

PACKET: 02532 License Packet Sept Operators

SEQUENCE: License #

ID	PERIOD	-----NAME-----		LICENSE CODE
01776	8/21/18- 6/30/20	SCHROEDER	MARK	OPRATOR OPERATORS - 2 YEAR
05245	8/27/18- 6/30/20	SANDS	JAKOB	OPRATOR OPERATORS - 2 YEAR
05270	8/27/18- 6/30/20	ANGELINI	ANNAMARIA	OPRATOR OPERATORS - 2 YEAR
05285	9/04/18- 6/30/20	LEE	MEGAN ERIKA	OPRATOR OPERATORS - 2 YEAR
05290	8/08/18- 6/30/20	NICOLAI	JASON	OPRATOR OPERATORS - 2 YEAR
05322	8/22/18- 6/30/20	HENDRICKSON	LAURA	OPRATOR OPERATORS - 2 YEAR
05326	8/22/18- 6/30/20	CARPENTER	MELANIE	OPRATOR OPERATORS - 2 YEAR
05327	8/23/18- 6/30/20	GALLOGHER	JACQUELINE	OPRATOR OPERATORS - 2 YEAR

#5



CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 / ext (608) 781-9530
 www.cityofonalaska.com

SPECIAL EVENT PERMIT APPLICATION
GENERAL EVENT INFORMATION

255.00
 255.00

Official Name of Special Event: Down Syndrome Awareness Walk 0.00

Start Date: September 15 End Date: September 15

	MON	TUES	WED	THURS	FRI	SAT	SUN
Setup						9 am	
Start						10 am	
End						2 pm	
Cleanup						3 pm	

Location of Event: Park/Public Property Onalaska Omni Center
 Public Street/Sidewalk/Alley/Right of Way
 Private Property _____
 Other _____

Please List Streets (and include map) That May be Closed or Otherwise Affected by the Event:

Start omni center. Riders Club Road. Turn left out of omni, walk down Riders Club Rd. until east ave south. turn left continue to nason st. turn left continue to just past the miracle field and take trail to end behind omni center
 Location of Event Parking: Onalaska Omni Center

Estimated Attendance Per Day:
 0-299 300-499 500-999 1,000-4999 5,000+

Estimated Attendance Entire Event:
 0-299 300-499 500-999 1,000-4999 5,000+

Number of Booths:
 0-24 25-49 50-74 75-100 100+

Advertising Will Consist of:
 Pre-event advertising through yard or other signs
 Temporary directional / other signage during the event (no more than 24 hrs in advance)
 Promotional Brochure / Flyer – copy must be provided with application

Type of Event:

- Festival / Music Concert
- Rally / Memorial
- Parade
- Run / Walk Greater than 5K
- Public Assembly
(For political purposes)
- Other _____
- Religious / Educational
- Street / Block Party
- Fun Run / Walk A Thon
- March Utilizing Public Property
- Sport (fishing, soccer, etc.)

Event Will Have:

- Bounce House
- Rock Wall
- Amplified Sound
- Vehicles
- Animals
- Other high-risk activity _____
- Bungee Jump
- Dunk Tank
- Marching Units
- Water Slides

Permit & Other Requirements:

<input type="checkbox"/> Alcohol will be served, sold, raffled, etc.	Class B Permit
<input type="checkbox"/> Food & Non Alcoholic Beverages	Health Permit
<input type="checkbox"/> Non-Food related sales and/or display booths	
<input type="checkbox"/> Tent and/or canopy	Fire Dept. Planning / Inspection Diggers Hotline must be contacted minimum of 3 days before digging
<input type="checkbox"/> Large Generator(s) requiring a separate Electric panel box to be wired off of it	Inspections permit
<input type="checkbox"/> Fires or candles	Fire Dept.
<input type="checkbox"/> Fireworks	Fire Dept.
<input type="checkbox"/> Activities in park outside normal operating hours	Waiver required by City Council
<input type="checkbox"/> Barricades / Detours (city streets, roads, etc.)	Approval by Police & Public Works
<input type="checkbox"/> State Hwy Closures	DOT permit required - organizer contracts with private company to install
<input type="checkbox"/> Cooking Equipment	Fire Dept.
<input type="checkbox"/> Solid Waste & Recycling	Disposal Containers & Haul Away

Arrangements Have Been Made For:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Restrooms & Hand Washing | <input type="checkbox"/> Tent Heating |
| <input checked="" type="checkbox"/> Event Insurance | <input type="checkbox"/> Public Safety / EMS Services |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Advertising Banners / / Signs |
| <input checked="" type="checkbox"/> Drinking Water | <input type="checkbox"/> Grey Water & Grease Removal |
| <input checked="" type="checkbox"/> Weather Contingencies | <input type="checkbox"/> LP Gas |

In the Event of Severe Weather:

Open and Available Shelter Locations Will Include:
inside the omni center

Identify Who Will Cancel the Event if Necessary: (name, title, phone number, and e-mail)
Angel Benrud Walk Chair
7692978
angelbenrud@yahoo.com

Public Safety Site Plan:

Attach a schematic drawing of the event site location. The drawing must be legible and drawn to scale. The public safety plan must include the following items if they will be provided, or if they are required.

