NEW OPERATOR (BARTENDER) LICENSE APPLICANTS

Council Meeting Date: October 12, 2021

The below individuals hereby make application to the Common Council of the City of New Berlin for an Operator's (Bartender) License to serve fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and City of New Berlin Ordinances for the period ending June 30, 2023.

	Applicant's Name	Invited	Place of Employment as Operator	Applying for License
1.	Samantha M. Clark		N/A	Operator's 2 Year
2.	Donna L. Sherman		West Side Pub	Operator's 2 Year

Trade Name: Kat's Cafe

Business Name: Olympic Meals, LLC

Contact/Agent Name: Demitra Conrad **Contact/Agent Phone:** 710-4058

Contact/Agent Email: N/A

Date Submitted: 4/28/2020 **Anticipated Council Date:** 5/26

Allow for 3 weeks between being sent to publisher and going to Council

Sent to Publisher (Date): 5/6 ***Publishing Date:*** 5/13 ☑ ***15 Day Filling Hold***

Check One: ☐ *New Application (Prorated)* ☑ *Renewal* ☐ *Reserve ($10,000 fee)*

License Type: Class "B" Beer + Class C wine

License Number:

Other: ☐ Cigarette ☑ Weights & Measures $25.00 ☑ Amusement Devices 3 Items $105

☐ Entertainment Class A ☐ Entertainment Class B ☐

ALCOHOL LICENSE APPLICATION CHECKLIST

All Forms Listed are **Required** – Even if there are no changes

☑ *Completed License Application* - ***Original Application AT-106 / Renewal Application AT-115***

☑ *Auxiliary Questionnaire Form(s)* - ***AT-103*** *(Must be completed annually for all individuals listed on application)*

☑ *Appointment of Agent Form* - ***AT-104***

☑ *Proof of responsible beverage course from* ***new agents*** same

☑ *WI Seller's Permit Certificate* – *Does name match?* ☐ Yes ☐ No *If the name doesn't match they need to fill out an ORIGINAL Application*

☑ *Waukesha County Health Certificate (NEW REQUIRMENT)* ~~VOID~~ OK per Wauk. Co. Health

☑ *Paid in Full or* 360 pif

☑ *$55.00 Deposit Paid - Remaining amount Due* 0

☑ *Plan of Operation* same

☑ *Record Checks Complete* all ok 4/28/2020 ☐ ~~*City Clerk Approval (if necessary)*~~

INSPECTIONS CLASS B ONLY ☐ *Not Applicable*

☑ *Scheduled (after April 30th - $50 late fee) Date:* 4/30 ☐ *Late Fee*

☑ *Passed:* 4/30

Taxes owed N ☐ Y ☐ *Notes:*

AFTER APPROVED BY COUNCIL MEETING - PRIOR TO ISSUING LICENSE

☐ *Scan in PDrive* ☑ *Entered into License Manager*

☑ *License Okay to be released (highlight this line), Date Issued/Mailed:*

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☐ Village of ☑ City of New Berlin

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

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

Applicant's Wisconsin Seller's Permit Number: 456-1029766296-02

FEIN Number:

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☑ Class B (wine only) winery	$
Publication fee	$ 15
TOTAL FEE	$ 215

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)

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)
Olympic Meals, LLC	21630 Hillcrest Dr. Waukesha, WI 53186

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)
Conrad	Demitra		21630 Hillcrest Dr. Waukesha WI 53186

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

President / Member Last Name: ~~Demitra~~ Conrad	(First): Demitra	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 21630 Hillcrest Dr. Waukesha WI 53186
Vice President / Member Last Name: Conrad	(First): Ava	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 21630 Hillcrest Dr. Waukesha WI 53186
Secretary / Member Last Name: Conrad	(First): Theodore	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 21630 Hillcrest Dr. Waukesha, WI 53186
Treasurer / Member Last Name: Zahorls	(First): Bobby	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code): 741 Glacier Rd #5 New Berlin, WI 53072
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: Kats Cafe Business Phone Number: 262 710 4058
2. Address of Premises: 19680 W National Ave Post Office & Zip Code: 53146
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.) Cooler to the right in the MAIN dining area. Overflow (stock) on the back WALL, bottom shelf, near the WALK in Cooler which is located in the back area (dishwashing area) of the restaurant.

