



A PERFECT ENVIRONMENT

Residential Recreational Responsible

Chair
 Ron Troy
Supervisors
 Edward Kranick
 Christie Dionisopoulos
 Steve Michels
 Joe Woelfle
Clerk/Treasurer
 Dan Green

TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING
TUESDAY, JUNE 8, 2021 – 6:30 P.M.
DELAFIELD TOWN HALL – W302 N1254 MAPLE AVENUE, DELAFIELD, WI

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Citizen Comments: Public comments from citizens regarding items on, or not on the Agenda. The Board may not engage in a discussion with the citizen making the comments. Individual presentations are limited to three minutes and citizens shall follow the rules set forth in Section 2.04(1)(d) of the Town Code.
5. Approval of Minutes:
 - A. May 24, 2021 Town Board Minutes
6. Action on vouchers submitted for payment:
 - A. Report on budget sub-accounts and action to amend 2021 budget
 - B. 1) Accounts payable; 2) Payroll
7. Communications (for discussion and possible action)
 - A. Elmhurst Bridge Reconstruction
 - B. Waukesha County RFP for Waste Hauler
8. Unfinished Business
 - A. Discussion and possible action on the adoption of Ordinance 21-05, an ordinance to repeal and re-create multiple subsections within Chapter 19 of the Town of Delafield Municipal Code concerning park regulations (tabled 5/24/2021).
9. New Business
 - A. Discussion and possible action on the approval and authorization of an application and resolution to the Board of Commissioner of Public Lands, State of Wisconsin, for a \$161,000 loan to finance the purchase of an excavator.
 - B. Discussion and possible action on the approval of renewal Alcoholic Beverage "Class B" Liquor, Class "B" Beer and Soda Beverage Licenses for the licensing period of July 1, 2021 to June 30, 2021 to Pewaukee Yacht Club Inc., Western Lakes Golf Club and BuckRub Outfitters Ltd.
 - C. Discussion and possible action on the recommendation from the Plan Commission, for Gerald and Gina Gambatese, 19585 Dorchester Ct., Brookfield, WI., owner, by Carl Tomich, Westridge Builders, to approve a Certified Survey map to combine two existing properties at W303 N2582 Maple Avenue.
 - D. Discussion and possible action on the recommendation from the Plan Commission for Austin Babich, Pyramid Network Services, LLC, agent for Verizon Wireless, to remove and replace antennas on a communications tower owned by SBA and located at S12 W28925 Summit Avenue
 - E. Discussion and possible action on a new Chicken License Application for Wes Golla at W292N2104 Elmhurst Drive.

10. Announcements and Planning items

- A. Town Board – Tuesday, June 22, 2021 @ 6:30 PM
- B. Board of Review – Monday, June 28, 2021 @ 6:30 PM
- C. Plan Commission – Monday, July 6, 2021 @ 6:30 PM
- D. Town Board – Tuesday, July 13, 2021 @ 6:30 PM

11. Adjournment



Dan Green
Town of Delafield Clerk/Treasurer

PLEASE NOTE:

- ✓ It is possible that action will be taken on any of the items on the agenda and that the agenda may be discussed in any order. It is also possible that a quorum of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.
- ✓ Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Town Clerk Dan Green (262) 646-2398.

**TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING
MAY 24, 2021 @ 6:30 PM**

Video link: https://www.youtube.com/watch?v=8Zldv_TXs7Q

First order of business: Call to Order
Supervisor Troy called the meeting to order at 6:30 p.m.

Second order of business: Pledge of Allegiance

Third order of business: Roll Call

Present were: Supervisor Kranick, Supervisor Dionisopoulos, Supervisor Michels, Supervisor Woelfle and Chairperson Troy. Also present was Administrator Dan Green.

Fourth order of business: Citizen Comments:
Planned Development District Comments:

Jim Frett, N19W29056 Golf Ridge N, stated most of the people in the room were opposed to the proposed ordinance. He stated the proposed plan is irresponsible. The neighborhood has hired an attorney to represent the residents, and the neighbors have filed a petition and submitted a formal complaint. We have been going at this for 20 months now. The plan is irresponsible. Have an attorney to represent the residents. Filed protest commission and complaints. Election spoke out regarding this issue. He expressed the neighborhood wants to see the development compatible with the adjacent neighborhoods.

Mary Yakel, W295N1777 Prairie Wood Ct, expressed opposition for the Thomas Farm development. She was encouraged at the number of residents who have been getting involved in local government. She questioned why the Town Board does not scrap the entire plan and let a developer come forward with a plan.

Dave Lardinois, W283N2193 Beach Road, has lived in the Town for 47 years. He explained that Pewaukee Lake is different, because it was created by an Illinois glacier, but is not part of a river. The lake is spring fed, and without springs, there is no water to recharge the lake. He expressed concerns about the impact of new wells being drilled in close proximity to the lake. He also expressed concerns about blasting bedrock, and the potential holes in the bedrock blocking water from coming to the surface. Mr. Lardinois explained that the sanitary district was originally designed for homes around the lake and nearby.

Steve Page, W315N823 Huckleberry Way, lives down HWY 83, but is opposed to what is planned. He stated that more and more people will come to these meetings and will be in opposition to the project.

Joan Ziebart, N19W28072 Golf View Court, explained she and her husband built their home 28 years ago. They were attracted to the open areas and bike trails. She stated that neighbors are not aware of the extent of what is planned. They would like to sell their home in the future, and wants to keep the area the way it was when they moved to Delafield. She stated there are other ways to keep Delafield attractive, quiet and inviting. She stated all residents in her subdivision are in opposition to Thomas development.

Kevin Bradley, W296N2168 Glen Cove Road, questioned why there was a workgroup for the proposed planned development district, but not one for High Ridge, or other subdivisions in the area. He stated if the Thomas Family want to sell to a developer, let them come forward with a plan.

Gary Wegner, N20W29504 Glen Cove Road, has been a resident for 35 years. He stated he likes the countryside and wants to keep it that way. The proposed development ordinance is not consistent with the neighborhood around it. He expressed concern about the increased services required due to the subdivision, including schools, fire, etc. He explained that with a hot real-estate market, there should be no trouble selling this property on the market.

Fifth order of business:

A. Approval of May 11, 2021 Town Board Minutes

Motion made by Supervisor Michels to approve the minutes from May 11, 2021, with the correction of showing Supervisor Michels as excused. Seconded by Supervisor Woelfle. Motion carried 5-0.

Sixth order of Business: Action on vouchers submitted for payment:

- A. Report on budget sub-accounts and action to amend 2021 budget
- B. 1) Accounts payable; 2) Payroll

Motion by Supervisor Kranick to approve payment of Checks #64756-#64784 in the amount of \$185,230.76 and payrolls dated May 28, 2021, in the amount of \$13,637.67. Seconded by Supervisor Dionisopoulos. Motion carried 5-0.

Seventh order of Business: Communications (*for discussion and possible action*) - None

- A. Elmhurst Bridge Reconstruction

Administrator Green explained that the Department of Transportation met with he, Tim Barbeau and Supervisor Kranick to discuss the project. The DOT is planning an open house for residents in early July, with a start date to follow soon after. In the meeting, the DOT discussed ways of notifying residents, including a postcard and posting a question-and-answer sheet on the Town's website.

Supervisor Kranick added that this is a big deal to the neighborhood, as the bridge will be closed for a year, starting in July of 2021 and through the summer of 2022. The Board discussed sidewalks and pavement markers. The new bridge will not have sidewalks but will have large shoulders. More information will be provided on the Town's website when we have more information.

Eighth order of Business: Unfinished Business - None

Ninth order of Business: New Business

- A. Discussion and possible action on the adoption of Resolution 21-649, a resolution to combine reporting units for Wards 7 & 8, and Wards 9, 10 & 11 for election administration and reporting returns.

Administrator Green explained this is to help simplify reporting returns for the Dayspring Church polling location. Currently each reporting unit has to track separate results, including separate poll books, and separate ballots. By combining units, it will generate one poll book and only one set of results to be required.

Motion by Supervisor Kranick to adopt Resolution 21-649, a resolution to combine reporting units for Wards 7 & 8, and Wards 9, 10 & 11 for election administration and reporting returns. Seconded by Supervisor Dionisopoulos. Motion passed 5-0.

- B. Discussion and possible action on the adoption of Ordinance 21-04, an ordinance to repeal and re-create Section 9.09 of the Town of Delafield Municipal Code concerning permission to consume alcohol in parks in the Town of Delafield.

Administrator Green explained this ordinance is to eliminate the need for the Town Board to have to approve picnic shelter rentals where alcohol will be present. These will be approved or denied by the Town Administrator. The Town Board asked that a calendar of rentals could be added to the website, to notify neighbors of upcoming events, as well as those looking to rent a pavilion.

Motion by Supervisor Dionisopoulos to adopt Ordinance 21-04, an ordinance to repeal and re-create Section 9.09 of the Town of Delafield Municipal Code concerning permission to consume alcohol in parks in the Town of Delafield. Seconded by Supervisor Woelfle. Motion passed 5-0.

- C. Discussion and possible action on the adoption of Ordinance 21-05, an ordinance to repeal and re-create multiple subsections within Chapter 19 of the Town of Delafield Municipal Code concerning park regulations.

Administrator Green explained the proposed changes are to clean up the ordinance and remove references to the Park Commission. It is also to add language regarding dogs in the park. The Board pointed out a few other areas of concern that should be addressed in the ordinance, including drones and park hours.

Motion by Supervisor Kranick to table, "Discussion and possible action on the adoption of Ordinance 21-05, an ordinance to repeal and re-create multiple subsections within Chapter 19 of the Town of Delafield Municipal Code concerning park regulations." Seconded by Supervisor Dionisopoulos. Motion passed 5-0.

Tenth order of Business: Announcements and Planning items

- A. Plan Commission – Tuesday, June 1, 2021 @ 6:30 PM
- B. Board of Review (to adjourn to later date) – Tuesday, June 8, 2021 @ 6:15 PM
- C. Town Board – Tuesday, June 8, 2021 @ 6:30 PM

Eleventh order of Business: Adjournment

Motion by Supervisor Michels to adjourn the May 24, 2021 Town Board meeting at 7:05 p.m. Seconded by Supervisor Dionisopoulos. Motion carried 5-0.

Respectfully submitted:

Dan Green, CMC/WCMC
Administrator - Town Clerk/Treasurer

Rev. 04/2012

STATE OF WISCONSIN
BOARD OF COMMISSIONERS OF PUBLIC LANDS
101 EAST WILSON STREET, 2ND FLOOR
POST OFFICE BOX 8943
MADISON, WISCONSIN 53708-8943

APPLICATION FOR STATE TRUST FUND LOAN
TOWN - 20 YEAR MAXIMUM
Chapter 24 Wisconsin Statutes

TOWN OF DELAFIELD

Date sent: May 17, 2021

Received and filed in Madison, Wisconsin:

ID # 05605520

TTN

TO: BOARD OF COMMISSIONERS OF PUBLIC LANDS

We, the undersigned town board of supervisors of the Town of **Delafield**, in the County(ies) of **Waukesha**, Wisconsin, in accordance with the provisions of Chapter 24 of the Wisconsin Statutes, do hereby make application for a loan of **One Hundred Sixty One Thousand And 00/100** Dollars (**\$161,000.00**) from the Trust Funds of the State of Wisconsin for the purpose of **financing the purchase of a Mecalac escavating machine.**

The loan is to be continued for a term of **7** years from the 15th day of March preceding the date the loan is made. The loan is to be repaid in annual installments, as provided by law, with interest at the rate of **3.00** percent per annum.

We agree to the execution and signing of such certificates of indebtedness as the Board may prepare and submit, all in accordance with Chapter 24, Wisconsin Statutes.

The application is based upon compliance on the part of the Town with the provisions and regulations of the statutes above referred to, as set forth by the following statements which we do hereby certify to be correct and true.

The meeting of the Town Board of the Town of **Delafield**, in the County(ies) of **Waukesha**, Wisconsin, which approved and authorized this application for a loan was a regularly called meeting held on the _____ day of _____, 20_____.

At the aforesaid meeting a resolution was passed by a majority vote of the members of the Town Board approving and authorizing an application to the Board of Commissioners of Public Lands, State of Wisconsin, for a loan of **One Hundred Sixty One Thousand And 00/100** Dollars (**\$161,000.00**) from the Trust Funds of the State of Wisconsin to the Town of **Delafield** in the County(ies) of **Waukesha**, Wisconsin, for the purpose of **financing the purchase of a Mecalac escavating machine.** That at the same time and place, the Town Board of the Town of **Delafield** by a majority vote of the members, adopted a resolution levying upon all the taxable property in the Town, a direct annual tax sufficient in amount to pay the annual installments of principal and interest, as they fall due, all in accordance with Article XI, Sec. 3 of the Constitution and Sec. 24.66(5), Wisconsin Statutes.

A copy of the aforesaid resolutions, certified to by the clerk, as adopted at the meeting, and as recorded in the minutes of the meeting, accompanies this application.

A statement of the equalized valuation of all the taxable property within the Town of **Delafield** certified to by the clerk, accompanies this application.

Given under our hands in the Town of **Delafield**, County(ies) of **Waukesha**, Wisconsin, this _____ day of _____, 20_____.

Chairman, Town of **Delafield** (Signature)

Clerk, Town of **Delafield** (Signature)

RETURN THIS ORIGINAL – DO NOT RETURN PHOTOCOPY

Chairman and supervisors, please sign in space provided and type or print name below the signature.)

	<u>OFFICER</u>	<u>ADDRESS OF EACH OFFICER</u>
1.	_____	_____
	Chairman (Signature)	
	_____	_____
	Type or Print Name	
2.	_____	_____
	Supervisor (Signature)	
	_____	_____
	Type or Print Name	
3.	_____	_____
	Supervisor (Signature)	
	_____	_____
	Type or Print Name	
4.	_____	_____
	Supervisor (Signature)	
	_____	_____
	Type or Print Name	
5.	_____	_____
	Supervisor (Signature)	
	_____	_____
	Type or Print Name	

Town Board of Supervisors of the Town of **Delafield**, County(ies) of **Waukesha**, Wisconsin.

STATE OF WISCONSIN
County(ies) of **Waukesha**

Personally came before me this ____ day of _____, 20____, the above named persons known to me as the Town Board of Supervisors of the Town of **Delafield**, in **Waukesha** County, Wisconsin, and who are the persons who executed the foregoing application and acknowledged same.

Clerk (Signature)

Clerk (Print or Type Name)

Town of **Delafield**
County(ies) of **Waukesha**, Wisconsin

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FORM OF RECORD

The following preamble and resolutions were presented by Supervisor _____ and were read to the meeting.

By the provisions of Sec. 24.66 of the Wisconsin Statutes, all municipalities may borrow money for such purposes in the manner prescribed, and,

By the provisions of Chapter 24 of the Wisconsin Statutes, the Board of Commissioners of Public Lands of Wisconsin is authorized to make loans from the State Trust Funds to municipalities for such purposes. (Municipality as defined by Sec. 24.60(2) of the Wisconsin Statutes means a town, village, city, county, public inland lake protection and rehabilitation district, town sanitary district created under Sec. 60.71 or 60.72, metropolitan sewerage district created under Sec. 200.05 or 200.23, joint sewerage system created under Sec. 281.43(4), school district or technical college district.)