• Booths, stages and event structures
• First Aid Station(s)
• Information / Ticket Booths
• Fences
• Tents
• Boundaries of the Event
• Exits & Gates (gates must be numbered)
• Fire Extinguishers
• Severe Weather Shelters
• Fire / EMS access Road

• Security Staff
•
• Emergency Contact Event Personnel
• Assembly Area & Approximate Occupant Amounts
• Event Parking
• Barricades
• Generators
• Temporary Roadways
• Signed detour route per MUTCD

Provide any additional information the City should consider or may be relevant to a review of this application.

Organization(s) Sponsoring Event:

Name: Down Syndrome Association of Wisconsin
Address: 11709 W Cleveland Ave Suite 2
City: West Allis State Wi Zip 53227

- Check this box if this organization is tax exempt and provide proof with this application and include a copy of your organization's WI Sales and Use Tax Exempt Certificate.
- Check this box to send invoices to this organization.

Name: _____
Address: _____
City: _____ State _____ Zip _____

- Check this box if this organization is tax exempt and provide proof with this application and include a copy of your organization's WI Sales and Use Tax Exempt Certificate.
- Check this box to send invoices to this organization.

CONTACT INFORMATION

****Primary and/or Secondary Contacts Must Be Onsite at All Times of the Event****

Primary Contact: Angel Benrud
Daytime Phone: 6087692978 Cell #: _____
Email: angelbenrud@yahoo.com
Address: 921 6th ave north
City: onalaska State wi Zip 54650

Secondary Contact: _____
Daytime Phone: _____ Cell #: _____
Email: _____
Address: _____
City: _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

The public will be notified of a safety and/or security issue(s) in the following manner:

- Contacting Local Police and Fire Services
- Local Radio Station
- Other _____
- Onsite PA System
- Word of Mouth

If a Private Security Firm has Been Contracted, List Their Information Below:

Security Provider: _____

Contact Person: _____ Phone Number: _____

Location of Provider at Event Site: _____

Location of Missing Persons Station: _____

EVENTS PERMIT FEE SCHEDULE

Permit fees shall be based upon the anticipated number of participants expected to attend the listed event, as determined by the City Clerk, and based upon the following fees. Permit fee is due when the application is submitted. Permit fee is nonrefundable if event is cancelled. If event is rescheduled for a date within 6-months, the permit fee would apply to the rescheduled date; if the event is rescheduled for a date later than 6-months of the original event date the permit fee is nonrefundable.

<u>PERMITTYPE</u>	<u>PERMIT FEE</u>
PARADES	\$0
SPECIAL EVENT	0 – 299 Participants = \$0 300 – 499 Participants* = \$250.00 500 – 999 Participants* = \$350.00 Over 1,000 Participants* = \$500.00 Events two (2) or more days: = \$100.00**

*Attendance shall be based on the highest attendance over the last two years of the event. New events with no prior participation shall automatically fall under subsection (c) 300 to 499 people unless event organizers anticipate 1,000 or more people in attendance.

**Multi day events (e) shall be in addition to the fee based on the number of attendees.

If the Event Takes Place on City Property (Parks, City Streets, or Other City Owned Facilities) in Whole or In Part:

I have reviewed the proposed location for the event and determined suitability for our proposed use.

There are no requested changes, upgrades or safety concerns identified
OR

I am requesting the following changes or upgrades:

I understand and acknowledge that it is the event organizer's responsibility to inspect the area the event is to take place and notify the City's Inspection Department (608.781.9541) of any safety concerns.

I have reviewed and have considered the Contingency Plan information provided by the City of Onalaska along with this application.

I have reviewed and understand the City's Insurance Requirements for Special Events as described in this document.

I have enclosed the event's Public Safety Site Plan.

I have enclosed other information that we believe is necessary or helpful to describe the planned event.

SIGNATURE

I am allowed to sign this application on behalf of the event sponsor. The information contained in this application for a Special Event permit is true, correct, and complete to the best of my knowledge. If there are any changes to the Special Event, I agree that I will promptly notify the City of Onalaska of these changes and request approval of them.

Angel Benrud

(Sign Name)

8-6-18

(Date)

Angel Benrud

(Print Name)

Walk Chair

(Print Title with Organization)

Return Completed Applications To:

Cari Burmaster, City Clerk

415 Main Street, Onalaska, WI 54650

(W) 608.781.9530 (F) 608.781.9534 cburmaster@cityofonalaska.com



CITY OF ONALASKA
INDEMNIFICATION, HOLD HARMLESS and REIMBURSEMENT AGREEMENT
(to be returned to City Clerk with Application Packet)

Special Event Name: Down Syndrome Awareness Walk

Special Event Location: The Onalaska Omni Center

Event Organizer(s):
Angel Benrad

The Event Organizer(s) (individually and collectively referred to as "Organizer") agree that said Organizer, not the City of Onalaska ("City"), shall be solely responsible for all incidents related to the Special Event, as named above. This responsibility of the Organizer to the City includes but is not limited to actions of the Organizer, its officers, employees, agents, and volunteers, along with event vendors, contractors, subcontractors, participants and visitors.