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
   2019 TAX return has not been done yet

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

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.)	Title / Member	Date
Conrad, Demitra	Owner	4/20/20
Signature	**Phone Number**	**Email Address**
Demitra Conrad	262 271 7787	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4/28/2020		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

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:

N/A

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 _____

City of New Berlin

3805 S. Casper Drive
New Berlin, WI 53151
Phone: 262-786-8610 Fax: 262-786-6121

City of New Berlin

Customer Statement of License Invoices

Date:
12/18/2019

Customer:

OLYMPIC MEALS LLC
21630 HILLCREST DRIVE
WAUKESHA WI 53186

Cust no: *9413*

License Type	Description			Amount
Class B - Beer	Publication fee for License 7/01/2020 to 6/30/2021			**15.00**
Class B - Beer	Fee for License 7/01/2020 to 6/30/2021			**100.00**
Agent: Demitra Conrad		21630 Hillcrest Drive	Waukesha, WI 53186	
Trade Name: Kat's Cafe		19680 W. National Ave.	New Berlin, WI 53146	
Amusement Devices	Fee for License 7/01/2020 to 6/30/2021			**105.00**
Trade Name: Kat's Cafe 3 items licensed.		19680 W. National Ave.	New Berlin, WI 53146	
Class C Wine	Publication fee for License 7/01/2020 to 6/30/2021			**15.00**
Class C Wine	Fee for License 7/01/2020 to 6/30/2021			**100.00**
Agent: Demitra Conrad		21630 Hillcrest Drive	Waukesha, WI 53186	
Trade Name: Kat's Cafe		19680 W. National Ave.	New Berlin, WI 53146	
Weights And Measures License	Fee for License 7/01/2020 to 6/30/2021			**25.00**
Trade Name: Kat's Cafe		19680 W. National Ave.	New Berlin, WI 53146	
		Total:		**$360.00**

Enclosed please find your applications for license renewals for the 2020-21 license year.

Please complete and submit your application(s) along with either payment in full OR a $55 deposit by April 30. **Any renewal for a liquor license that is submitted after April 30 will be subject to a $100 late fee.**

Inspections are required on an annual basis to obtain your Class B Combo or Beer License, failure to schedule before April 30th will result in a $50.00 late fee. Please contact the Inspection Department at 262-797-2300 to make an appointment.

Liquor license applicants should pay close attention to enclosed checklists and include copies of your Wisconsin Seller's Permit and Waukesha County Health Dept. Certificate

According to the New Berlin Municipal Code Section 152-4 J, all personal property taxes must be paid in full and the premises to be licensed shall fully conform to all applicable codes, ordinances, rules and regulations governing buildings and the electrical and plumbing components thereof.

If you have any further questions or concerns please contact the City Clerk's office at 262-786-8610 to schedule an appointment.

04/30/2020 Paid: $40.00
Receipt: [illegible]
Clerk: [illegible]
Paid By: OLYMPIC MEALS LLC

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Conrad	Demitra			
Home Address *(street/route)*	Post Office	City	State	Zip Code
21630 Hillcrest Dr.		Waukesha	WI	53186
Home Phone Number	Age	Date of Birth	Place of Birth	
262 271-7787	54	8/1/65	Chicago, ILL	

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.

☒ Member *(Officer / Director / Member / Manager / Agent)* of Olympic Meats, LLC *(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 yrs
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
Self			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.

Demitra Conrad
(Signature of Named Individual)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Conrad	Ava	

Home Address *(street/route)*	Post Office	City	State	Zip Code
21630 Hillcrest Dr		Waukesah	WI	53186

Home Phone Number	Age	Date of Birth	Place of Birth
262 364-8267	21	11/11/98	Michigan

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.

☑ Manager *(Officer / Director / Member / Manager / Agent)* of Olympic Meals, LLC *(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
Ripon College	300 W Seward St Ripon WI	9/19	Current
Employer's Name	Employer's Address	Employed From	To
All About Learning	1705 Paramount Dr, Waukesha	6/19	9/19

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)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Conrad	Theodore			
Home Address *(street/route)*	Post Office	City	State	Zip Code
21630 Hillcrest Dr		Waukesah	WI	53186
Home Phone Number	Age	Date of Birth	Place of Birth	
(262)364-8247	20	02/08/2000	Wisconsin	

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.