THEREFORE, BE IT RESOLVED, that the Town of **Delafield**, in the County(ies) of **Waukesha**, Wisconsin, borrow from the Trust Funds of the State of Wisconsin the sum of **One Hundred Sixty One Thousand And 00/100 Dollars (\$161,000.00)** for the purpose of **financing the purchase of a Mecalac excavating machine** and for no other purpose.

The loan is to be payable within 7 years from the 15th day of March preceding the date the loan is made. The loan will be repaid in annual installments with interest at the rate of 3.00 percent per annum from the date of making the loan to the 15th day of March next and thereafter annually as provided by law.

RESOLVED FURTHER, that there shall be raised and there is levied upon all taxable property, within the Town of **Delafield**, in the County(ies) of **Waukesha**, Wisconsin, a direct annual tax for the purpose of paying interest and principal on the loan as they become due.

RESOLVED FURTHER, that no money obtained by the Town of **Delafield** by such loan from the state be applied or paid out for any purpose except **financing the purchase of a Mecalac excavating machine** without the consent of the Board of Commissioners of Public Lands.

RESOLVED FURTHER, that in case the Board of Commissioners of Public Lands of Wisconsin agrees to make the loan, that the chairman and clerk of the Town of **Delafield**, in the County(ies) of **Waukesha**, Wisconsin, are authorized and empowered, in the name of the Town to execute and deliver to the Commission, certificates of indebtedness, in such form as required by the Commission, for any sum of money that may be loaned to the Town pursuant to this resolution. The chairman and clerk of the Town will perform all necessary actions to fully carry out the provisions of Chapter 24 Wisconsin Statutes, and these resolutions.

RESOLVED FURTHER, that this preamble and these resolutions and the aye and no vote by which they were adopted, be recorded, and that the clerk of this Town forward this certified record, along with the application for the loan, to the Board of Commissioners of Public Lands of Wisconsin.

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Supervisor _____ moved adoption of the foregoing preamble and resolutions.

The question being upon the adoption of the foregoing preamble and resolutions, a vote was taken by ayes and noes, which resulted as follows:

- 1. Chairman _____ voted _____
- 2. Supervisor _____ voted _____
- 3. Supervisor _____ voted _____
- 4. Supervisor _____ voted _____
- 5. Supervisor _____ voted _____

A majority of the Town Board of the Town of **Delafield**, in the County(ies) of **Waukesha**, State of Wisconsin, having voted in favor of the preamble and resolutions, they were declared adopted.

STATE OF WISCONSIN

County(ies) of **Waukesha**

I, _____, Clerk of the Town of **Delafield**, County(ies) of **Waukesha**, State of Wisconsin, do hereby certify that the foregoing is a true copy of the record of the proceedings of the Town Board of the Town of **Delafield** at a meeting held on the _____ day of _____, 20____, relating to a loan from the State Trust Funds; that I have compared the same with the original record thereof in my custody as clerk and that the same is a true copy thereof, and the whole of such original record.

I further certify that the Town Board of the Town of **Delafield**, County(ies) of **Waukesha**, is constituted by law to have _____ members, and that the original of said preamble and resolutions was adopted at the meeting of the Town Board by a vote of _____ ayes to _____ noes and that the vote was taken in the manner provided by law and that the proceedings are fully recorded in the records of the Town.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Town of **Delafield** this _____ day of _____, 20_____.

Clerk (Signature)

Clerk (Print or Type Name)

Town of **Delafield**

County(ies) of **Waukesha**

State of Wisconsin

STATE OF WISCONSIN
COUNTY(IES) OF **Waukesha**
TO: THE BOARD OF COMMISSIONERS OF PUBLIC LANDS

I, _____, Clerk of the Town of **Delafield**, County(ies) of **Waukesha**, State of Wisconsin, do hereby certify that it appears by the books, files and records in my office that the valuation of all taxable property in the Town of **Delafield** is as follows:

EQUALIZED VALUATION FOR THE YEAR 20_____* \$ _____
* Latest year available

I further certify that the whole existing indebtedness of the Town of **Delafield**, County(ies) of **Waukesha**, State of Wisconsin, is as follows: (list each item of indebtedness):

NAME OF CREDITOR	PRINCIPAL BALANCE (EXCLUDING INTEREST)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL INDEBTEDNESS:	\$ _____

Clerk (Signature)

Clerk (Print or Type Name)

Clerk in the Town of **Delafield**

County(ies) of **Waukesha**, Wisconsin

_____, 20_____
Date

THE TOTAL INDEBTEDNESS, INCLUDING THE TRUST FUND LOAN APPLIED FOR, MAY NOT EXCEED 5% OF THE VALUATION OF THE TAXABLE PROPERTY AS EQUALIZED FOR STATE PURPOSES. (Sec. 24.63(1), Wis. Stats., 1989-90)

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Douglas La Follette, *Secretary of State*
Sarah Godlewski, *State Treasurer*
Joshua L. Kaul, *Attorney General*

101 E. Wilson Street
2nd Floor
PO Box 8943
Madison, WI 53708-8943

608 266-1370 INFORMATION
608 266-0034 LOANS
608 267-2787 FAX
bcpl.wisconsin.gov

Thomas P. German, *Executive Secretary*

May 17, 2021

Mr. Daniel Green
Town of Delafield
W302n1254 Maple Avenue
Delafield, WI 53018

ID# 05605520

Dear Mr. Green:

Thank you for requesting a loan application from the BCPL State Trust Fund Loan Program. Your application is attached, along with associated forms and directions. Please look through these documents and call us with any questions.

Please check your application to confirm the correct amount, rate, term, and purpose of the loan. The application interest rate should correspond to the current interest rates for BCPL General Obligation Trust Fund loans:

General Obligation Loan Rates:

2 Years	2.50%
3 – 5 Years	2.50%
6 – 10 Years	3.00%
11 – 20 Years	4.00%

Your interest rate is now locked at the above level for 60 days. To maintain that interest rate lock and prevent the possibility of needing to re-start the loan process from the beginning, BCPL needs to receive a properly completed loan application within 60 days from the date of this letter.

Following approval of the Application and Borrowing Resolution by your Board, the application must be completed and returned to BCPL along with the meeting minutes and the Anticipated Schedule of Disbursements. To provide enough time for internal reviews, loan processing, and assembling of our Board agenda materials, completed documents must be received a minimum of eight (8) calendar days before the next BCPL board meeting. The BCPL Board meets the first and third Tuesdays of each month.

BCPL requests that all Borrowers provide digital photographs of the projects that we finance (if applicable). We use these photos for promotional materials regarding the BCPL State Trust Fund Loan Program. Please remember to email a few high-resolution digital photographs, and be sure to include photographer credit information. We thank you in advance.

If you have questions regarding any of the documentation required by BCPL, the application process or the status of your application, please call me at 608-266-0034 or email me at richard.sneider@wisconsin.gov.

Sincerely,


Thuy T. Nguyen
Office Manager

- Enclosures:
- 1) Application Form – Town 20 Year Maximum
 - 2) Checklist for Application Review
 - 3) Anticipated Schedule of Disbursements



**BCPL State Trust Fund Loan Program
Application Checklist**

**The application must be completed and submitted on the original paper supplied by BCPL.
No copies will be accepted and any alterations will void the application.**

Please check the following items prior to submitting your application:

- Confirm that each blank is filled in. Please check every page carefully.
- Confirm that all required signatures are present. Original signatures are essential as signature stamps will void the application.
- Confirm that all voting members of your Board or Council are listed and that each vote is properly recorded. If a voting member is absent from the meeting, please write or type "Absent" in the vote area.
- Confirm that meeting dates are accurate. If you are unsure which meeting the application is referring to, please contact us.
- Confirm that the Total Equalized Valuation you are providing is from the most recent year available. This information is generally available on the Wisconsin Department of Revenue website. If you have any Tax Incremental Districts, please use **TID IN** valuation.
- Confirm that each General Obligation debt has been listed with the principal balance as of the certification date. If your municipality has no outstanding debt, list "None" under name of creditor and enter -0- as the total indebtedness.

○ ***If you require additional space to list individual debts or wish to submit the current debt schedule in a different format, you may include an attachment to the debt page. DO NOT COMPLETE THE SAMPLE FORM BELOW! Type the following certification language on the attachment and return it with your application:***

1. Type the following phrase as the page header:

"Attachment to Page ____ of BCPL State Trust Fund Loan Application ID# **05605520**"

2. Below the loan schedule, type and complete the following:

I hereby certify that all general obligation debts of the _____ of _____, in the County of _____, State of Wisconsin, are included in the above schedule, and that this schedule is true and correct as of _____, 201__.

Clerk (signature)

Clerk (print or type name)

_____, 20__
Date

**BCPL State Trust Fund Loan Program
Application Checklist**

- A copy of the minutes from the meeting at which the Resolution to Borrow Funds and Levy Tax was presented and approved is required to process the application. This meeting must take place following your receipt of the application. Please make certain that the resolution approved by your board or council is the exact resolution contained in the application. The minutes from this meeting should also contain this language.

- Mail the completed application and meeting minutes to the address below:
**Board of Commissioners of Public Lands
P.O. Box 8943
Madison, WI 53708-8943**

- For overnight (non-USPS) delivery, please note that our street address has a different zip code:
**Board of Commissioners of Public Lands
101 E. Wilson Street, 2nd Floor
Madison, WI 53703**

Upon receipt, BCPL staff will review your application and contact you if any additional information or corrections to the application are required.

To allow time for internal reviews, BCPL needs to receive your completed application a minimum of 8 days in advance of our Board's next scheduled board meeting. The BCPL Board meets the first and third Tuesday of each month. Following approval by the BCPL loan committee and a legal review by the office of the Attorney General, the application will be placed on the agenda for the next available board meeting.

Following board approval, there are a few additional steps and your loan may be funded in 5-10 days. All draws must be made within four months of the board approval date.

BCPL appreciates having photographs of the projects that we help finance. We use these photos both internally and for publishing of promotional materials regarding the BCPL State Trust Fund Loan Program. If possible, please forward high-resolution, digital photographs of the project being financed. Be sure to include information on who should be given credit for the photos. We thank you in advance.

Please contact us at (608) 266-0034 or richard.sneider@wisconsin.gov if you have any questions.



**BCPL State Trust Fund Loan Program
Anticipated Schedule of Disbursements**

**Town of Delafield
Worksheet # 05605520
Finance The Purchase Of Escavating Machine
\$161,000.00**

Please tell us when you anticipate the need for loan funds:

Disbursement Date	Disbursement Amount
<u>7/1/2021</u>	<u>\$161,000</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

NOTE: Fill out this form using your best estimates as of the loan application date. *This is not an actual disbursement form.* We request this information to help us better manage the investment of State of Wisconsin Trust Funds. After your loan has been approved, you will receive a "Request for Loan Disbursement" form to request the actual distribution of funds.

Please return form to:

**Board of Commissioners of Public Lands
PO Box 8943
Madison, WI 53708-8943**

fax 608.267.2787
richard.sneider@wisconsin.gov

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } DeLafield
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Buck Rub Outfitters, Ltd.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>KAZMIERSKI</u>	(First) <u>Gregory</u>	(Middle Name) <u>Joseph</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W330 S7650 County Rd EE Mukwonago 53149</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>KAZMIERSKI</u>	(First) <u>Greg</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W330 S7650 Cty Rd EE Mukwonago 53149</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Buck Rub Outfitters, Ltd Business Phone Number 262-547-0535
 2. Address of Premises N13 W28400 Silvernail Rd Post Office & Zip Code 53072

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-0000204271-03</u>	
FEIN Number <u>39-1847252</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 130

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Greg Kazmiercki J</i>	Title / Member <i>Pres.</i>	Date <i>4/30/21</i>
Signature <i>Greg Kazmiercki</i>	Phone Number [REDACTED]	Email Address

TO BE COMPLETED BY CLERK

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

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of DeLafield County of WAUKESHA

The undersigned duly authorized officer/member/manager of Buck Pub Outfitters, Ltd.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Buck Pub Outfitters, Ltd.
(Trade Name)

located at N13 W28400 Silvernail Rd. Pewaukee 53072

appoints Greg Kazmierski
(Name of Appointed Agent)
W330 5765 Cty Rd EE Mukwonago WI 53149
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? [Redacted]

Place of residence last year _____

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Greg Kazmierski, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Greg Kazmierski 4/30/21 Agent's age [Redacted]
(Signature of Agent) (Date)
W330 5765 Cty Rd EE Mukwonago WI 53149 Date of birth [Redacted]
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kazmierski		Greg		Joseph	
Home Address (street/route)		Post Office	City	State	Zip Code
W3305 Two City Rd EE			MUKWONAGO	WI	53149
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	MILWAUKEE	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - Greg Kazmierski - Pres. of Buck Pub Outfitters, Ltd.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

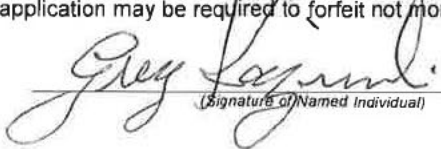
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Buck Rub Archery	N13 W28400 Silverdale Rd	1978	2021
Ego's He Porter Distillery	OUT of BUSINESS	1973	1978

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@revenue.wi.gov
website: revenue.wi.gov

Letter ID L1008267360

BUCK RUB OUTFITTERS, LTD.
N13W28400 SILVERNAIL RD
PEWAUKEE WI 53072-5162

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BUCK RUB OUTFITTERS, LTD.

Business name:
N13W28400 SILVERNAIL RD
PEWAUKEE WI 53072-5162

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000204271-03

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
 Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____ Amount Paid: <u>\$5.00</u> License Number: _____
--

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
 TOWN OF DELAFIELD**

To the Town Board of the Town of Delafield
 Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Buck Pub Outfitters, Ltd.

Street Address: N13 W28400 SILVERHAIL Rd. Pewaukee WI 53072

Name of Applicant (Please Print): GREG KAZMIERSKI

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature Greg Kazmier Date 4/30/21

Applicant Address (if different from business location):

W330 ST650 City Rd EE Mukwonago WI 53149

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2021 ending: 6/30/2022
(mm/dd/yyyy) (mm/dd/yyyy)

To the Governing Body of the: Town of } DELAFIELD
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: PEWAUKEE YACHT CLUB, INC
 Address of Corporation / Limited Liability Company (if different from licensed premises): P.O. Box 101, PEWAUKEE, WI 53072

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: GRIGNON (First) JOHN (Middle Name) -W
 Home Address (Street, City or Post Office, & Zip Code): 562 W 28195 RIDGE VALLEY RD WAUKESHA WI 53189

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PETERSON</u>	<u>CHARLOTTE</u>		<u>W283N2283 Beach Park Circle, Pewaukee, 53072</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WEBER</u>	<u>MATT</u>		<u>W278 N2690 Rocky Point Rd, Pewaukee 53072</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ESSER</u>	<u>KIM</u>		<u>N39W27493 Hillside Grove Rd, Pewaukee 53072</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>DUCHOW</u>	<u>CRAIG</u>		<u>N22W28692 Louis Ave, Pewaukee, 53072</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name PEWAUKEE YACHT CLUB Business Phone Number 262-691-9927
 2. Address of Premises N22W28304 Edgewater Dr. Post Office & Zip Code Pewaukee, WI 53072

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

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

One story frame + metal storage shed.