In consideration for the City's approval of the Special Event, except to the extent such claims arise from the negligence or misconduct of the City, the Organizer of the Special Event agrees to indemnify and hold harmless the City of Onalaska and its officers, council members, agents, employees and authorized volunteers, from, for, and against and agrees to defend the same from and against, any and all suits, claims, grievances, damages, costs, expenses, judgments and/or liabilities, including costs of defense and reasonable attorney fees, and further agrees to pay any settlement entered into or on behalf of, judgment entered against, the foregoing individuals and/or entities. The Organizer shall reimburse the City for costs incurred due to extraordinary damage to City property during the Special Event held by Organizer. Extraordinary damage shall be defined as damage to a City park or other City property in excess of normal wear and tear and which required repair in excess of routine maintenance. Request for Reimbursement for Extraordinary Damage shall be provided to the Organizer in the form of a detailed written accounting of the Extraordinary Damages and their repair cost as evidenced by written receipts or estimates. The accounting shall be submitted via first class mail, return receipt requested to the address Organizer provides on the Special Events Application. The Organizer shall remit payment no later than thirty (30) days from receipt of the accounting.

The Organizer shall abide by the City's insurance requirements for the event, including the addition of the City of Onalaska, and its officers, council members, agents, employees, and authorized volunteers as additional insured's for the event.

One or more waivers by either party of any provisions, terms or conditions of this Agreement shall not be construed by either party as a waiver of a subsequent breach of the same by the other party.

In the event any provisions of this Agreement shall be held to be invalid and unenforceable, the remaining provisions shall be valid and binding on the parties.

This Agreement shall be governed and construed in accordance with the laws of the State of Wisconsin.

This Agreement constitutes the entire Indemnification, Hold Harmless and Reimbursement Agreement between the parties and any change, amendment or modification must be made in writing and executed by both parties.

The individual(s) signing this Agreement has the authority to enter into this Agreement on behalf of the Organizer of the Special Event and have read and understand the Agreement.

EVENT ORGANIZER

CITY OF ONALASKA

8-21-18

(date)

(date)

Angel Bel

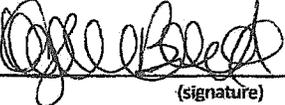
(signature)

, City Clerk

Angel Benrud Chair

(print name) (title)

, Mayor



(signature)

(print name) (title)

RECEIVED
AUG 22 2018
CITY OF ONALASKA

3. Worker's Compensation and Employers Liability. Proof of such coverage shall be required consistent with Wis. Stats. Chap. 102 or any applicable Worker's Compensation Statutes of a different state. Coverage limits shall be no less than \$100,000 each accident, \$500,000 disease policy limit and \$100,000 disease per employee.
4. Liquor Liability. If the event holder sells alcoholic beverages, liquor liability insurance with coverage limits of no less than \$500,000 each occurrence and \$500,000 aggregate.
5. Fireworks Liability. If the event includes a firework display, then the event holder shall carry an additional \$1,000,000 in coverage.

- (b) All insurance shall be in full force prior to commencing the event and remain in force throughout the entire event, including the cleanup period after the event.
- (c) The City of Onalaska, and its officers, council members, agents, employees, and authorized volunteers shall be additional insureds on general liability, business automobile and liquor liability policies. The additional insured policy endorsement must accompany the certificate of insurance.
- (d) All policies shall require 30 day written notice to the City of Onalaska of cancellation, non-renewal or material change in the insurance coverage.
- (e) Insurance must be provided by an insurance carrier with the "Best" rating of "A-VII" or better. All carriers shall be admitted carriers in the State of Wisconsin.
- (f) All insurance must be primary and non-contributory to any insurance or self-insurance carried by the City of Onalaska.

FOR OFFICE USE ONLY

City Clerk	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>must sign indemnification agreement need COI-including date of event</u>	Date: <u>8-7-18</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8-7-18</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Approved through SGT. [Signature]</u>	Date: <u>8-8-18</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8-13-18</u>
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>prior advertising requires Community Event Temporary Signage Permit</u>	Date: <u>8/19/18</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8/14/18</u>
Site Diagram Sketch Attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO			Date: _____
GIS Dept.	Map Prepared: ____/____/____			
Insurance Required:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Certificate of Insurance on File: <input type="checkbox"/> YES <input type="checkbox"/> NO	COI Expires: ____/____/____
Special Class B License Required:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Special Class B Application: ____/____/____	
Approved By A&J:	____/____/____		Date License Issued: ____/____/____	
License No:	_____			



Google Maps Onalaska Omni-Center



Imagery ©2018 DigitalGlobe, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2018 Google 200 ft

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 05 2017

DOWN SYNDROME ASSOCIATION OF WI INC
CHILDREN OF THE HEART-LACROSSE
11709 W CLEVELAND AVE SUITE 2
WEST ALLIS, WI 53227-0000

Employer Identification Number:
46-2581316
DLN:
26053550002177
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 15, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

Our records show you were previously tax exempt as a subordinate under group exemption number 5910. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt

Letter 947

DOWN SYNDROME ASSOCIATION OF WI INC

status. To reestablish your individual tax exemption after rejoining a group exemption, you'll be required to reapply and pay the appropriate user fee.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations
Rulings and Agreements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

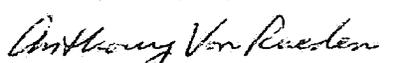
PRODUCER Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202	CONTACT NAME: Michele McGinnis	
	PHONE (A/C, No, Ext): (414) 271-3575	FAX (A/C, No): (414) 271-0196
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : SECURA INSURANCE A MUTUAL COMPANY		22543
INSURED Down Syndrome Association of Wisconsin Inc. 11709 W Cleveland Avenue, Suite 2 West Allis, WI 53227	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CP3168122	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CP3168122	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU3219333	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC3168123	09/01/2018	09/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Down Syndrome Association of Wisconsin-Children of the Heart-Greater La Crosse Area Down Syndrome Awareness Walk, September 15, 2018.
City of Onalaska: additional insured for liability as their interest may appear per policy provisions.

CERTIFICATE HOLDER Onalaska Omni Center 255 Riders Club Road Onalaska, WI 54650	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

#6

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

WI Dr. Lic. #: S620-6987-4263-04

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Schwarz		Paul		Timothy	
Home Address (street/route)		Post Office	City	State	Zip Code
120 Scenic Ct.		West Salem		WI	54669
Home Phone Number		Age	Date of Birth	Place of Birth	
608-461-0430		44	07/23/1974	Waconia, MN	

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.
- X** Agent of Kwik Trip, Inc.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

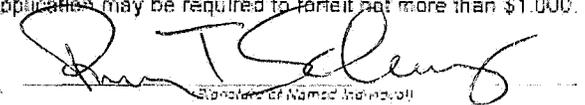
The above named individual provides the following information to the licensing authority

1. How long have you continuously resided in Wisconsin prior to this date? Since Nov. 2009
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 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
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	2/15	Present
Cousin Subs	1220 Crossing Meadow Dr., Onalaska, WI 54650	10/10	12/14

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 his/her 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
 Paul T. Schwarz

KWK TRIP # 643 / PAUL T SCHWARZ
 REVENUE ACCOUNT 10.00
 CITY OF ONALASKA
 REC#: R00123658 8/30/2018
 TRN#: 198 REVENUE ACCOUNT
 OPER: 02 TERM: 2
 TRKY #: CASH 02
 WISCONSIN DEPARTMENT OF REVENUE



City of Onalaska

#7

Budget Worksheet Account Summary

For Fiscal: 2018 Period Ending: 08/31/2018

	2016 Total Budget	2016 Total Activity	2017 Total Budget	2017 Total Activity	2018 Total Budget	2018 YTD Activity	Defined Budgets				
							2019 2019 DEPT	2019 2019 ADMIN	2019 2019 ADOPTED		
Fund: 630 - CEMETERY											
Revenue											
Department: 00000 - NON DEPARTMENTAL											
630-00000-43693		REVENUE FROM STATE	0.00	0.00	0.00	0.00	0.00				
630-00000-46540	24,250.00	OPENING GRAVES	29,120.00	24,505.00	25,035.00	26,300.00	27,715.00	38,000.00			
630-00000-46541	23,200.00	SALE OF LOTS	46,176.00	26,000.00	21,648.00	26,000.00	11,808.00	20,000.00			
630-00000-46544	0.00	MISC. INCOME	729.15	0.00	400.00	0.00	10.00				
630-00000-46545	250.00	TRANSFER FEES	540.00	150.00	0.00	0.00	190.00				
630-00000-46546	2,400.00	MONUMENT/MARKRS	3,150.00	2,200.00	1,820.00	2,200.00	1,280.00	2,200.00			
630-00000-46547	2,900.00	PERP. CARE MATCHING REVEN	5,772.00	2,600.00	2,706.00	2,600.00	1,476.00	2,000.00			
630-00000-46548	2,900.00	CAPITAL IMPROVEMENTS	5,772.00	2,600.00	2,706.00	2,600.00	1,476.00	2,000.00			
630-00000-48100	200.00	INTEREST INCOME	105.75	175.00	160.19	150.00	151.05	50.00			
630-00000-48534	0.00	CEMETERY DONATIONS	135,723.86	0.00	24,474.86	0.00	100.00				
630-00000-49120	0.00	BOND PROCEEDS	0.00	0.00	0.00	0.00	0.00				
630-00000-49201	0.00	OPERATING TRANSFERS IN	0.00	0.00	0.00	0.00	0.00				
630-00000-49400	0.00	SALE OF CITY PROPERTY	0.00	0.00	0.00	0.00	0.00				
630-00000-49401	0.00	LOSS ON DISPOSAL OF FIXED A	0.00	0.00	0.00	0.00	0.00				
Department: 00000 - NON DEPARTMENTAL Total:			56,100.00	227,088.76	58,230.00	78,950.05	59,850.00	44,206.05	64,250.00	0.00	0.00
Revenue Total:			56,100.00	227,088.76	58,230.00	78,950.05	59,850.00	44,206.05	64,250.00	0.00	0.00

