago (0 points) □□ • N/A (private facility) 2.3 Did you have a special account (e.g., CWFP required se financial resources available for repairing or replacing equipiplant and/or collection system? • Yes (0 points)	gregated Replacement Fund, etc.) or
O No (40 points)	
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SH	ALL COMPLETE QUESTION 3]
 3. Equipment Replacement Funds 3.1 When was the Equipment Replacement Fund last review Year: 2023 1-2 years ago (0 points)□□ 3 or more years ago (20 points)□□ N/A If N/A, please explain: 	ved and/or revised?
3.2 Equipment Replacement Fund Activity	
3.2.1 Ending Balance Reported on Last Year's CMAR	\$ 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.)	\$ 0.00
3.2.3 Adjusted January 1st Beginning Balance	\$ 15,465.81
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+ \$ 6,000.00

Lawrence Utility District	6/20/2025	2024
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 repa	airs from 3.2.5 a	bove.
SCADA upgrades		
3.3 What amount should be in your Replacement Fund? Please note: If you had a CWFP loan, this amount was originally based Assistance Agreement (FAA) and should be regularly updated as needed instructions and an example can be found by clicking the SectionInstruction header in the left-side menu. 3.3.1 Is the December 31 Ending Balance in your Replacement Fund all greater than the amount that should be in it (#3.3)? ● Yes ○ No If No, please explain.	ed. Further calcu actions link unde	lation r Info
 4. Future Planning 4.1 During the next ten years, will you be involved in formal planning for or new construction of your treatment facility or collection system? Yes - If Yes, please provide major project information, if not already No Project Project Description None reported 	listed below.□□	
5. Financial Management General Comments		
5. Tillahelai Mahagement General Comments		
ENERGY EFFICIENCY AND USE		
6. Collection System6.1 Energy Usage6.1.1 Enter the monthly energy usage from the different energy source	s:	
Number of Municipally Owned Pump/Lift Stations: 3		

Lawrence Utility District

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

	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	
6.2.1 Indicate ☐ Comminu	tion or Screening		tations (Check all that apply):
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps		tations (Check all that apply):
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		tations (Check all that apply):
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		tations (Check all that apply):
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other:	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives		
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other: 6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other: 6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other: 6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives	s utilized at your pump/lift	
6.2 Energy Re 6.2.1 Indicate Comminu Extended Flow Mete Pneumati SCADA Sy Self-Primi Submersi Variable S Other: 6.2.2 Comme	e equipment and practice tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps ble Pumps Speed Drives ents: ergy Study been perform	s utilized at your pump/lift	

Lawrence Utility District

Last Updated: Reporting For:

6/20/2025 **2024**

- 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	Α

Lawrence Utility DistrictLast Updated:Reporting For:6/20/20252024

Sanitary Sewer Collection Systems

 Capacity, Management, Operation, and Maintenance (CMOM) Program Do you have a CMOM program that is being implemented?
• Yes
o 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
o No (30 points)
O 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
o 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
oxtimes 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
☑ Fac, on 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
— 1 ···································

Lawrence Utility District Last Updated: Reporting For: 6/20/2025 2024

information for O&M activities, ☒ A description of routine operati ☒ Capacity assessment program ☒ Basement back assessment an ☒ Regular O&M training ☒ Design and Performance Provisio What standards and procedures ar the sewer collection system, include property?	investigation ion and main d correction ins [NR 210.2 re established ing building	tenance activities (see question 2 below)	
			1
	 lan [NR 210.	23 (4) (f)]□□	1
Does your emergency response ca			0
☐ Responsible personnel commun	•	edures	
☒ Response order, timing and cle☒ Public notification protocols	an-up		
☐ Training			
	and implem	entation procedures	
☑ Annual Self-Auditing of your CMC)M Program	[NR 210.23 (5)]□□	
☐ Special Studies Last Year (check	•	hat apply):	
☐ Infiltration/Inflow (I/I) Analysis			
☐ Sewer System Evaluation Surv		Plan (CECAR)	
☐ Sewer Evaluation and Capacity☐ Lift Station Evaluation Report	Managment	Plan (SECAP)	
☐ Others:			
			1
]
2. Operation and Maintenance			
maintenance activities? Complete all		aintenance program include the following	
Cleaning	2(
Root removal	0	% of system/year	
Flow monitoring		% of system/year	
Smoke testing	0	% of system/year	
Sewer line		, , ,	
televising	20	% of system/year	
Manhole			
inspections	50	% of system/year	
Lift station O&M	3	# per L.S./year	
Manhole rehabilitation	0	% of manholes rehabbed	
Mainline rehabilitation	0	% of sewer lines rehabbed	
Private sewer inspections	0	% of system/year	

Lawrence Utility District	Last Updated: I 6/20/2025	Reporting For 2024				
Private sewer I/I						
removal 0 % of private s	services					
River or water 0 % of pipe crossings 0 % of pipe crossings	ssings evaluated or maintaine	od				
crossings 0 % of pipe cross Please include additional comments about your sanitary sewel	-	eu				
riease include additional comments about your samtary sewer	Conection system below.					
3. Performance Indicators						
3.1 Provide the following collection system and flow information 28.84 Total actual amount of precipitation last y						
32.56 Annual average precipitation (for your loc	cation)					
46.29 Miles of sanitary sewer						
3 Number of lift stations						
0 Number of lift station failures						
0 Number of sewer pipe failures						
0 Number of basement backup occurrences	5					
0 Number of complaints						
.378 Average daily flow in MGD (if available)						
13110 Peak monthly flow in MGD (if available)						
.0176209 Peak hourly flow in MGD (if available)						
3.2 Performance ratios for the past year: 0.00 Lift station failures (failures/year)						
0.00 Sewer pipe failures (pipe failures/sewer mile/yr)						
0.00 Sanitary sewer overflows (number/sewer	mile/yr)					
0.00 Basement backups (number/sewer mile)						
0.00 Complaints (number/sewer mile)						
34682.5 Peaking factor ratio (Peak Monthly:Annua						
0.0 Peaking factor ratio (Peak Hourly:Annual						
4. Overflows						
LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY	(TFO) OVERFLOWS REPORT	ED **				
Date Location		mated olume				
None reported						
** If there were any SSOs or TFOs that are not listed above, ploon this section until corrected.	ease contact the DNR and sto	pp work				
5. Infiltration / Inflow (I/I) 5.1 Was infiltration/inflow (I/I) significant in your community la o Yes • No	ast year?					
If Yes, please describe:						
5.2 Has infiltration/inflow and resultant high flows affected perform your collection system, lift stations, or treatment plant at any tionYes		s in				

Last Updated: Reporting For: 6/20/2025 ● No If Yes, please describe: 5.3 Explain any infiltration/inflow (I/I) changes this year from previous years: none 5.4 What is being done to address infiltration/inflow in your collection system? none

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

Lawrence Utility District

Last Updated: Reporting For: 6/20/2025

2024

Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS	
Financial	А	4	1	4	
Collection	А	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)

Lawrence Utility District

Last Updated: Reporting For: 6/20/2025

2024

Resolution or Owner's Statement

Name of Governing Body or Owner:

Town of Lawrence

Date of Resolution or

Action Taken:

2025-06-23

Resolution Number:

2025-007

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