Applicant's Wisconsin Seller's Permit Number <u>456-1020156327-03</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 630

SODA #5 8635

DQ

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) QUIRAM		(first name) DANIEL		(middle name) WILLIAM	
Home Address (street/route) 819 S. WATERVILLE LAKE RD		Post Office —	City Oconomowoc	State WI	Zip Code 53066
Home Phone Number [REDACTED]		[REDACTED]		Place of Birth IOWA	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

BUILDINGS & GROUND of **PEWAUKEE YACHT CLUB**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 1 YEAR
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name SCHOOL DISTRICT	Employer's Address GREEN BAY	Employed From 9-1-2016	To 6-15-2018
Employer's Name HABITAT 4 HUMANITY	Employer's Address OF LOUISVILLE KY	Employed From 6-1-2019	To 6-1-2020

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Handwritten Signature]
 (Signature of Named individual)



[Handwritten Signature]
 Aaron J. Frank
 exp. 2.24.23 exp
 4/24/21

~~DRIVES~~
CHANCE

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Drives</u>		(first name) <u>Chance</u>		(middle name) <u>Michael</u>	
Home Address (street/route) <u>W277N1020 Woodside Dr.</u>		Post Office	City <u>Waukesha</u>	State <u>WI</u>	Zip Code <u>53188</u>
Home Phone Number [REDACTED]		Age	Date of Birth [REDACTED]	Place of Birth <u>Waukesha</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Chance Drives of Pewaukee Yacht Club
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 29 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. WT
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Nicholson Mfg.</u>	<u>N8091 Maple St. Ironia WI</u>	<u>2018</u>	<u>2021</u>
<u>Pick Heaters Inc.</u>	<u>730 S Indiana Ave, West Bend</u>	<u>2015</u>	<u>2018</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
(Signature of Named individual)

Wisconsin Department of Revenue



4/24/21
[Signature]
Aaron J. Frank
2.24.23 exp

~~Steve~~
MATT

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Weber		Matt		James	
Home Address (street/route)		Post Office	City	State	Zip Code
W238N2690 Rocky Point Rd		Pewaukee	Pewaukee	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	Milwaukee	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Officer of Pewaukee Yacht Club
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 54 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Weber Dental	17585 W. North Ave Brookfield	1994	2015

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



4/24/21
 Aaron J. Frank
 Aaron J. Frank
 2-24-23 ETP

[Signature]
(Signature of Named Individual)

MATT

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PARKER		MATTHEW		HALIDAY	
Home Address (street/route)		Post Office	City	State	Zip Code
1515 N VAN BUREN ST			MILWAUKEE	WI	53202
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	CHICAGO, IL	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

OFFICER of PEWAUKEE YACHT CLUB
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 8 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
TIGHE-ZEMAN EQUIP	N50W13740 OVERVIEW DR MENDOTA, WI	6/1/2015	PRESENT
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Matthew Parker
Signature of Named individual

Wisconsin Department of Revenue



4/24/21
Aaron J Frank
2-24-23 exp

CODY

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Ziegler		Sam		Cody	
Home Address (street/route)		Post Office	City	State	Zip Code
1515 N Van Buren St #16		53202	Milwaukee	WI	53202
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	Milwaukee	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____ which is making application for an alcohol beverage license.

Director of Pennance Yacht Club
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 1 year
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Boerke Company Inc	751 N Jackson St #100 Milwaukee	2017	Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



4/24/21
Aaron J Frank
 Aaron J Frank
 2-24-23 exp

[Signature]
 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Peterson		(first name) Charlotte		(middle name) Ann	
Home Address (street/route) W 283 N 2283 Beach Park Cir		Post Office	City Pewaukee	State WI	Zip Code 53072
Home Phone Number [REDACTED]		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth Jacksonville, FL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- officer of Pewaukee Yacht Club
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 20+ years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
(Signature of Named Individual)



4/24/21
Aaron J Frank
Aaron J Frank
2.24.23 exp



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

PEWAUKEE YACHT CLUB, INC.
PO BOX 101
PEWAUKEE WI 53072-0101

Letter ID L1332472912



Wisconsin Business Tax Registration Certificate

Expiration date: November 30, 2021
Legal/real name: PEWAUKEE YACHT CLUB, INC.

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1020156327-03
Withholding Tax	Withholding Tax	036-1020156327-04



2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@revenue.wi.gov
website: revenue.wi.gov

Letter ID 11737907872

PEWAUKEE YACHT CLUB, INC.
PO BOX 101
PEWAUKEE WI 53072-0101

Wisconsin Department of Revenue Seller's Permit

Legal/real name:	PEWAUKEE YACHT CLUB, INC.
Business name:	PEWAUKEE YACHT CLUB INC GENERAL DELIVERY PEWAUKEE WI 53072

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-1020156327-03

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
 Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
 TOWN OF DELAFIELD**

To the Town Board of the Town of Delafield
 Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Pewaukee Yacht Club 53072
 Street Address: 122 W 28204 Edgewater Dr. Pewaukee
 Name of Applicant (Please Print): John W Geigrow Jr.

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature  Date 4/25/21

Applicant Address (if different from business location):

562 W 28195 Ridge Valley Rd, Waukesha 53189

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd/yyyy) (mm dd/yyyy)

To the Governing Body of the: Town of } DELAFIELD
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)



B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>WESTERN LAKES GOLF CLUB</u>	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ESSIG</u>	<u>GREGORY</u>	<u>DONALD</u>	<u>W238 53715 MESA TRAIL, DOWNSMAN, WI 53118</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ESSIG</u>	<u>GREGORY</u>	<u>DONALD</u>	<u>W238 53715 MESA TRAIL, DOWNSMAN, WI 53118</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ESSIG</u>	<u>PAULA</u>	<u>MARIE</u>	<u>W238 53715 MESA TRAIL, DOWNSMAN, WI 53118</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>HOELZ</u>	<u>JASON</u>	<u>CHRISTOPHER</u>	<u>W212 N983 CHURCHVIEW DR, WAUKESHA, WI 53188</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name WESTERN LAKES GOLF CLUB Business Phone Number 262-691-0900
- Address of Premises W287 N1983 OAKTON ROAD Post Office & Zip Code NEWAUKEE, WI 53072
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

CLUBHOUSE (TURN BAR, MAIN BAR, & TENT BAR), PRO SHOP, BEVERAGE CARTS, HALFWAY HARRY'S (ON COURSE)

Applicant's Wisconsin Seller's Permit Number <u>456-0000531137-03</u>	
FEIN Number <u>39-1609094</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 630

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) ESSIG, GREGORY D.	Title / Member PRESIDENT	Date 4/30/21
Signature <i>Gregory D. Essig</i>	Phone Number [REDACTED]	Email Address greg@westernlakes.com

TO BE COMPLETED BY CLERK

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



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1736539280



WESTERN LAKES GOLF CLUB, INC.
W287N1963 OAKTON RD
PEWAUKEE WI 53072-5080

Wisconsin Business Tax Registration Certificate

Expiration date: April 30, 2022
Legal/real name: WESTERN LAKES GOLF CLUB, INC.

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000531137-03
Withholding Tax	Withholding Tax	036-0000531137-04

The following is a list of the business locations that you have registered with the Department of Revenue.

456-0000531137-03
WESTERN LAKES GOLF CLUB, INC.
WESTERN LAKES GOLF CLUB
W287N1963 OAKTON RD
PEWAUKEE WI 53072-5080

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of DELAFIELD County of WAUWATOSA

The undersigned duly authorized officer/member/manager of WESTERN LAKES GOLF CLUB
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as WESTERN LAKES GOLF CLUB
(Trade Name)

located at W247 N1963 OAKTON ROAD, PEWAWEE, WI 53072

appoints GREGORY DONALD ESSIG
(Name of Appointed Agent)

W238 S3715 MESA TRAIL, DOWSMAN, WI 53118
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? [REDACTED]

Place of residence last year W238 S3715 MESA TRAIL, DOWSMAN, WI 53118

For: WESTERN LAKES GOLF CLUB
(Name of Corporation / Organization / Limited Liability Company)

By: Gregory D. Essig
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, GREGORY DONALD ESSIG, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Gregory D. Essig 4/30/21
(Signature of Agent) (Date)

Agent's age [REDACTED]
Date of birth [REDACTED]

W238 S3715 MESA TRAIL, DOWSMAN, WI 53118
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ESSIG		GREGORY		DONALD	
Home Address (street/route)		Post Office	City	State	Zip Code
W2346 S3715 MESA TRAIL			DOUSMAN	WI	53146
Home Phone Number		Age	Date of Birth	Place of Birth	
414-601-0900				CHICAGO, IL	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

AGENT of WESTERN LAKES GOLF CLUB
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

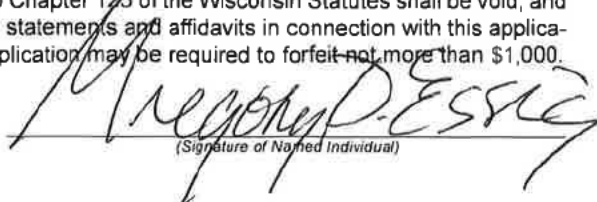
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 48 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WESTERN LAKES GOLF CLUB	W247 N1963 OAKTON RD, PEWAUKEE, WI	1984	PRESENT
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
 Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
 TOWN OF DELAFIELD**

To the Town Board of the Town of Delafield
 Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: WESTERN LAKES GOLF CLUB

Street Address: W247 N1963 OAKTON RD, PEWAUKEE, WI 53072

Name of Applicant (Please Print): GREGORY DONALD ESSIG

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature *Gregory D. Essig* Date 4/30/21

Applicant Address (if different from business location):

W238 S3715 MESA TRAIL, DOWSMAN, WI 53118

TOWN OF DELAFIELD

Customer Name WESTERN LAKES GOLF CLUB INC

Customer ID WESTERN LAKES

Receipt Number 4819

Date: 4/30/21

Reference Liquor Lic-ck#67040

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>EXTENSION</u>
CLASS B	LIQUOR LICENSE -ck#67040			630.00

Payment Method: Check

Subtotal	630.00
Sales Tax	0.00
	630.00

TOWN OF DELAFIELD

Receipt Number 4819

Date: 4/30/21

Reference Liquor Lic-ck#67040

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>EXTENSION</u>
CLASS B	LIQUOR LICENSE -ck#67040			630.00

Payment Method: Check

Subtotal	630.00
Sales Tax	0.00
	630.00

Plan Commission Report for June 1, 2021

Gambatese CSM Agenda Item No. 5. A.

Applicant:	Westridge Builders, Inc.
Project:	Certified Survey Map (CSM)
Requested Action:	Approval of a CSM to combine adjacent lots
Zoning:	R-3 Waukesha County Shoreland
Location:	W303 N2582 Maple Avenue

Report

This property is the former Kim's Lakeside site. The building has been removed and the property is being redeveloped for a single family home. The parcel on which Kim's stood was made up of portions of two lots in the Crystal Springs Park subdivision. In order to remove the property line that splits the lot, the Town and County requires a Certified Survey Map.

The map submitted accomplishes the combination of the two portions of former lots. The CSM includes a dedication of 8.25 feet along Maple Avenue to for the required 33 –foot half right-of-way along Maple Avenue. The CSM is technically acceptable, subject to changing the extraterritorial plat approval community and the addition of a mortgagee's statement on the CSM, if there is a mortgage on the property.

We have not received any comments from Waukesha County at this time.

Staff Recommendation:

I recommend approval of the CSM dated 3/17/21 subject to:

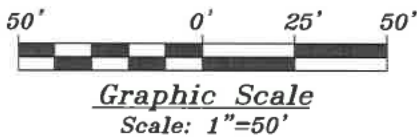
- Incorporation of any comments from Waukesha County Parks and Land Use Department
- Changing the extraterritorial plat jurisdiction community to the City of Delafield
- Addition of a mortgagee's statement if there is a mortgage on the property.

Tim Barbeau, Town Engineer
May 25, 2021

CERTIFIED SURVEY MAP NO. _____

Being a part Lot 19 and a part of Lot 20, in the Plat of CRYSTAL SPRING PARK, being a part of the Northwest 1/4 of the Southeast 1/4 of Section 15, Town 7 North, Range 18 East, in the Town of Delafield, Waukesha County, Wisconsin.

NW cor., SE 1/4
Sec. 15, T7N, R18E
(conc. mon.
w/brass cap)
N 393,830.49
E 2,439,861.65



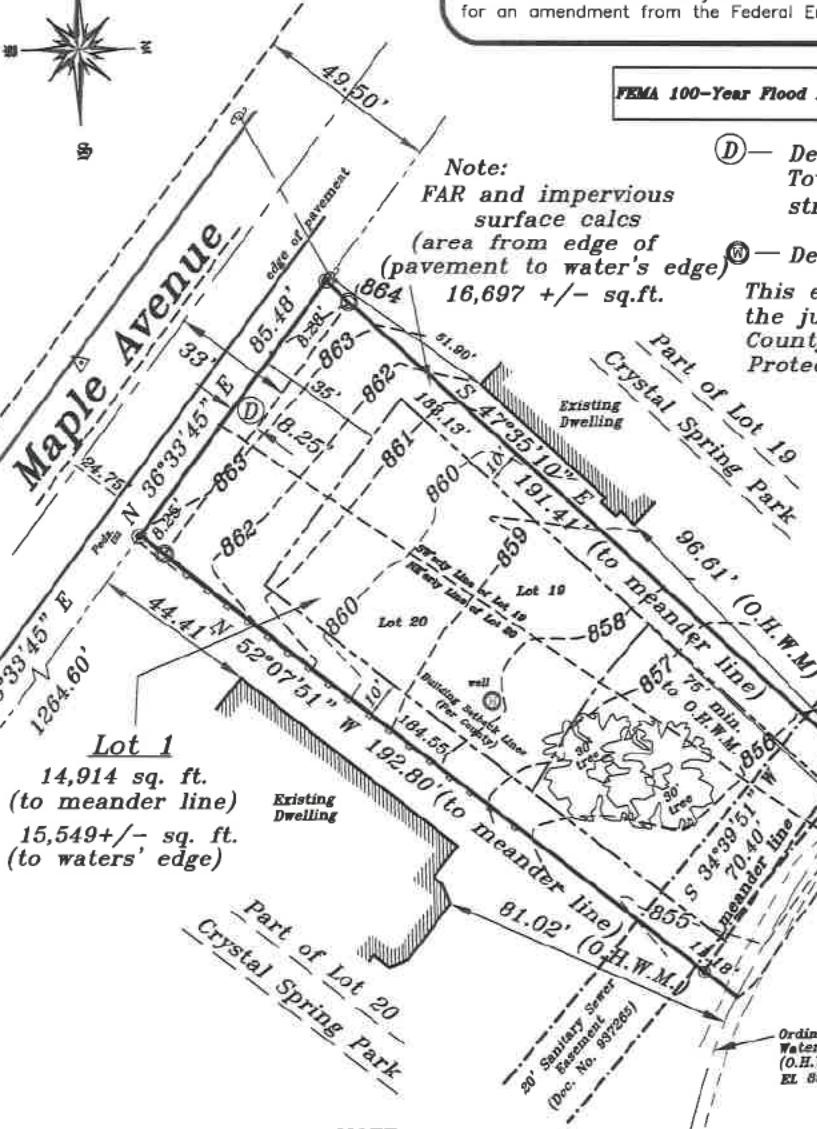
FLOOD DATA This property is in Zone AE + X of the Flood Insurance Rate Map, Community Panel No. 55133C0178H which has an effective date of November 5, 2014 and IS in a Special Flood Hazard Area. Field surveying was not performed to determine this zone. An elevation certificate may be needed to verify this determination or apply for an amendment from the Federal Emergency Management Agency.