*Fixed
8-17-18*

GRAVES
2018 thru July → 18
2017 → 33
2016 → 72

GRAVE OPENINGS
2018 thru July ← Ashes (A) 21
Full grave (FG) 25
2017 ← (A) 24
(FG) 24
2016 ← (A) 29
(FG) 26



		2016		2017		2018		Defined Budgets		
		Total Budget	Total Activity	Total Budget	Total Activity	Total Budget	YTD Activity	2019 DEPT	2019 ADMIN	2019 ADOPTED
Expense										
Department: 53981 - CEMETERY										
<u>630-53981-110</u>	SALARIES - REGULAR	4,033.00	888.43	0.00	0.00	3,693.00	2,288.93	3,963.00		
<u>630-53981-120</u>	WAGES - REGULAR	34,143.00	34,251.92	36,769.00	36,396.54	33,120.00	20,005.37	31,690.00		
<u>630-53981-121</u>	OVERTIME - REGULAR	1,000.00	0.00	1,000.00	164.17	1,000.00	1,037.56	1,000.00		
<u>630-53981-124</u>	WAGES - PERM PT	9,600.00	0.00	9,600.00	0.00	3,000.00	0.00	5,936.00		
<u>630-53981-125</u>	OVERTIME - PERM PT	0.00	0.00	0.00	0.00	0.00	0.00			
<u>630-53981-126</u>	WAGES - TEMP/SEAS	0.00	4,473.00	0.00	4,212.00	2,868.00	6,350.62			
<u>630-53981-127</u>	OVERTIME - TEMP/SEAS	0.00	0.00	0.00	0.00	0.00	0.00			
<u>630-53981-150</u>	FICA	3,731.00	2,946.77	3,623.00	2,955.11	3,342.00	2,096.63	3,258.00		
<u>630-53981-151</u>	RETIREMENT (WRS)	3,220.00	2,617.30	3,221.00	2,771.21	2,734.00	1,598.55	2,598.00		
<u>630-53981-152</u>	HEALTH INSURANCE	5,095.00	4,514.55	5,171.00	5,720.13	11,761.00	7,840.96	12,013.00		
<u>630-53981-153</u>	DENTAL INSURANCE	681.00	662.09	681.00	684.35	727.00	423.78	735.00		
<u>630-53981-154</u>	LIFE INSURANCE	6.00	5.67	7.00	6.81	21.00	8.24	20.00		
<u>630-53981-221</u>	ELECTRIC & GAS	500.00	676.41	500.00	746.58	644.00	474.58	644.00		
<u>630-53981-225</u>	PHONE/INTERNET/CABLE	144.00	0.00	144.00	0.00	0.00	0.00			
<u>630-53981-310</u>	OFFICE SUPPLIES	100.00	0.00	100.00	0.00	100.00	0.00	100.00		
<u>630-53981-311</u>	POSTAGE	50.00	0.00	50.00	0.00	50.00	0.00	50.00		
<u>630-53981-312</u>	COPY USAGE & PAPER	50.00	0.00	50.00	45.29	50.00	44.63	50.00		
<u>630-53981-340</u>	OPERATING SUPPLIES	1,250.00	1,868.13	1,925.00	834.73	2,039.00	515.69	2,450.00		
<u>630-53981-350</u>	BLDG & GRDS MAINT & REPAIR	2,000.00	1,540.98	2,000.00	2,178.79	2,000.00	2,165.53	2,000.00		
<u>630-53981-360</u>	VEHICLE MAINT. & REPAIRS	250.00	153.07	500.00	543.80	500.00	-18.00	500.00		
<u>630-53981-361</u>	REGULAR FUEL	1,500.00	811.21	1,500.00	1,621.22	1,500.00	1,273.16	1,500.00		
<u>630-53981-362</u>	OFF ROAD FUEL	750.00	750.00	750.00	44.20	750.00	136.57	750.00		
<u>630-53981-363</u>	EQUIPMENT MAINT & REPAIRS	1,000.00	1,138.58	1,000.00	842.07	1,000.00	720.88	1,000.00		
<u>630-53981-510</u>	INS - WORKERS COMP	2,170.00	1,448.00	2,170.00	2,248.00	2,170.00	1,341.00	1,904.00		
<u>630-53981-512</u>	INS - VEHICLES	100.00	152.32	100.00	147.00	100.00	155.00	173.00		
<u>630-53981-516</u>	EMPLOYEE BENEFITS	0.00	176.97	0.00	5,106.98	0.00	0.00			
<u>630-53981-540</u>	DEPR - GENERAL EQUIPMENT	2,145.00	4,408.70	2,145.00	6,805.35	2,145.00	0.00	6,900.00		
<u>630-53981-543</u>	DEPR BLDG, STRUCTURE, BLD	568.00	567.88	568.00	567.88	568.00	0.00	568.00		
<u>630-53981-544</u>	DEPR - IMPROV OTHER THAN L	2,007.00	3,903.83	2,007.00	15,243.87	2,007.00	0.00	15,300.00		
<u>630-53981-620</u>	INTEREST	0.00	0.00	0.00	0.00	0.00	0.00			