FEMA 100-Year Flood Elevation=854.4' (NAVD88)



Ⓧ — Denotes lands dedicated to the Town of Delafield for public street purposes. (702 sq. ft.)
Ⓢ — Denotes existing well.
This entire property is within the jurisdiction of the Waukesha County Shoreland and Floodland Protection Ordinance.

West line SE 1/4 Sec. 15, T7N, R18E
N 00°18'15" E
2616.12'
N 00°18'15" E
724.02'

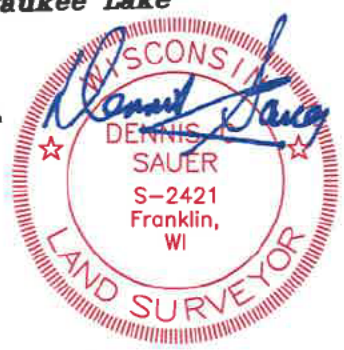


Lot 1
14,914 sq. ft. (to meander line)
15,549 +/- sq. ft. (to waters' edge)

Note:
FAR and impervious surface calcs (area from edge of pavement to water's edge) 16,897 +/- sq.ft.

Prepared for:
GERALD T. and GINA GAMBATESE
W303N2582 MAPLE AVE
PEWAUKEE, WI 53072-4243

Prepared by:
Dennis C. Sauer PLS-2421
Metropolitan Survey Service, Inc.
9415 W. Forest Home Ave.
Hales Corners, WI 53130
Ph. (414) 529-5380

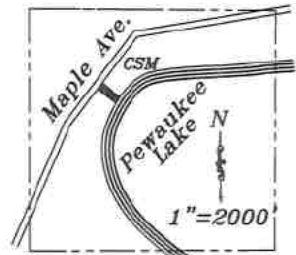


March 17, 2021

NOTE:
An Ordinary High Water Mark elevation (852.70' NAVD88) was established for this portion of Pewaukee Lake, based on a staking done by the Wisconsin Department of Natural Resources on February 5, 2005 at W289 N3089 Lakeside Dr.



Scale: 1"=50'



Vicinity Map
SE 1/4 Sec. 15-7-18

- Notes:**
- ⊙ Denotes iron pipe set.
 - Denotes iron pipe found and accepted.

Map bearings refer to Grid North of the Wisconsin State Plane Coordinate System, South Zone, (NAD 27)(Nov. 2008), with the North Line of the SE 1/4 of Sec. 15, T7N, R18E having an assumed bearing of N 89°18'13" W.

Any land below the ordinary high water mark of a lake or a navigable stream is subject to the public trust in navigable waters that is established under article IX, section 1, of the state constitution.

CERTIFIED SURVEY MAP NO. _____

Being a part of Lot 19 and a part of Lot 20, in the Plat of Crystal Spring Park, being a part of the Northwest 1/4 of the Southeast 1/4 of Section 15, Town 7 North, Range 18 East, in the Town of Delafield, Waukesha County, Wisconsin.

SURVEYOR'S CERTIFICATE

STATE OF WISCONSIN)
MILWAUKEE COUNTY) SS

I, Dennis C. Sauer, Professional Land Surveyor, do hereby certify:

That I have surveyed, divided and mapped a part of Lot 19 and a part of Lot 20, in the Plat of Crystal Spring Park, being a part of the Northwest 1/4 of the Southeast 1/4 of Section 15, Town 7 North, Range 18 East, in the Town of Delafield, Waukesha County, Wisconsin, bounded and described as follows:

Commencing at the Southwest corner of said Southeast 1/4; thence N 00°18'15" E along the West line of said Southeast 1/4, 724.02 feet to a point; thence N 36°33'45" E, 1264.60 feet to the point of beginning of the lands to be described; thence continuing 85.48 feet to a point; thence S 47°35'10" E, 191.41 feet to the meander line of Pewaukee Lake; thence S 34°39'51" W along said meander line, 70.40 feet; thence N 52°07'51" W, 192.80 feet to the point of beginning.

Together with those lands lying between the aforementioned meander line and the waters edge of Pewaukee Lake. Said lands continuing 14,914 square feet to meander line and 15,549 square feet more or less, to the water's edge.

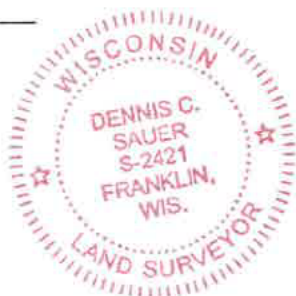
That I have made such survey, land division and map by the direction of Gerald T. Gambatese and Gina Gambatese, husband and wife, owners of said land.

That such map is a correct representation of all the exterior boundaries of the land surveyed and the land division thereof made.

That I have fully complied with the provisions of Chapter 236.34 of the Wisconsin State Statutes and the requirements of the Town of Delafield, Village of Hartland and the Waukesha County Department of Parks and Land Use, in surveying, dividing and mapping of the same.

April 15, 2021

Date



Dennis C. Sauer

Dennis C. Sauer
Professional Land Surveyor S-2421

PREPARED FOR:
Gerald & Gina Gambatese
W303 N2582 Maple Ave
Pewaukee, WI 53072
Ph: (262)547-0328

PREPARED BY: Dennis C Sauer
Metropolitan Survey Service
9415 W Forest Home Ave, #202
Hales Corners, WI 53130
Ph: (414)529-5380

CERTIFIED SURVEY MAP NO. _____

Being a part of Lot 19 and a part of Lot 20, in the Plat of Crystal Spring Park, being a part of the Northwest 1/4 of the Southeast 1/4 of Section 15, Town 7 North, Range 18 East, in the Town of Delafield, Waukesha County, Wisconsin.

OWNER'S CERTIFICATE:

Gerald T. Gambatese and Gina Gambatese, husband and wife, owners of said land, do hereby certify that we have caused the land described on this map to be surveyed, divided, mapped and dedicated as represented on this map in accordance with the provisions of Chapter 236.34 of the Wisconsin State Statutes and requirements of the Town of Delafield, Village of Hartland and the Waukesha County Department of Parks and Land Use.

WITNESS the hand and seal of said owners this _____ day of _____, 20__.

Gerald T. Gambatese, Owner

Gina Gambatese, Owner

STATE OF WISCONSIN)
WAUKESHA COUNTY) SS

PERSONALLY, came before me this _____ day of _____, 20____, Gerald T. Gambatese and Gina Gambatese, Owners, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

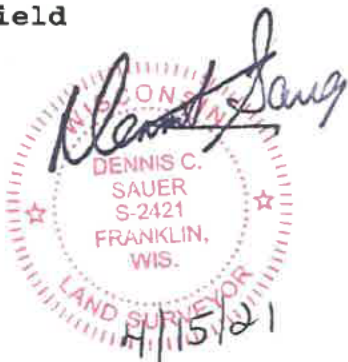
Notary Public
State of Wisconsin
My Commission Expires: _____

PLAN COMMISSION APPROVAL

APPROVED by the Plan Commission of the Town of Delafield on this _____ day of _____, 20__.

Kevin Fitzgerald, Chairman
Town of Delafield

Dan Green, Town Clerk
Town of Delafield



CERTIFIED SURVEY MAP NO. _____

Being a part of Lot 19 and a part of Lot 20, in the Plat of Crystal Spring Park, being a part of the Northwest 1/4 of the Southeast 1/4 of Section 15, Town 7 North, Range 18 East, in the Town of Delafield, Waukesha County, Wisconsin.

EXTRATERRITORIAL APPROVAL

APPROVED by the Village of Hartland this _____ day of _____, 20____.

Darlene Igl
Village Clerk

Jeffrey Pfannerstill
Village President

TOWN BOARD APPROVAL

APPROVED by the Town Board of the Town of Delafield on this _____ day of _____, 20____.

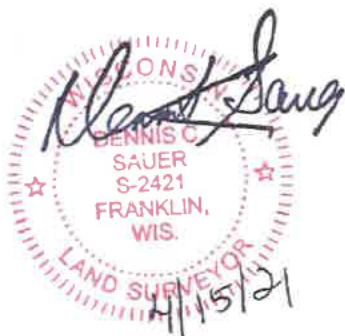
Ronald A. Troy, Chairman
Town of Delafield

Dan Green, Town Clerk
Town of Delafield

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE APPROVAL

The above, which has been filed for approval as required by Chapter 236.34, Wisconsin State Statutes is hereby approved on this _____ day of _____, 20____.

Dale R. Shaver, Director



THIS INSTRUMENT WAS DRAFTED BY:
Dennis C. Sauer, P.L.S. S-2421

Plan Commission Report for June 1, 2021

Verizon Wireless Antenna Replacement Agenda Item No. 5. C.

Applicant:	Austin Babich, Pyramid Network Services, LLC
Project:	Verizon Wireless (SBA Tower)
Requested Action:	Approval for antenna replacement, and equipment improvements (in an existing equipment building)
Zoning:	A-2
Location:	S12 W28925 Summit Avenue

Report

Verizon Wireless, through their authorized agent, is requesting approval to remove and replace Verizon antennas on the tower located at S12 W28925 Summit Avenue and make minor equipment improvements within the existing equipment building. Wireless communication facilities are regulated by State Statutes as well as Section 17.06 6. of the Town Code. I have determined that the proposed work will not be a substantial modification on the basis that it does not meet the definition of "substantial modification" as defined in Section 66.0404(1) (s) of the Wisconsin Statutes (not raising the tower more than 20 feet, not increasing the width by 20 feet or more at the location of the appurtenance, not increasing the area of the equipment compound by more than 2,500 square feet). I have reviewed their application and find it to be complete as required by the code.

The Town is to review this item subject to the limitations imposes in Section 66.04040 (4) of the Wisconsin Statutes. I have reviewed the application in light of the 24 limitations and find that by approving this application as presented, we are not in violation of any of the limitations in 66.0404 (4).

Staff Recommendation:

The applicant has submitted a complete application and meets all Town requirements; therefore, I recommend that the Plan Commission approve the installation of the replacement antennas and provide a recommendation for approval to the Town Board.

Tim Barbeau, Town Engineer
May 25, 2021

SCOPE OF WORK

TOWER SCOPE

REMAIN/RELOCATE

	QTY.	EQUIPMENT	ACTION
ANTENNA(S)/EQUIP.			
TRANSMISSION CABLE(S)	6	1-5/8" COAX	TO REMAIN

DECOMISSION

ANTENNA(S)/EQUIP.	9	PANEL ANTENNA(S)	TO BE REMOVED
TRANSMISSION CABLE(S)	6	1-5/8" COAX	TO BE REMOVED

TO BE INSTALLED

ANTENNA(S)/EQUIP.	12	ANTENNA(S)	TO BE INSTALLED
	3	RAYCAP SPD(S)	TO BE INSTALLED
	9	REMOTE RADIO(S)	TO BE INSTALLED
	3	DIPLEXER(S)	TO BE INSTALLED
TRANSMISSION CABLE(S)	3	HYBRID CABLE(S)	TO BE INSTALLED

COMPOUND SCOPE

	QTY.	EQUIPMENT	ACTION
CABLE ROUTE:	-	ICE BRIDGE HANGERS	ADEQUATE - TO REMAIN
	-	SHELTER COAX PORT	ADEQUATE - TO REMAIN

SHELTER INTERIOR SCOPE

REMAIN/RELOCATE

EQUIPMENT:			
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DECOMISSION

EQUIPMENT:	6	RADIO(S)	TO BE REMOVED
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TO BE INSTALLED

EQUIPMENT:	3	RAYCAP SPD(S)	TO BE INSTALLED
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SPECIAL REQUIREMENTS

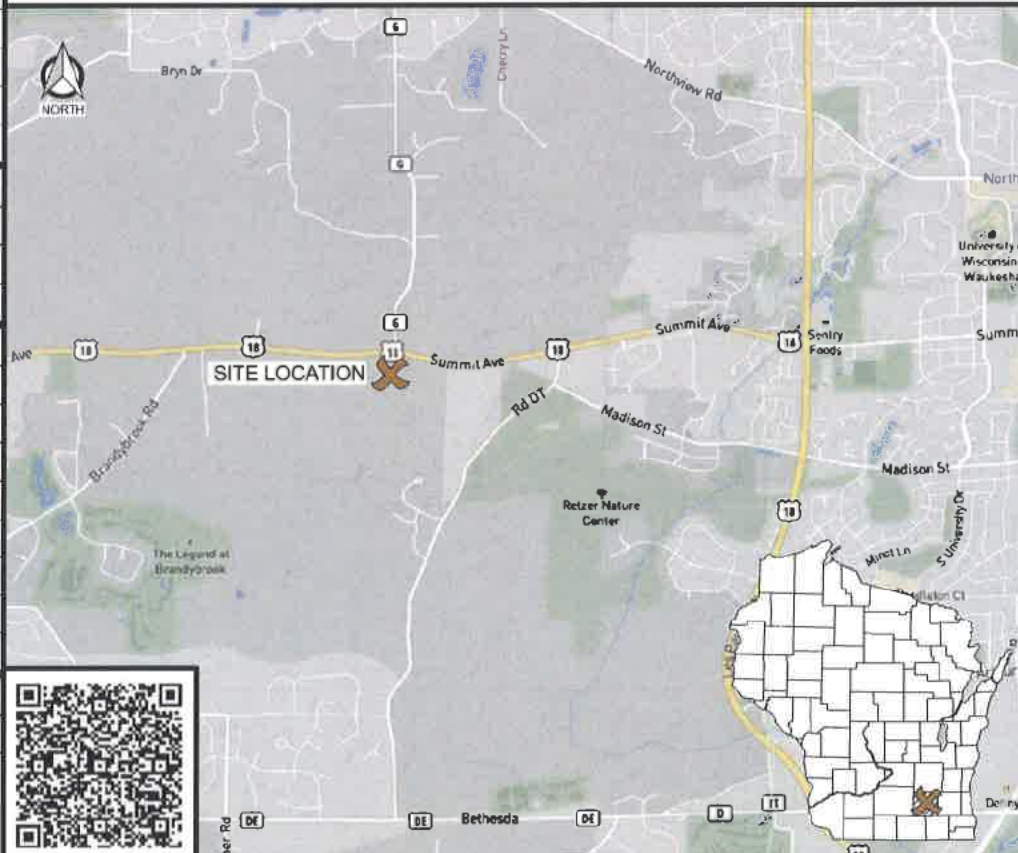
MOUNT MODIFICATIONS REQUIRED; SEE MOUNT MODIFICATION DESIGN FOR DETAILS

BATTERY & POWER PLANT REPLACEMENT REQUIRED; SEE A-101 FOR DETAILS



**TESSMAN AAT (113304)
WAUKESHA, WISCONSIN
ANTENNA MOD DRAWINGS
190' SELF-SUPPORT (COLO)**

SITE LOCATION MAP



DIRECTORY

CLIENT:
CHICAGO SMSA LIMITED PARTNERSHIP
d/b/a VERIZON WIRELESS
1701 GOLF ROAD
ROLLING MEADOW, IL 60008
CONTACT: MICHAEL COSENTINO
EMAIL: michael.cosentino@verizonwireless.com

ENGINEER:
EDGE CONSULTING ENGINEERS, INC.
624 WATER STREET
PRAIRIE DU SAC, WI 53578
CONTACT: DUSTIN BROOKS
PHONE: 608.644.1449

SITE ACQUISITION:
PYRAMID NETWORK SERVICES, LLC.
CONTACT: AUSTIN BABICH (PROJECT MANAGER)
PHONE: 989.395.1518
EMAIL: ababich@pyramidns.com

PROJECT INFO

SITE LOCATION:
S12 W28925 SUMMIT AVE,
WAUKESHA, WI 53188
REAL ESTATE SITE #: 20212224130
FCC #: 1234746

TOWER OWNER:
SBA NETWORK SERVICES, INC.
8051 CONGRESS AVENUE
BOCA RATON, FL 33489
SBA SITE NAME: TESSMAN AAT
SBA SITE #: WI20209

SITE COORDINATES (PER GOOGLE EARTH):
LAT: 43°-1'-9.21" N
LONG: 88°-19'-25.4892" W
GROUND ELEVATION (NAVD 88): 1086'

SHEET INDEX

NO.: **SHEET TITLE**

G-001	TITLE SHEET
C-101	SITE PLAN
C-102	ENLARGED SITE PLAN
A-101	EQUIPMENT SHELTER LAYOUT
T-001	EQUIPMENT SPECIFICATIONS
T-002	ANTENNA SPECIFICATIONS
T-003	ANTENNA SPECIFICATIONS
T-004	ANTENNA SPECIFICATIONS
T-201	SITE ELEVATION
T-301	ANTENNA AND EQUIPMENT CONFIGURATION
T-501	ANTENNA AND EQUIPMENT SUMMARY
T-502	PLUMBING DIAGRAM
T-503	CABLING DETAILS
T-504	CABLE ROUTING
T-901	SITE PHOTOS
E-501	GROUNDING DETAILS
*	MOUNT ANALYSIS BY OTHERS
*	COMPLETED BY OTHERS

CONSULTANT:
Edge
Consulting Engineers, Inc.
624 WATER STREET
PRAIRIE DU SAC, WI 53578
608.644.1449 VOICE
608.644.1549 FAX
www.edgeconsult.com

CLIENT:
verizon
CHICAGO SMSA LIMITED PARTNERSHIP
d/b/a VERIZON WIRELESS
1701 GOLF ROAD
TOWER 2, SUITE 400
ROLLING MEADOW, IL 60008

**TITLE SHEET
TESSMAN AAT (113304)
WAUKESHA, WISCONSIN**

STRUCTURAL

TOWER ANALYSIS:
GPD GROUP, INC.
REPORT #: 2021778.20209.05
DATED: 04/20/2021 CONCLUSION: SUFFICIENT
MOUNT ANALYSIS:
PAUL J. FORD & COMPANY
REPORT #: 24321-0053.002.8190
DATED: 03/05/2021 CONCLUSION: UNSTABLE
MOUNT MODIFICATION DESIGN:
PAUL J. FORD & COMPANY
REPORT #: 24321-0053.003.8191
DATED: 04/07/2021 CONCLUSION: PASS
SITE AUDIT:
EDGE CONSULTING ENGINEERS, INC. DATE: 01/28/2021

CONTRACTOR TO REVIEW STRUCTURAL REPORT IN ITS ENTIRETY. ANY DISCREPANCIES OR DISAGREEMENTS BETWEEN THE REPORT AND THESE PLANS SHOULD BE RESOLVED PRIOR TO CONSTRUCTION.



TO OBTAIN LOCATION OF PARTICIPANTS' UNDERGROUND FACILITIES BEFORE YOU DIG IN WISCONSIN, CALL DIGGERS HOTLINE

TOLL FREE: 1-800-242-8511
FAX A LOCATE: 1-800-242-5811

WI STATUTE 182.0175 (1974) REQUIRES MIN. OF 3 WORK DAYS NOTICE BEFORE YOU EXCAVATE

ENGINEER SEAL:



I HEREBY CERTIFY THAT THIS PLAN SET WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION OTHER THAN THE EXCEPTIONS NOTED IN THE SHEET INDEX, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF WISCONSIN.

SIGNATURE: *[Signature]*
DATE: 04-27-21

SUBMITTAL:

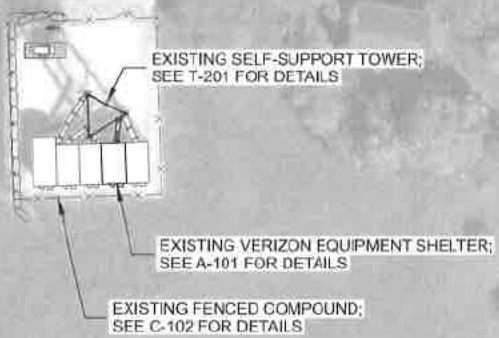
INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. 0

CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	G-001



ELMHURST RD.

SUMMIT AVE.



CONSULTANT:

Edge
Consulting Engineers, Inc.
624 WATER STREET
PRAIRIE DU SAC, WI 53578
608.644.1449 VOICE
608.644.1549 FAX
www.edgeconsult.com

CLIENT:

verizon
CHICAGO SMSA LIMITED PARTNERSHIP
d/b/a VERIZON WIRELESS
1761 GOLF ROAD
TOWER 2, SUITE 400
ROLLING MEADOW, IL 60008

SITE PLAN
TESSMAN AAT (113304)
WAUKESHA, WISCONSIN

SUBMITTAL

INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. 0

CHECKED BY: DAB

PLOT DATE: 4/27/2021

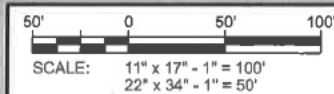
PROJECT NUMBER: 28254

SET TYPE: FINAL

SHEET NUMBER: **C-101**

NOTES:

1. AERIAL IMAGERY FROM GOOGLE EARTH.
2. NORTH ARROW SHOWN AS APPROXIMATE.
3. SITE PHOTOS PROVIDED BY EDGE CONSULTING ENGINEERS, INC.
4. NO SURVEY AVAILABLE. SITE LAYOUT BASED ON FIELD MEASUREMENTS AND SITE PHOTOS.



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A COMPOUND OVERVIEW



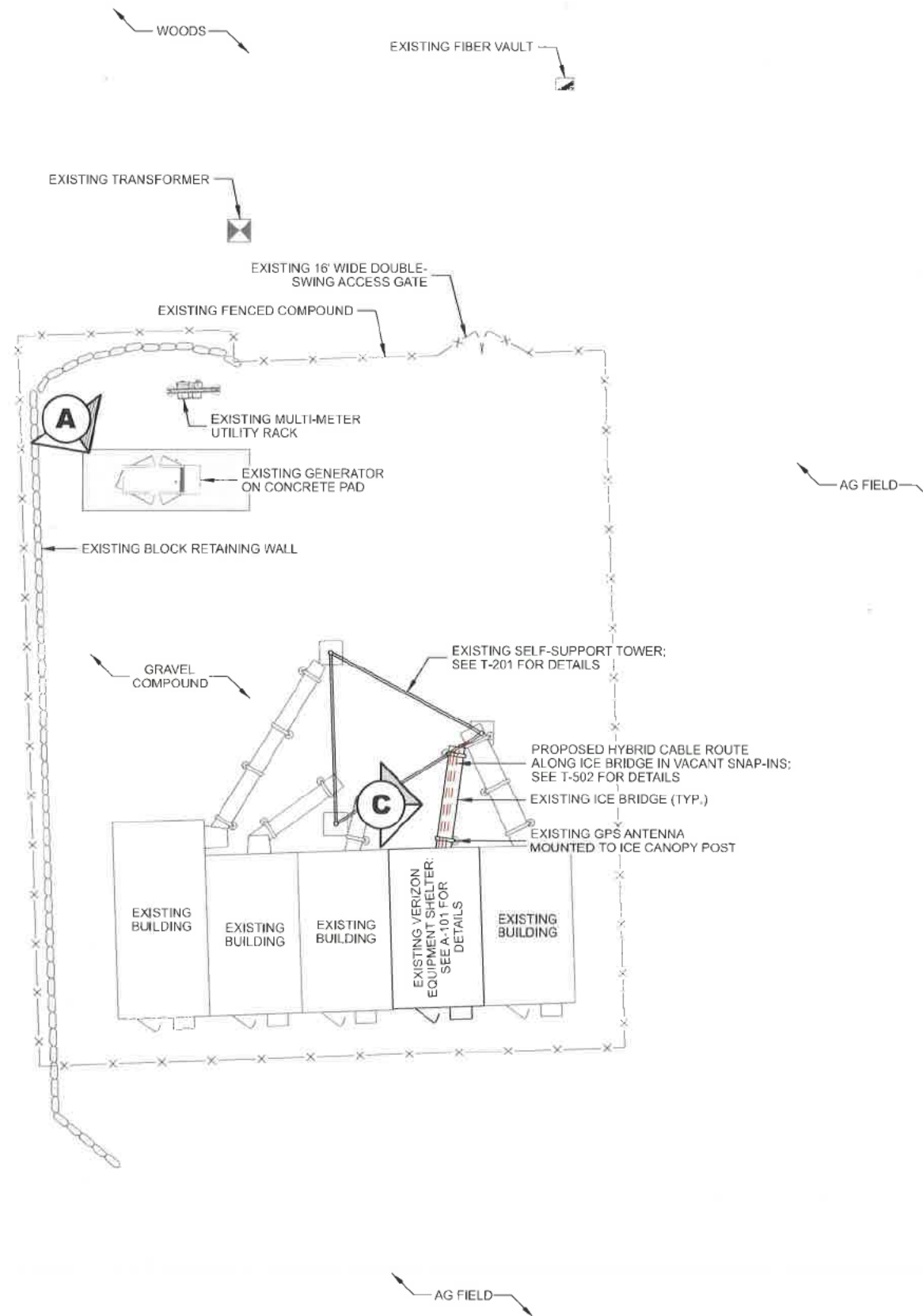
B COMPOUND OVERVIEW



C ICE BRIDGE



NORTH



- NOTES:
1. NORTH ARROW SHOWN AS APPROXIMATE.
 2. SITE PHOTOS PROVIDED BY EDGE CONSULTING ENGINEERS, INC.
 3. NO SURVEY AVAILABLE. SITE LAYOUT BASED ON FIELD MEASUREMENTS AND SITE PHOTOS.

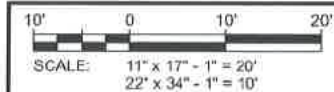
CONSULTANT:
Edge
 Consulting Engineers, Inc.
 624 WATER STREET
 PRAIRIE DU SAC, WI 53578
 608.644.1449 VOICE
 608.644.1549 FAX
 www.edgeconsult.com

CLIENT:
verizon
 CHICAGO SMSA LIMITED PARTNERSHIP
 db/a VERIZON WIRELESS
 1701 GOLF ROAD
 TOWER 2, SUITE 400
 ROLLING MEADOW, IL 60008

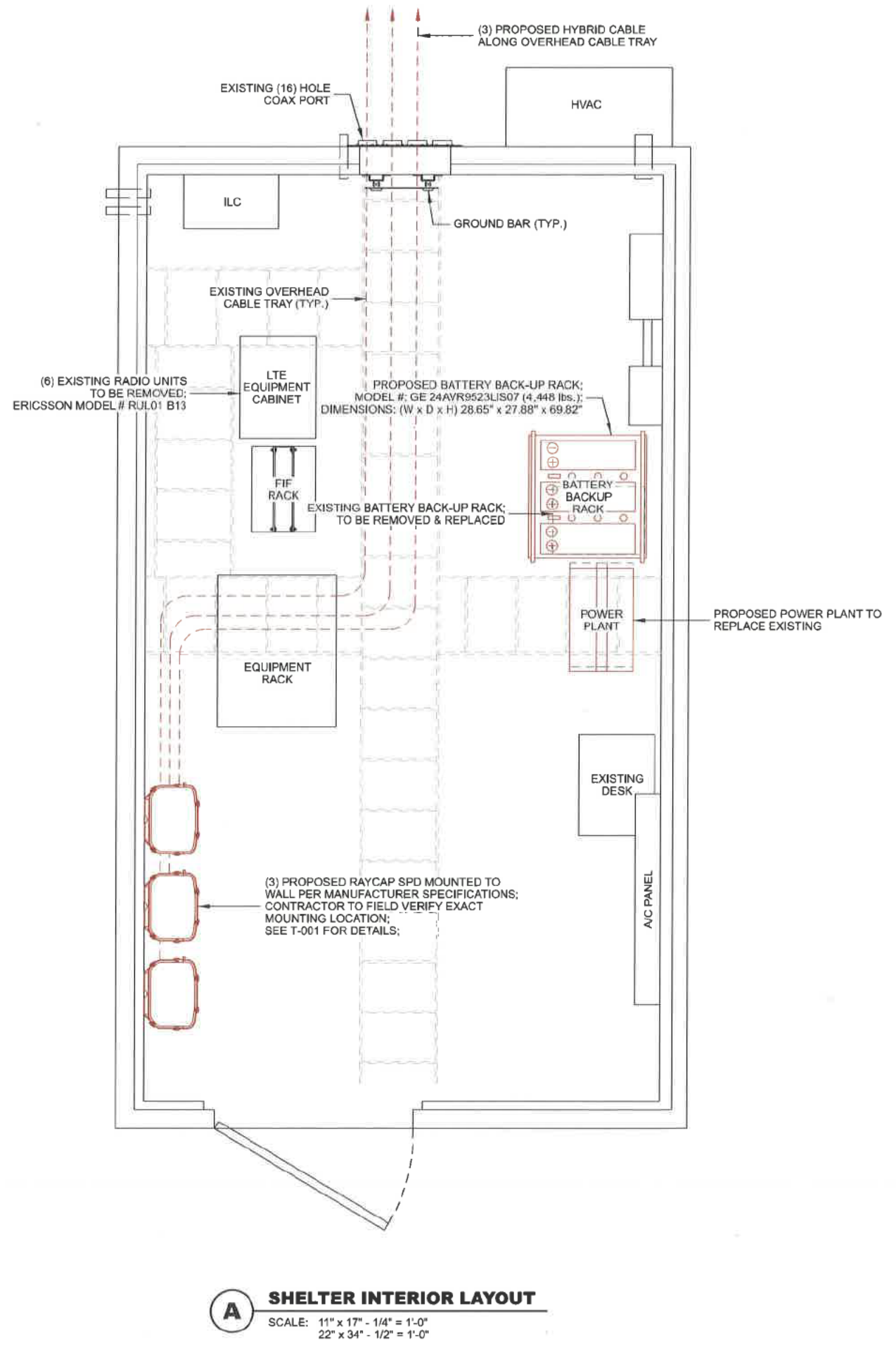
ENLARGED SITE PLAN
TESSMAN AAT (113304)
WAUKESHA, WISCONSIN