4720

28768

630-53981-686

	2016		2017		2018		Defined Budgets		
	Total Budget	Total Activity	Total Budget	Total Activity	Total Budget	YTD Activity	2019 DEPT	2019 ADMIN	2019 ADOPTED
ALLOCATED - WRS	0.00	1,185.00	0.00	2,656.00	0.00	0.00			
Department: 53981 - CEMETERY Total:	76,099.00	69,140.81	75,581.00	92,542.08	77,889.00	48,459.68	95,102.00	0.00	0.00
Expense Total:	76,099.00	69,140.81	75,581.00	92,542.08	77,889.00	48,459.68	95,102.00	0.00	0.00
Fund: 630 - CEMETERY Surplus (Deficit):	-19,999.00	157,947.95	-17,351.00	-13,592.03	-18,039.00	-4,253.63	-30,852.00	0.00	0.00
Report Surplus (Deficit):	-19,999.00	157,947.95	-17,351.00	-13,592.03	-18,039.00	-4,253.63	-30,852.00	0.00	0.00



0. *
 18,039.00 -
 4,720.00 +
 13,319.00 + *



0. *
 30,852.00 -
 22,768.00 +
 8,084.00 - *

REVISED
8-20-18

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2019

PERSONNEL JUSTIFICATION

I. FULL-TIME PERSONNEL

Current Position (X)	Proposed New (X)	Percent Allocated to Dept	Job Title	Employee Name <small>(write "vacant" if currently vacant, write "new" if newly proposed)</small>		2018 Gross Salary/Wages <small>(excluding O. T. etc)</small>	2019 Proposed Salary/Wages
X		55%	Cemetery/PW Laborer	Olson, Chris	\$ 53,622.96	\$31,020	\$29,493 ✓
X		5%	Office Clerical Support	Wilk, Stacy	\$ 43,956.58	\$2,100	\$2,198 ✓
	X	5%	PW Manager	Prindle, Jim	\$ 79,252.43	\$3,693	\$3,963 ✓
Sub-Totals						\$36,813	\$35,653
Overtime (Approx. Hours: _____)						\$1,000	\$1,000
Other Compensation (On Call/Nite Pay)							
Total Salaries for Full-time Personnel						\$37,813	\$36,653 <i>OK</i>

II. PART-TIME PERSONNEL

Current Position	Proposed New	Percent Allocated to Dept	Job Title	Employee Name		Budgeted # of 2018 Hrs	Budgeted 2018 Gross Salary	2019 Proposed Hrs.	2019 Proposed Gross Salary
X		50%	Laborer (1040-hour position)	Halverson, Richard (\$12.00/hour)	12	800	\$3,000	250	\$3,000 ✓
	X	28%	Laborer (1040-hour position)	Barth, Mike (2nd Year scale 11.45)	11.65	900	\$2,868	252	\$2,936 ✓
Sub-Totals							\$5,868		\$5,936
Overtime									
Total Salaries for Part-Time Personnel							\$5,868		\$5,936 ✓

III. TOTAL SALARIES & WAGES

2018	2019 Proposed
\$43,681	\$42,589 ✓

IV. FRINGE BENEFIT CALCULATION FOR 2019:

		FULL-TIME	PART-TIME
A. FICA	7.65%	\$2,804 ✓	\$454 ✓
B. Retirement - Full	13.1%		n/a
Retirement - Partial	6.55%	\$2,401 ✓	\$197 ✓
C. Insurance-Health		\$12,013	n/a
D. Insurance-Dental		\$735	n/a
E. Insurance-Life		\$20	n/a

Comments / Notes:

Cemetery/PW Laborer: Cemetery 55% - Street 40% - Water 5%
 PW Mgr.: Water 36.25% - Sewer 36.25% - SW 10% - Street 12.5% - Cemetery 5%
 Office Clerical Support: Clerk 25% - Water 15% - Sewer 15% - Storm Water 5% - Cemetery 5%

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2019

LINE ITEM DESCRIPTION & JUSTIFICATION

Account Number	Line Item Category #	Justification Detail	Cost Per Each Line Item	Total Cost Per Each Category
630-53981	221	Electric & Gas		\$644
		Veteran's Memorial Flag Light	\$300	
		Garage	\$344	
630-53981	225	Phone/Internet/Cable		\$0
630-53981	310	Office Supplies		\$100
630-53981	311	Postage		\$50
630-53981	312	Copy Usage & Paper		\$50
630-53981	340	Operating Supplies		\$2,450
		Weed control spraying	\$1,100	
		Mole Control	\$500	
		Small tools & supplies	\$150	
		portable toilet at cemtery 7 months @ \$100/month	\$700	
630-53981	350	Bldg & Grds Maint & Repairs		\$2,000
630-53981	360	Vehicle Maint & Repairs		\$500
630-53981	361	Regular Fuel		\$1,500
630-53981	362	Off Road Fuel		\$750
630-53981	363	Equipment Maint & Repairs		\$1,000
630-53981	510	Ins - Workers Comp		\$1,904
630-53981	512	Ins - Vehicles		\$173