SUBMITTAL:		
INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. B

CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	C-102



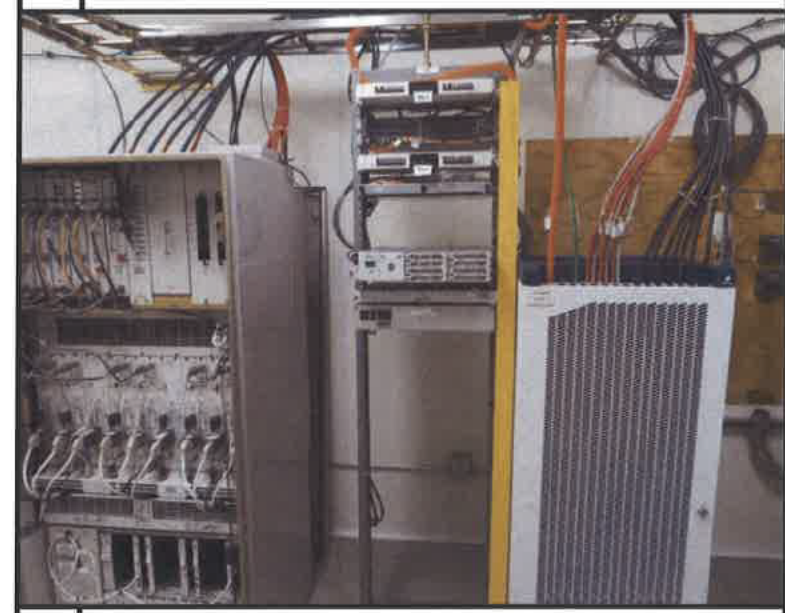
F:\28254\28254\Design\CAD\CDD\Plan\C-102.dgn



A SHELTER INTERIOR LAYOUT
 SCALE: 11" x 17" - 1/4" = 1'-0"
 22" x 34" - 1/2" = 1'-0"



B EXISTING LTE EQUIPMENT CABINET



C EXISTING FIF RACK



D PROPOSED LOCATION OF RAYCAP SPD

CONSULTANT:
Edge
 Consulting Engineers, Inc.
 624 WATER STREET
 PRAIRIE DU SAC, WI 53578
 608.644.1449 VOICE
 608.644.1549 FAX
 www.edgeconsult.com

CLIENT:
verizon
 CHICAGO SMSA LIMITED PARTNERSHIP
 d/b/a VERIZON WIRELESS
 1701 GOLF ROAD
 TOWER 2, SUITE 400
 ROLLING MEADOW, IL 60008

EQUIPMENT SHELTER LAYOUT
 TESSMAN AAT (113304)
 WAUKESHA, WISCONSIN

SUBMITTAL:		
INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. D

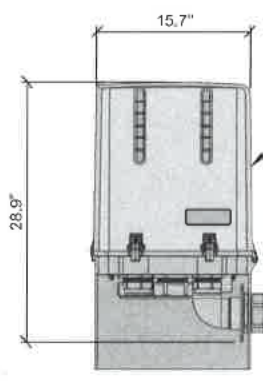
CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	A-101

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MANUFACTURER: RAYCAP
MODEL: RC3DC-3315-PF-48
DIMENSIONS: 28.9" x 15.7" x 10.3" (H x W x D)
WEIGHT: 32 LBS

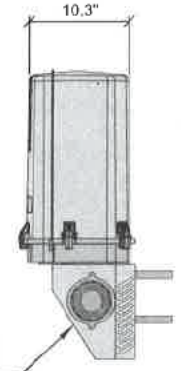


PLAN VIEW



FRONT VIEW

RAYCAP SURGE PROTECTOR DEVICE (SPD)



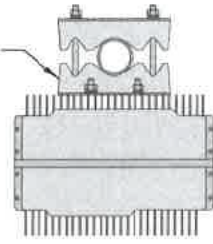
SIDE VIEW

MOUNTING BASE SUPPLIED BY MANUFACTURER. CONTRACTOR TO MOUNT PER MANUFACTURER SPECIFICATIONS

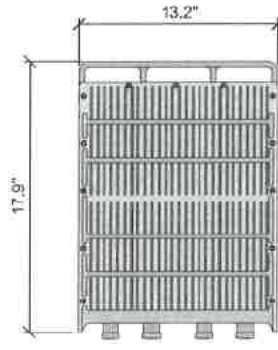
A RAYCAP SURGE PROTECTOR DEVICE (SPD)

MANUFACTURER: ERICSSON
MODEL: RADIO 4449
DIMENSIONS: 17.9" x 13.2" x 9.4" (H x W x D)
WEIGHT: 70.5 LBS

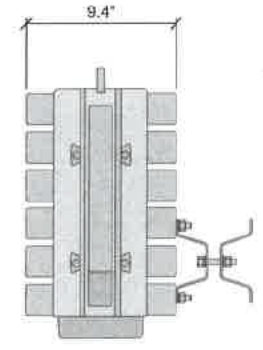
DUAL ERS BRACKET



PLAN VIEW



FRONT VIEW

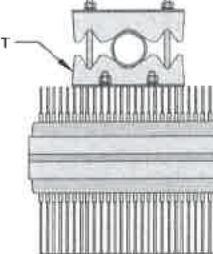


SIDE VIEW

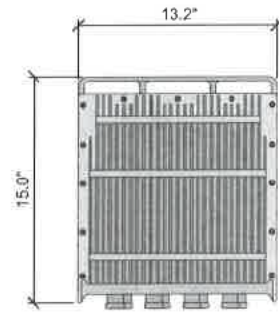
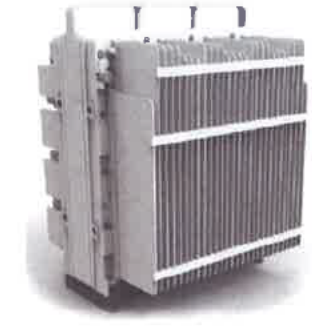
B ERICSSON RADIO 4449

MANUFACTURER: ERICSSON
MODEL: RADIO 8843
DIMENSIONS: 15.0" x 13.2" x 11.1" (H x W x D)
WEIGHT: 75 LBS

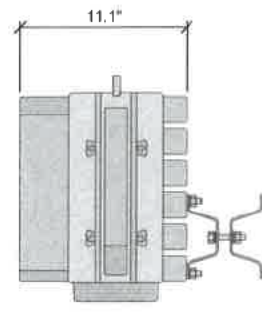
DUAL ERS BRACKET



PLAN VIEW



FRONT VIEW



SIDE VIEW

C ERICSSON RADIO 8843

MANUFACTURER: ERICSSON
MODEL: SXK 109 1973/2
WEIGHT: 3.75 LBS

BRACKET FOR ATTACHING TWO STANDARD OR HEAVY ERS UNITS WITH A HOLE PATTERN OF CC 30 MM AND/OR CC 80 MM, EITHER TO A POLE, WALL, ANGLE TOWER OR SQUARE TUBE.

BOLTS FOR ATTACHING TWO ERS UNITS ARE SUPPLIED IN THE PACKAGE.



DUAL RADIO ATTACHMENT

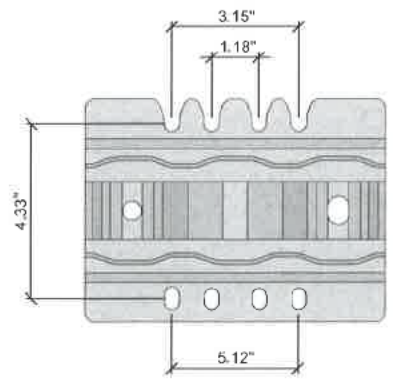
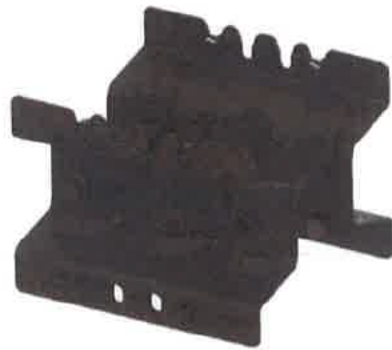


PLATE MOUNTING PATTERN



ISOMETRIC VIEW

D DUAL ERS BRACKET

MANUFACTURER: COMMSCOPE
MODEL: CDX1923Q-DS-43
DIMENSIONS: 6.9" x 5.5" x 8.1" (H x W x D)
WEIGHT: 16.5 LBS



E QUAD DIPLEXER

THIS SPACE INTENTIONALLY LEFT BLANK

CONSULTANT:

624 WATER STREET
PRAIRIE DU SAC, WI 53578
608.644.1449 VOICE
608.644.1549 FAX
www.edgeconsult.com

CLIENT:

CHICAGO SMSA LIMITED PARTNERSHIP
d/b/a VERIZON WIRELESS
1761 GOLF ROAD
TOWER 2, SUITE 400
ROLLING MEADOW, IL 60008

EQUIPMENT SPECIFICATIONS
TESSMAN AAT (113304)
WAUKESHA, WISCONSIN

SUBMITAL:

INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. 0

CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	T-001

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NHH-65B-R2B



6-port sector antenna, 2x 698–896 and 4x 1695–2360 MHz, 65° HPBW, 2x RET. Both high bands share the same electrical tilt.

- Interleaved dipole technology providing for attractive, low wind load mechanical package
- Internal SBT on low and high band allow remote RET control from the radio over the RF jumper cable
- Separate RS-485 RET input/output for low and high band
- One RET for low band and one RET for both high bands to ensure same tilt level for 4x Rx or 4x MIMO

General Specifications

Antenna Type	Sector
Band	Multiband
Color	Light gray
Effective Projective Area (EPA), frontal	0.26 m ² 2.799 ft ²
Effective Projective Area (EPA), lateral	0.22 m ² 2.368 ft ²
Grounding Type	RF connector body grounded to reflector and mounting bracket
Performance Note	Outdoor usage Wind loading figures are validated by wind tunnel measurements described in white paper WP-112534-EN
Radome Material	Fiberglass, UV resistant
Radiator Material	Low loss circuit board
Reflector Material	Aluminum
RF Connector Interface	7-16 DIN Female
RF Connector Location	Bottom
RF Connector Quantity, high band	4
RF Connector Quantity, low band	2
RF Connector Quantity, total	6

Remote Electrical Tilt (RET) Information, General

RET Interface	8-pin DIN Female 8-pin DIN Male
RET Interface, quantity	2 female 2 male

Dimensions

Width	301 mm 11.85 in
Depth	180 mm 7.087 in

Page 1 of 4

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COMMSCOPE®



ANTENNA SPECIFICATIONS

NHH-65B-R2B

180° ± 30°, dB						
CPR at Boresight, dB	22	21	23	23	22	19
CPR at Sector, dB	10	7	16	13	11	4

Mechanical Specifications

Wind Loading at Velocity, frontal	278.0 N @ 150 km/h 63.6 lbf @ 150 km/h
Wind Loading at Velocity, lateral	230.0 N @ 150 km/h 51.7 lbf @ 150 km/h
Wind Loading at Velocity, maximum	120.7 lbf @ 150 km/h 537.0 N @ 150 km/h
Wind Loading at Velocity, rear	282.0 N @ 150 km/h 63.4 lbf @ 150 km/h
Wind Speed, maximum	241 km/h 149.75 mph

Packaging and Weights

Width, packed	409 mm 16.102 in
Depth, packed	299 mm 11.772 in
Length, packed	1952 mm 76.85 in
Net Weight, without mounting kit	19.8 kg 43.651 lb
Weight, gross	32.3 kg 71.209 lb

Regulatory Compliance/Certifications

Agency	Classification
CHINA-ROHS	Below maximum concentration value
ISO 9001:2015	Designed, manufactured and/or distributed under this quality management system
REACH-SVHC	Compliant as per SVHC revision on www.commscope.com/ProductCompliance
ROHS	Compliant



Included Products

BSAMNT-3	Wide Profile Antenna Downtilt Mounting Kit for 2.4 - 4.5 in (60 - 115 mm) OD round members. Kit contains one scissor top bracket set and one bottom bracket set.
----------	--

* Footnotes

Performance Note	Severe environmental conditions may degrade optimum performance
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Page 4 of 4

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COMMSCOPE®

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verizon
CHICAGO SMSA LIMITED PARTNERSHIP
d/b/a VERIZON WIRELESS
1701 GOLF ROAD
TOWER 2, SUITE 400
ROLLING MEADOW, IL 60008

ANTENNA SPECIFICATIONS
TESSMAN AAT (113304)
WAUKESHA, WISCONSIN

SUBMITTAL:	
INT.	DESCRIPTION:
BJN 04/13/21	REV. A
BJN 04/27/21	REV. 0
CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	T-002

Product Specifications



HBX-9016DS-VTM

Andrew® Antenna, 1710–2180 MHz, 90° horizontal beamwidth, RET compatible

- Excellent gain, USLS, VSWR, and PIM specification to improve network quality
- Ideal solution to maximize coverage and capacity in suburban and rural areas
- Fully compatible with Andrew remote electrical tilt system for greater OpEx savings
- Wide horizontal and narrow vertical beamwidth to maximize coverage and capacity

Electrical Specifications

Frequency Band, MHz	1710–1880	1850–1990	1920–2180
Gain, dBi	17.7	17.7	18.0
Beamwidth, Horizontal, degrees	85	86	87
Beamwidth, Vertical, degrees	5.1	4.7	4.4
Beam Tilt, degrees	0–6	0–6	0–6
USLS, dB	18	18	18
Front-to-Back Ratio at 180°, dB	28	28	27
CPR at Boresight, dB	21	24	20
CPR at Sector, dB	14	13	11
Isolation, dB	30	30	30
VSWR Return Loss, dB	1.4 15.6	1.4 15.6	1.4 15.6
PIM, 3rd Order, 2 x 20 W, dBc	-155	-155	-155
Input Power per Port, maximum, watts	350	350	350
Polarization	±45°	±45°	±45°
Impedance	50 ohm	50 ohm	50 ohm

Electrical Specifications, BASTA*

Frequency Band, MHz	1710–1880	1850–1990	1920–2180
Gain by all Beam Tilts, average, dBi	17.5	17.4	17.6
Gain by all Beam Tilts Tolerance, dB	±0.2	±0.2	±0.4
	0° 17.4	0° 17.4	0° 17.5
Gain by Beam Tilt, average, dBi	3° 17.6	3° 17.5	3° 17.7
	6° 17.4	6° 17.3	6° 17.4
Beamwidth, Horizontal Tolerance, degrees	±1.4	±1.5	±1.5
Beamwidth, Vertical Tolerance, degrees	±0.3	±0.2	±0.3
USLS, dB	18	18	19
Front-to-Back Total Power at 180° ± 30°, dB	24	23	21
CPR at Boresight, dB	24	26	23
CPR at Sector, dB	14	13	11

* CommScope® supports NGMN recommendations on Base Station Antenna Standards (BASTA). To learn more about the benefits of BASTA, download the whitepaper [Time to Raise the Bar on BSAs](#).

General Specifications

Antenna Brand	Andrew®
Antenna Type	DualPol®
Band	Single band
Brand	DualPol® Teletilt®
Operating Frequency Band	1710 – 2180 MHz

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Product Specifications



HBX-9016DS-VTM

Mechanical Specifications

Color	Light gray
Lightning Protection	dc Ground
Radiator Material	Low loss circuit board
Radome Material	Fiberglass, UV resistant
RF Connector Interface	7-16 DIN Female
RF Connector Location	Bottom
RF Connector Quantity, total	2
Wind Area, maximum	0.2 m ² 2.0 ft ²
Wind Loading, maximum	391.5 N @ 150 km/h 88.0 lbf @ 150 km/h
Wind Speed, maximum	241.0 km/h 149.8 mph

Dimensions

Depth	97.0 mm 3.8 in
Length	1897.0 mm 74.7 in
Width	172.0 mm 6.8 in
Net Weight	7.6 kg 16.8 lb

Remote Electrical Tilt (RET) Information

Model with Factory Installed AISG 2.0 Actuator	HBX-9016DS-A1M
RET System	Teletilt®

Regulatory Compliance/Certifications

Agency	Classification
RoHS 2011/65/EU	Compliant by Exemption
China RoHS SJ/T 11364-2006	Above Maximum Concentration Value (MCV)
ISO 9001:2008	Designed, manufactured and/or distributed under this quality management system



Included Products

DB390 — Pipe Mounting Kit for 2.4 - 4.5 in (60 - 115 mm) OD round members. Use for narrow panel antennas. Includes two pipe mounts.

DB5098 — Downtilt Mounting Kit for 2.4 - 4.5 in (60 - 115 mm) OD round members

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CONSULTANT:



CLIENT:



ANTENNA SPECIFICATIONS
 TESSMAN AAT (113304)
 WAUKESHA, WISCONSIN

SUBMITTAL:		
INT.	DATE:	DESCRIPTION:
B.J.N.	04/13/21	REV. A
B.J.N.	04/27/21	REV. 0
CHECKED BY: DAB		
PLOT DATE: 4/27/2021		
PROJECT NUMBER: 28254		
SET TYPE: FINAL		
SHEET NUMBER: T-003		

SUBMITTAL:		
INT.	DATE:	DESCRIPTION:
B/JN	04/13/21	REV. A
B/JN	04/27/21	REV. 0
CHECKED BY:	DAB	
PLOT DATE:	4/27/2021	
PROJECT NUMBER:	28254	
SET TYPE:	FINAL	
SHEET NUMBER:	T-004	

AIR 6449 B77D/ C-BAND



- › Advanced Antenna System (AAS)
- › 64TX/64RX with 192 AE
- › Up to 320W RF Power
- › EIRP up to 79 dBm
- › Up to 200 MHz CBW with 64TX
- › Max total carrier BW is 200 MHz for NR
- › Support number of layers: DL/UL 16/8



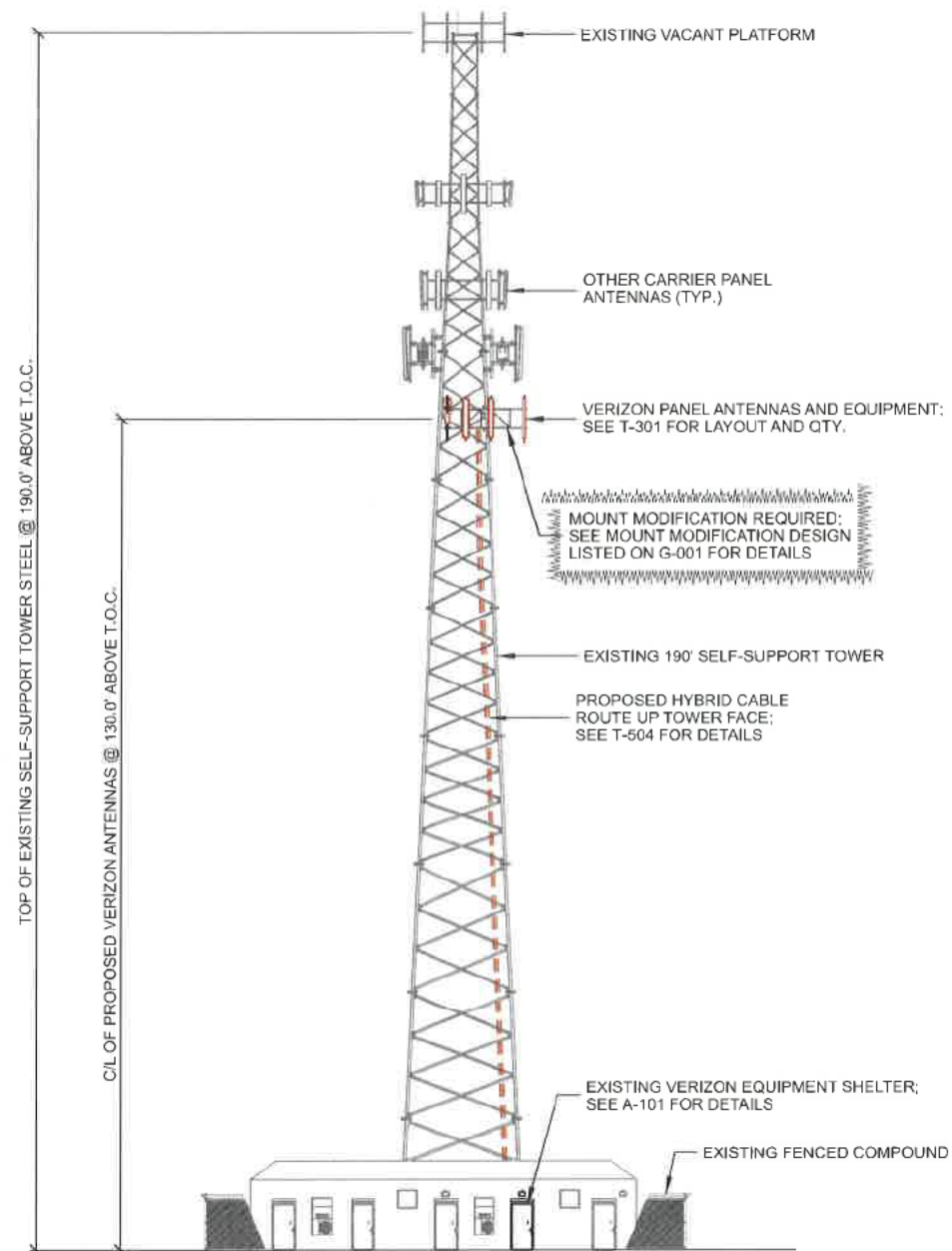
AIR 6449 B77D/ C-Band	Height	Width	Depth	Weight
wo protruding items	30.4 In (772 mm)	15.9 In (403 mm)	8.1 In (205 mm)	88.0 lbs (39.9 Kg)
w protruding items	30.8 In (783 mm)	16.1 In (408 mm)	10.8 In (273 mm)	

- › 4 x 25 Gbps eCPRI, (compatible to 10G) eCPRI SFP28
- › -48 VDC, max ~ 1360W (80%TX-20%RX), Typical TBD
- › -40 to +55 °C, (Incl Solar Load)

Now confirmed
max measurements/ will not exceed

RF EMISSION REPORT REQUIRED

YES NO
 Date: _____ TBD _____



NOTES:

1. CONTRACTOR TO VERIFY HEIGHT AND DIRECTION OF ANTENNAS WITH PROJECT MANAGER AND FINAL RF DESIGN.
2. CONTRACTOR TO VERIFY LIGHTNING ROD EXTENDS 2' MIN. ABOVE ALL ANTENNAS & EQUIPMENT,
3. REFER TO STRUCTURAL REVIEW NOTE ON G-001.

A SITE ELEVATION



B EXISTING SITE ELEVATION



C VERIZON ALPHA SECTOR ANTENNAS



D VERIZON BETA SECTOR ANTENNAS



E VERIZON GAMMA SECTOR ANTENNAS

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CLIENT:
verizon
 CHICAGO SMSA LIMITED PARTNERSHIP
 db/a VERIZON WIRELESS
 1701 GOLF ROAD
 TOWER 2, SUITE 400
 ROLLING MEADOW, IL 60008

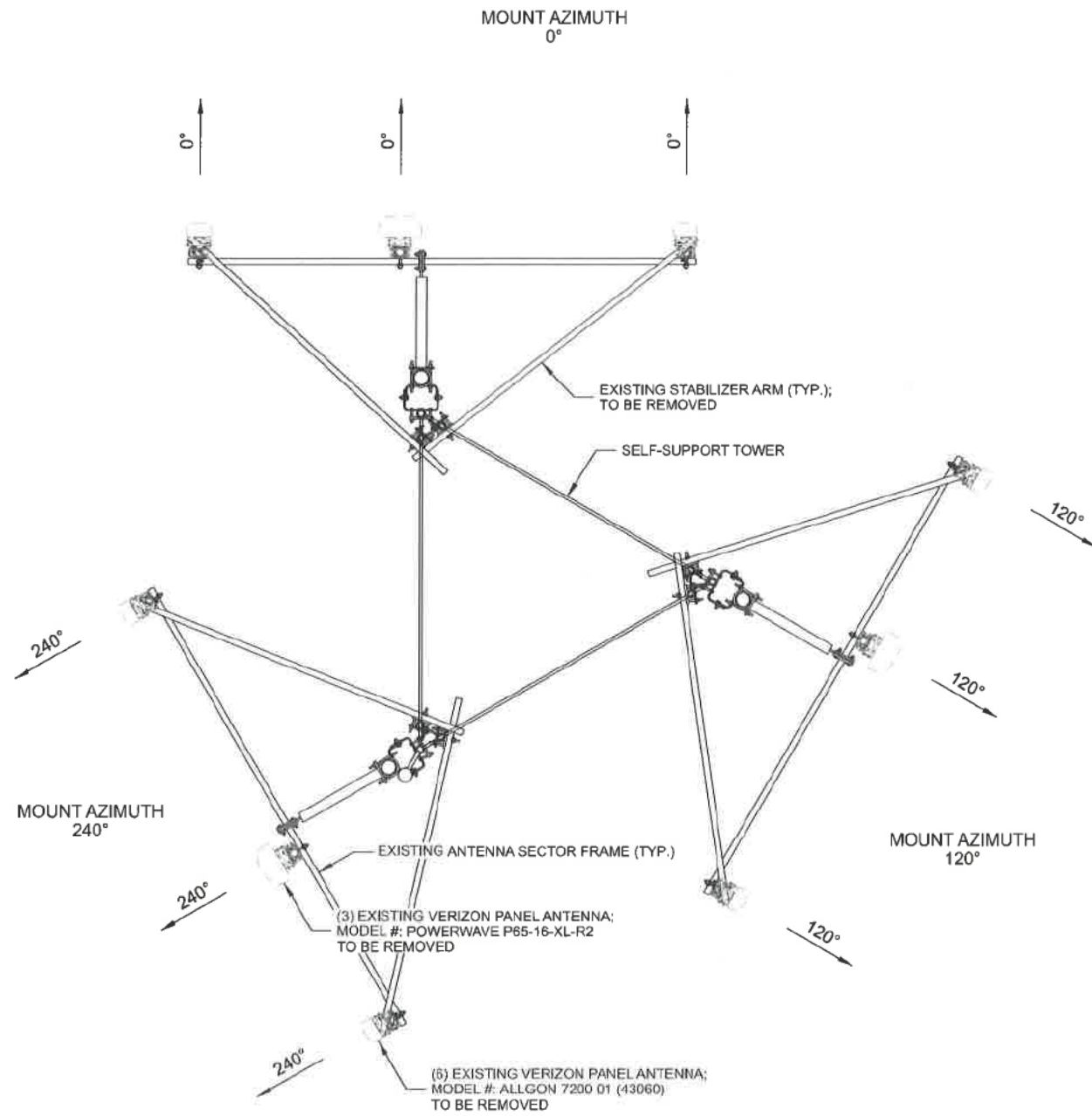
SITE ELEVATION
 TESSMAN AAT (113304)
 WAUKESHA, WISCONSIN

SUBMITTAL:		
INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. 0

CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	T-201



NORTH

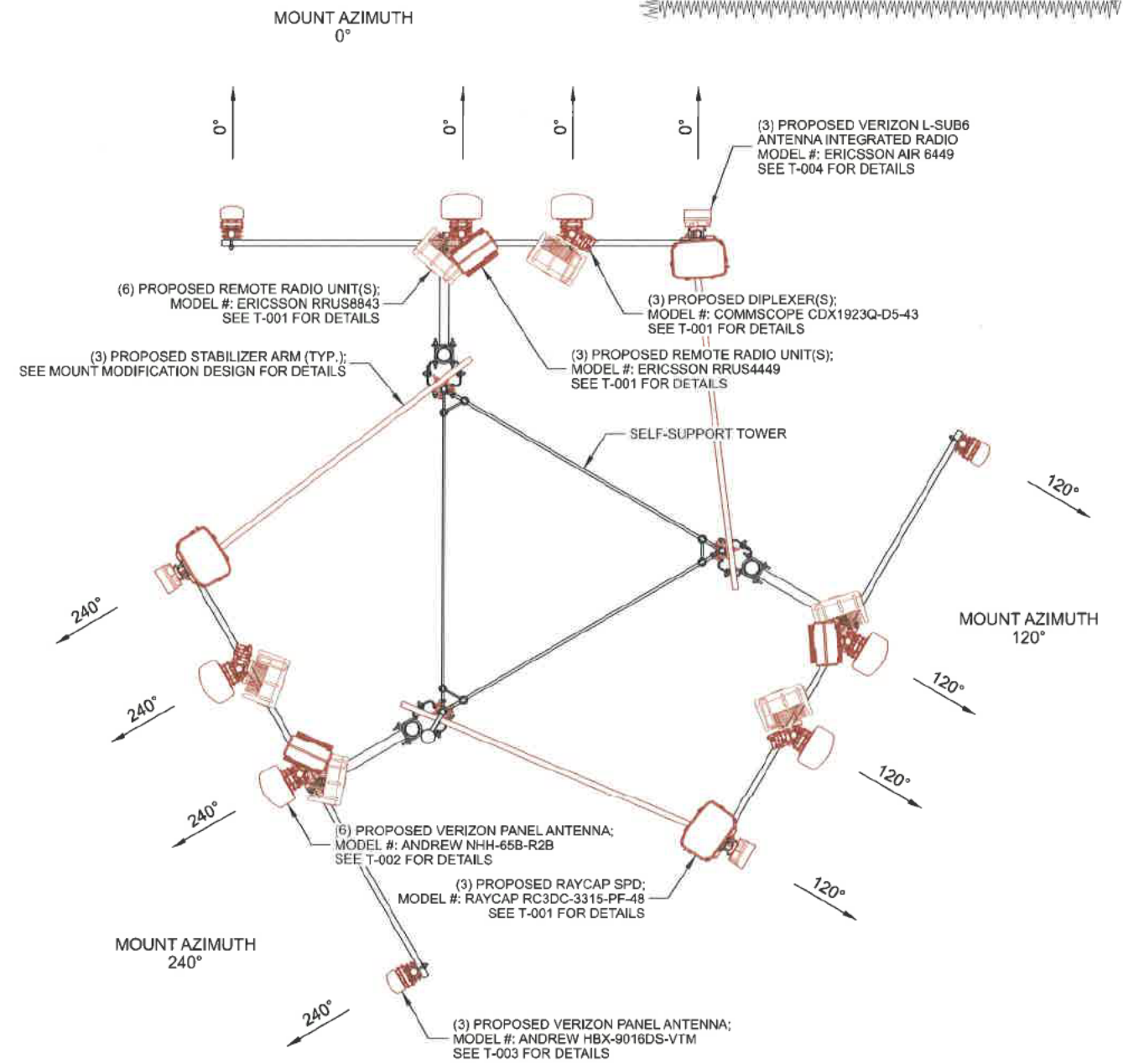


NOTE:
1. ALL ANTENNA AZIMUTHS TO BE FROM TRUE NORTH.