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2019

LINE ITEM DESCRIPTION & JUSTIFICATION

Account Number	Line Item Category #	Justification Detail	Cost Per Each Line Item	Total Cost Per Each Category
630-53981	516	(Former) Employee Benefits		\$0
630-53981	540	Depr - General Equipment		\$6,900
630-53981	543	Depr - Bldg, Structure, Bldg Improv		\$568
630-53981	544	Depr - Improv Other than Land		\$15,300
TOTAL				\$33,889



Onalaska City Cemetery Prices & Fees

New rates beginning Jan. 1, 2018

Plots \$820

Infant Plots \$275

Full Burials (including ashes buried in a vault):

Monday-Friday \$710

Saturday \$885

Sunday &

City Observed Holidays \$1000

*20 kg
26 - Ashes*

Infant Burials:

Monday-Friday \$290

Saturday \$370

Sunday &

City Observed Holidays \$420

Ashes Buried in Urn Only (infants & adults):

Monday-Friday \$340

Saturday \$420

Sunday &

City Observed Holidays \$475

Ashes in Monument: \$60

Lot Transfer Fee: \$65

Marker & Monument Fees: \$80 per grave lot

All fees shall be paid at the office of the City Clerk no later than 5:00 P.M. two (2) business days prior to the day of the grave opening or the grave will not be opened.

Onalaska City Cemetery Prices & Fees

New rates beginning Jan. 1, 2017

Plots \$820

Infant Plots \$275

Full Burials (including ashes buried in a vault):

Monday-Friday \$675

Saturday \$840

Sunday &

City Observed Holidays \$950

Infant Burials:

Monday-Friday \$275

Saturday \$350

Sunday &

City Observed Holidays \$400

Ashes Buried in Urn Only (infants & adults):

Monday-Friday \$325

Saturday \$400

Sunday &

City Observed Holidays \$450

Ashes in Monument: \$40

Lot Transfer Fee: \$60

Marker & Monument Fees: \$80 per grave lot

All fees shall be paid at the office of the City Clerk no later than 5:00 P.M. two (2) business days prior to the day of the grave opening or the grave will not be opened.

Onalaska City Cemetery Prices & Fees

New rates beginning Jan. 1, 2016

Plots \$780

Infant Plots \$260

Full Burials (including ashes buried in a vault):

Monday-Friday \$675

Saturday \$840

**Sunday &
City Observed Holidays \$950**

Infant Burials:

Monday-Friday \$275

Saturday \$350

**Sunday &
City Observed Holidays \$400**

Ashes Buried in Urn Only (infants & adults):

Monday-Friday \$325

Saturday \$400

**Sunday &
City Observed Holidays \$450**

Ashes in Monument: \$40

Lot Transfer Fee: \$60

Marker & Monument Fees: \$75 per grave lot

All fees shall be paid at the office of the City Clerk no later than 5:00 P.M. two (2) business days prior to the day of the grave opening or the grave will not be opened.

8/30/2018 2:11 PM
LICENSES: ALL
LICENSE CODES: Include: RECBURN-E
CLASSES: All
STATUS: ACTIVE
CITY LIMITS: INSIDE, OUTSIDE

L I C E N S E M A S T E R R E P O R T
SORTED BY: LICENSE NUMBER

EFFECTIVE
EXPIRATIO
COMMENT:
PAY STATU
#8

ID	CODE	NAME/ PROPERTY ADDRESS		STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
05288	RECBURN-E	WILDENBERG 120 8TH AVE S	CALE	ACTIVE	REC BURN REC BURN	8/07/2018	8/08/2018
05289	RECBURN-E	FOSTER 4009 BEVERLY DR	NAN	ACTIVE	REC BURN REC BURN	8/08/2018	8/10/2018
05310	RECBURN-E	KARBULA, ZACH 1212 GREENRIDGE DR	TOLZMA	ACTIVE	REC BURN REC BURN	8/09/2018	8/13/2018
05313	RECBURN-E	DEAL 113 13TH AVE S	MATT	ACTIVE	REC BURN REC BURN	8/13/2018	8/21/2018
05316	RECBURN-E	VALLAFSKEY 428 2ND AVE N	TONY	ACTIVE	REC BURN REC BURN	8/15/2018	8/21/2018
05317	RECBURN-E	FARA 708 KRUEGER CT	LUKE	ACTIVE	REC BURN REC BURN	8/17/2018	8/21/2018
05321	RECBURN-E	VANG 937 PARK AVE W	TONG	ACTIVE	REC BURN REC BURN	8/22/2018	8/27/2018
05323	RECBURN-E	SOLUM 354 4TH AVE N	ALEXAN	ACTIVE	REC BURN REC BURN	8/22/2018	8/27/2018

REPORT TOTALS: 8 LICENSES

**PARADE
LICENSE**

NO. 15-18

\$ N/A

**STATE OF WISCONSIN
COUNTY OF LA CROSSE**

WHEREAS, Christopher Meunier for Onalaska High School has paid the sum of 00/100 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

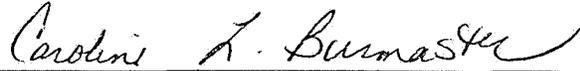
Now, Therefore, by order of the City of Onalaska and by virtue hereof, the said Christopher Meunier for Onalaska High School is hereby licensed and authorized to

Conduct marching band practice along routes as submitted utilizing Wilson Street, 8th Avenue South, 9th Avenue South, Green Bay Street and 11th Avenue South for the months of August and September

for a period of 8/13/18-09/30/18 from 9am-6pm in August and 9am-11am in September subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

Christopher Meunier / Onalaska High School
700 Hilltopper Place
Onalaska, WI 54650

Given under my hand and the corporate seal of the City of Onalaska, this 13th day of August, 2018.