A EXISTING ANTENNA LAYOUT
SCALE: 11" x 17" - 1/4" = 1'-0"
22" x 34" - 1/2" = 1'-0"



NORTH



NOTES:
1. ALL ANTENNA AZIMUTHS TO BE FROM TRUE NORTH.
2. CONTRACTOR TO ROTATE ANTENNAS AS NECESSARY TO MATCH PROPOSED ANTENNA AZIMUTHS.

B PROPOSED ANTENNA LAYOUT
SCALE: 11" x 17" - 1/4" = 1'-0"
22" x 34" - 1/2" = 1'-0"

NOTE:
3. ANTENNA LAYOUT IS SHOWN FOR CONVENIENCE ONLY. CONTRACTOR IS TO FOLLOW ANTENNA AND EQUIPMENT PLACEMENT IN ACCORDANCE WITH THE MOUNT ANALYSIS IDENTIFIED ON THE TITLE SHEET AND ATTACHED TO THE END OF THESE PLANS. EDGE CONSULTING ENGINEERS, INC. IS NOT RESPONSIBLE FOR ANY DISCREPANCIES BETWEEN THE MOUNT ANALYSIS AND THE INSTALLATION.

NOTE:
4. MOUNT MODIFICATIONS REQUIRED; SEE MOUNT MODIFICATION DESIGN LISTED ON G-001 FOR DETAILS

CONSULTANT:
Edge
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624 WATER STREET
PRAIRIE DU SAC, WI 53576
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www.edgeconsult.com

CLIENT:
verizon
CHICAGO SMSA LIMITED PARTNERSHIP
d/b/a VERIZON WIRELESS
1701 GOLF ROAD
TOWER 2 SUITE 400
ROLLING MEADOW, IL 60008

ANTENNA AND EQUIPMENT CONFIGURATION
TESSMAN AAT (113304)
WAUKESHA, WISCONSIN

SUBMITTAL:		
INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. 0

CHECKED BY:	DAB
PLOT DATE:	4/27/2021
PROJECT NUMBER:	28254
SET TYPE:	FINAL
SHEET NUMBER:	T-301

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CONSULTANT:
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 Consulting Engineers, Inc.
 634 WATER STREET
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 608.644.1449 VOICE
 608.644.1549 FAX
 www.edgeconsult.com

CLIENT:
verizon
 CHICAGO SMSA LIMITED PARTNERSHIP
 db/a VERIZON WIRELESS
 1781 GOLF ROAD
 TOWER 2, SUITE 400
 ROLLING MEADOW, IL 60008

ANTENNA AND EQUIPMENT SUMMARY
 TESSMAN AAT (113304)
 WAUKESHA, WISCONSIN

Antenna Summary

Added

700	850	1900	AWS	AWS3	28 GHz	31 GHz	39 GHz	CBRS	LAA	L-Sub	Make	Model	Centerline	Tip Height	Azimuth	RET	4xRx	Inst. Type	Quantity
											ANDREW	HBX-0018D5-VTM	130	133.1	0(D1) 120(D2) 240(D3)	false	false	PHYSICAL	3
LTE		LTE 5G	LTE	LTE							ANDREW	NHH-65B-R2B	130	133	0(O1) 120(O2) 240(O3)	false	false	PHYSICAL	6
											TBD	nL-Sub6 Antenna	130	131.3	0(O001) 120(O002) 240(O003)	false	false	PHYSICAL	3

Removed

700	850	1900	AWS	AWS3	28 GHz	31 GHz	39 GHz	CBRS	LAA	L-Sub	Make	Model	Centerline	Tip Height	Azimuth	RET	4xRx	Inst. Type	Quantity
											ALLGON	7200 01 (43060)	130	132.9525	0(D1) 120(D2) 240(D3)	false	false	PHYSICAL	6
LTE											POWERWAVE	P65-16-XL-R 2 715 4DT (229189)	130	133	0(O1) 120(O2) 240(O3)	false	false	PHYSICAL	3

Retained

700	850	1900	AWS	AWS3	28 GHz	31 GHz	39 GHz	CBRS	LAA	L-Sub	Make	Model	Centerline	Tip Height	Azimuth	RET	4xRx	Inst. Type	Quantity
No data available.																			

Added: 12 Removed: 9 Retained: 0



GLS > Upper Midwest > Illinois/Wisconsin > Wisconsin > TESSMAN AAT

Kim, Brian - brian.kim@verizonwireless.com - 2/15/2021 8:14:41

NOTE:
 1. RF DESIGN DETAILED ON THIS SHEET PROVIDED BY VERIZON AND IS INCLUDED FOR CONVENIENCE ONLY. FINAL RF DESIGN TO BE VERIFIED WITH VERIZON PRIOR TO CONSTRUCTION. IF SIGNIFICANT CHANGES OR DISCREPANCIES ARE IDENTIFIED, CONTACT ENGINEER PRIOR TO INSTALLATION.

A ANTENNA SUMMARY

Equipment Summary

Added

Equipment Type	Location	700	850	1900	AWS	AWS3	28 GHz	31 GHz	39 GHz	CBRS	LAA	L-Sub	Make	Model	Cable Length	Cable Size	Instal Type	Quantity
Diplexer	Tower												Commscope	CDX19230-DS-43			PHYSICAL	3
RRU	Tower	LTE											Ericsson	4449			PHYSICAL	3
RRU	Tower			LTE 5G	LTE	LTE							Ericsson	8843			PHYSICAL	6
RRU	Tower												Ericsson	VZED1			PHYSICAL	3
OVP Box	Tower													3315			PHYSICAL	3
Hybrid Cable	Tower													6x12			PHYSICAL	3
OVP Box	Shelter													3300			PHYSICAL	3

Removed

Equipment Type	Location	700	850	1900	AWS	AWS3	28 GHz	31 GHz	39 GHz	CBRS	LAA	L-Sub	Make	Model	Cable Length	Cable Size	Instal Type	Quantity
Coaxial Cables	Tower															1-5/8"	PHYSICAL	6
RRU	Shelter	LTE											Ericsson	RUL01B13			PHYSICAL	6

Retained

Equipment Type	Location	700	850	1900	AWS	AWS3	28 GHz	31 GHz	39 GHz	CBRS	LAA	L-Sub	Make	Model	Cable Length	Cable Size	Instal Type	Quantity
Coaxial Cables	Tower															1-5/8"	PHYSICAL	6

NOTE:
 1. RF DESIGN DETAILED ON THIS SHEET PROVIDED BY VERIZON AND IS INCLUDED FOR CONVENIENCE ONLY. FINAL RF DESIGN TO BE VERIFIED WITH VERIZON PRIOR TO CONSTRUCTION. IF SIGNIFICANT CHANGES OR DISCREPANCIES ARE IDENTIFIED, CONTACT ENGINEER PRIOR TO INSTALLATION.

B EQUIPMENT SUMMARY

SUBMITTAL:

INT.	DATE:	DESCRIPTION:
BJN	04/13/21	REV. A
BJN	04/27/21	REV. 0

CHECKED BY	DAB
PLOT DATE	4/27/2021
PROJECT NUMBER	28254
SET TYPE	FINAL
SHEET NUMBER	T-501

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Town of Delafield

Keeping of Chickens License Application

\$75 Application Fee/\$25 Renewal Fee

Instructions

1. Please complete and sign this form
2. Prepare supplemental information to submit with the application: Survey showing the location of the proposed chicken coop and chicken run, setback distance from the road right-of-way to the chicken coop and chicken run, offset distance from the chicken coop and chicken run, size of the chicken coop
3. Submit it with a \$75 application fee and the supplemental information to the Town Clerk
4. Keeping of chickens is subject to compliance with all requirements of the Town of Delafield Town Code, including, but not limited to, Section 17.06 5, entitled "Keeping of Chickens" and Section 12.09, entitled "License for Keeping Chickens."
5. After review by staff and approval by the Town Board, the Town Clerk will provide you with a signed copy of the license indicating all conditions under which the license is issued.

Owner Information

Owner's Name:	WES GOLLA
Owner's Address:	W292 N2104 EIMHURST DR
City/Zip Code:	PEWAUKEE WI 53072
Telephone:	[REDACTED]
E-mail:	
Anticipated Number of Chickens:	8 Lot 2
Size of Chicken Coop:	8 X 12 ENCLOSED 10 X 12 OPEN AIR

Check One:

NEW

RENEWAL

Signature: _____

Wes Golla

Date: _____

6-3-20

FOR OFFICE USE

License Number: _____

Receipt No. _____

(b) VIOLATIONS.

1. **PENALTIES.** Any Person who violates this Section will be subject to a monetary forfeiture in the amount of \$500.00 plus the costs of prosecution for each violation. Each day that each violation exists shall constitute a separate violation and be punishable as such.
2. **INJUNCTION.** Compliance with the provisions of this Section may also be enforced by an injunction properly issued by a court of competent jurisdiction upon the request of the Town.
3. **NON-EXCLUSIVITY.** The imposition of any penalty under this Section or the seeking of an injunction shall not impair the right of the Town to seek a non-renewal, suspension or revocation of a license as provided in this Section.

12.09 LICENSE FOR KEEPING CHICKENS. (created 2012-04)

- (1) **LICENSE REQUIRED.** The keeping of chickens in residential districts is subject to Section 17.06 5. of this code, as and to the extent described therein and within the zoning regulations of the Zoning Code. Such use is subject to payment of a fee as described in Section 12.01, the general provisions as to licenses as described in Section 12.02 and the additional and different license regulations of this section.
- (2) **APPLICATION OF GENERAL PROVISIONS.** The general provisions as to licenses described in Section 12.02 of this Code shall apply, except as follows. No bond or insurance shall be required for a license to keep chickens. The term of this license shall be for one calendar year, to end on December 31 of each year, rather than June 30th.
- (3) **LICENSE APPROVAL OR DENIAL.** Upon receipt of a completed license application and upon payment of the required fee, the Town Clerk shall place the license application on an upcoming agenda of the Town board for consideration and possible action. The Town Board shall have discretion to determine whether issuance of the license, and/or renewal of a license that has previously been issued, is in the best interests of the Town of Delafield and in particular the neighborhood where the use is located. The Town Board may approve, deny or conditionally approve the issuance of license subject to reasonable conditions.
- (4) **RENEWAL.** The license may be renewed for a subsequent year upon petition to the Town Clerk and approval of the Town Board. Such application and accompanying fee must be filed prior to the expiration of the license. To avoid a lapse in the license term, the licensee must apply for renewal at least sixty (60) days prior to the expiration of the license.
- (5) **OBLIGATIONS UPON EXPIRATION/TERMINATION.** No chicken shall be kept on the property following the expiration or termination of the license, unless and until a new license is obtained for the keeping of chickens. All chicken coops, fences, chicken runs, and other structures and facilities associated with the keeping of chickens shall be removed from the property no later than twelve (12) months after the expiration or termination of the license or cessation of the use, whichever shall occur first.
- (6) **DISCLAIMER.** The grant of a license for keeping of chickens by the Town of Delafield does not supersede or abrogate any private deed restrictions, homeowner's association regulations or bylaws, or other private restrictions that may apply and may be more restrictive. Persons requesting a license to keep chickens are solely responsible to know and to comply with any such private limitations.
- (7) **PUBLIC NUISANCE.** Keeping of chickens in violation of chapter 12 and/or chapter 17 of the Town of Delafield Municipal Code shall constitute a public nuisance.

TOWN OF DELAFIELD

Customer Name WES GOLLA
Customer ID GOLLA, WES

Receipt Number: 4945
Date: 6/3/21
Reference CHICKEN LICENSE CASH

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>EXTENSION</u>
CHICKEN	CHICKEN LICENSE RENEWAL			75.00

Payment Method: Cash

Subtotal	75.00
Sales Tax	0.00
	75.00

TOWN OF DELAFIELD

Receipt Number: 4945
Date: 6/3/21
Reference CHICKEN LICENSE CASH

<u>ITEM / INVOICE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>EXTENSION</u>
CHICKEN	CHICKEN LICENSE RENEWAL			75.00

Payment Method: Cash

Subtotal	75.00
Sales Tax	0.00
	75.00



LAND INFORMATION SYSTEMS DIVISION

Waukesha County GIS Map



0 55.01 Feet

The information and depictions herein are for informational purposes and Waukesha County specifically disclaims accuracy in this reproduction and specifically admonishes and advises that if specific and precise accuracy is required, the same should be determined by procurement of certified maps, surveys, plats, Flood Insurance Studies, or other official means. Waukesha County will not be responsible for any damages which result from third party use of the information and depictions herein, or for use which ignores this warning.

Legend

- Municipal Boundary_2K
- FacilitySites_2K_Labels
- Lots_2K
- Lot
- Unit
- General Common Element
- Outlot
- SimultaneousConveyance
- Assessor Plat
- CSM
- Condominium
- Subdivision
- Carlotine_2K
- <all other values>
- EA-Easement_Line
- PL-DA
- PL-Extended_Tie_line
- PL-Meander_Line
- PL-Note
- PL-Tie
- PL-Tie_Line
- Road Centerlines_2K
- Railroad_2K
- TaxParcel_2K
- Waterbodies_2K_Labels
- Waterlines_2K_Labels

Notes:

Printed: 6/3/2021





Waukesha County GIS Map



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Notes:

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