CITY CLERK or DEPUTY CITY CLERK

**PARADE
LICENSE**

NO. 16-18

\$ N/C

**STATE OF WISCONSIN
COUNTY OF LA CROSSE**

WHEREAS, Charlie Ihle for Onalaska High School has paid the sum of 00/100 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

Now, Therefore, by order of the City of Onalaska and by virtue hereof, the said Charlie Ihle for Onalaska High School is hereby licensed and authorized to

Conduct the Homecoming Parade starting at the Onalaska High School, 700 Hilltopper Drive, Onalaska proceeding to 4th Street/Oak Street and returning to the Onalaska High School along submitted route

for a period of 9/14/18 from approx.. 2-3pm subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

Charlie Ihle/Onalaska High School
700 Hilltopper Place
Onalaska, WI 54650

Given under my hand and the corporate seal of the City of Onalaska, this 15th day of August, 2018.



CITY CLERK or DEPUTY CITY CLERK

**BLOCK PARTY
LICENSE**

NO. 17-18

\$ N/C

**STATE OF WISCONSIN
COUNTY OF LA CROSSE**

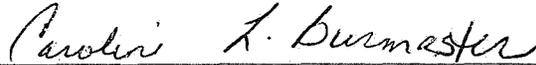
WHEREAS, Tim and Jenny Miller have paid the sum of 00/100 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

Now, Therefore, by order of the City of Onalaska and by virtue hereof, the said Tim and Jenny Miller are hereby licensed and authorized to Hold Block Party closing 8th Avenue South between Green Bay Street and Wilson Street

for a period of 9/22/18 from 11am-10pm subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

Tim & Jenny Miller
601 8th Av S
Onalaska, WI 54650

Given under my hand and the corporate seal of the City of Onalaska, this 22nd day of August, 2018.



CITY CLERK or DEPUTY CITY CLERK

CITY OF ONALASKA
LICENSE

No. 05330

\$ 20.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, RYAN RUIZ-GROSS

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said RYAN RUIZ-GROSS
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

RYAN RUIZ-GROSS
6299 HILLSIDE AVE
SEMINOLE FL 33772

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

JoAnn A. Maricon
CITY CLERK / DEPUTY CITY CLERK

CITY OF ONALASKA
LICENSE

No. 05332

\$ 20.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, DAKOTA REEVES

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said DAKOTA REEVES
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

DAKOTA REEVES
1645 SANDY DR
JOLIET IL 60432

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

JoAnn A. Maricon
CITY CLERK / DEPUTY CITY CLERK

CITY OF ONALASKA
LICENSE

No. 05334

\$ 20.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, CORY STEWART

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said CORY STEWART
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

CORY STEWART
906 PRINCETON AVE
MATTESON IL 60443

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

JoAnn A. Maricon
CITY CLERK / DEPUTY CITY CLERK

CITY OF ONALASKA
LICENSE

No. 05336

\$ 20.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, DARRICK MCGUIRE

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said DARRICK MCGUIRE
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

DARRICK MCGUIRE
3310 EUCLID AVE
S CHICAGO HEIGHTS IL 60411

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

JoAnn A. Maricon
CITY CLERK / DEPUTY CITY CLERK

CITY OF ONALASKA
LICENSE

No. 05329

\$ 20.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, JEFFREY YANDA

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said JEFFREY YANDA
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

JEFFREY YANDA
3482 SANDGATE CASTLE DR
GREEN BAY WI 54313

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

cbAnn A. Maricon
CITY CLERK / DEPUTY CITY CLERK

CITY OF ONALASKA
LICENSE

No. 05333

\$ 20.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, DIEDRE ZIEGLER

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said DIEDRE ZIEGLER
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

DIEDRE ZIEGLER
1613 E 217TH ST
SAUK VILLAGE IL 60411

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

cbAnn A. Maricon
CITY CLERK / DEPUTY CITY CLERK

**CITY OF ONALASKA
LICENSE**

No. 05335

\$ 20.00

**STATE OF WISCONSIN
COUNTY OF LA CROSSE**

WHEREAS. RAMIE LOYD

has paid the sum of 20.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said RAMIE LOYD
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 8/24/2018 to 11/22/2018 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

RAMIE LOYD
7337 MONROE AVE
HAMMOND IN 46324

Given under my hand and the corporate seal of the City of
Onalaska, this 31st day of AUG 2018

JoAnn A. Malcom
CITY CLERK / DEPUTY CITY CLERK