☑ Manager *(Officer / Director / Member / Manager / Agent)* of Olympic Meals, LLC *(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
Ripon College	300 W Seward St Ripon WI	9/19	Current
Employer's Name	Employer's Address	Employed From	To
Manpower	2177 Silvernail Rd. Pewauke	6/19	9/19

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.

Theodore Conrad
(Signature of Named Individual)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Zaharis	Bobby	

Home Address *(street/route)*	Post Office	City	State	Zip Code
741 Glacier Rd		Pewaukee	WI	53072

Home Phone Number	Age	Date of Birth	Place of Birth
(414) 788-2041	64	7/8/56	Greece

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.

☑ Manager *(Officer / Director / Member / Manager / Agent)* of Olympic Meals, LLC *(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? 40 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
Midwest Foods	2127 W. National Milwaukee	2001	Present
Employer's Name	Employer's Address	Employed From	To
Bobby's Foods	3700 N. Fratney Milwaukee	1996	2001

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@wisconsin.gov
website: revenue.wi.gov

Letter ID L0178119824

OLYMPIC MEALS LLC
21630 HILLCREST DR
WAUKESHA WI 53186-2016

Wisconsin Department of Revenue Seller's Permit

Legal/real name: OLYMPIC MEALS LLC

Business name: KAT'S CAFE
19680 W NATIONAL AVE
NEW BERLIN WI 53146-3919

- 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.

Paid by Check # 1492600 on 06/20/2017 $55.00

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1029766296-02

KAT'S CAFE-JENNIFER 9760542

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 NEW BERLIN County of WAUKESHA

The undersigned duly authorized officer/member/manager of Olympic Mezls, LLC
(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 Kats Cafe
(Trade Name)

located at 19680 W National Ave

appoints Demitra Conrad
(Name of Appointed Agent)

21630 Hillcrest Dr. Waukesha WI 53186
(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? 20 yrs

Place of residence last year 21630 Hillcrest Dr. Waukesha WI 53186

For: Olympic Mezls, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Demitra Conrad
(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, Demitra Conrad, 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.

Demitra Conrad (Signature of Agent) 4/20/20 (Date) Agent's age 54

21630 Hillcrest Dr. Waukesha WI 53186 (Home Address of Agent) Date of birth 8/65

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 4/28/2020 (Date) by Rebecca Medina (Signature of Proper Local Official) Title D.C.L.S. (Town Chair, Village President, Police Chief)

2020/2021

City of New Berlin
city living with a touch of country

Office of the City Clerk
City of New Berlin
3805 S Casper Dr.
New Berlin WI 53151
ph (262)786-8610
fax (262)786-6121

A $25.00 per business address nonrefundable license fee must accompany this application.

Clerk's Office:
License Number_____

Application for
Annual Weights and Measures License
(please print)

Business Name:	**Business Address:**
Kat's Cafe	19680 W National Ave New Berlin 53146
Type Of Business:	**Business Telephone:**
Restaurant	262 710 4058
Applicant Name: Olympic Meals, LLC Demitra Conrad	**Applicant Address:** 21630 Hillcrest Dr. Waukesha WI 53186 **Applicant Phone:** 262 271 7787

The named ☐ Individual ☐ Partnership ☐ ~~Limited~~ Liability Co. ☐ Corporation

hereby makes application for a New or (Renewal) **Weights and Measures License.**
(please circle one)

Name and Address of Individual or Partners: (Use other side if more space is needed)

Conrad, Demitra 21630 Hillcrest Dr. Waukesha WI 53186
Last Name/First Name/Middle Initial Street City/State/Zip

Last Name/First Name/Middle Initial Street City/State/Zip

Corporation/Limited Liability Companies: (Registered name)

Names and Addresses of all Officers and Agents:

	Full Name	Address
President	Demitra Conrad 100%	21630 Hillcrest Dr Waukesha WI 53186
Vice Pres.		
Secretary		
Treasurer		
Agent		
Directors		
Use other side if needed		

Type of Device	**Number of Devices**	**Location of Devices**	**Number of Checkout Lanes**
Liquid Measuring (gas nozzles)			
Truck Meters			
Vehicle Scales			
Counter Scales – up to 30 lbs.	1	Kitchen	
Scales – 31 lbs. and over			
Point of Sale Systems (scale, register, scanner combination)			
Packages			
Other – please designate			

Authorized Signature of Applicant Demitra Conrad

Application Date 4/22/20

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EHLERS
PUBLIC FINANCE ADVISORS

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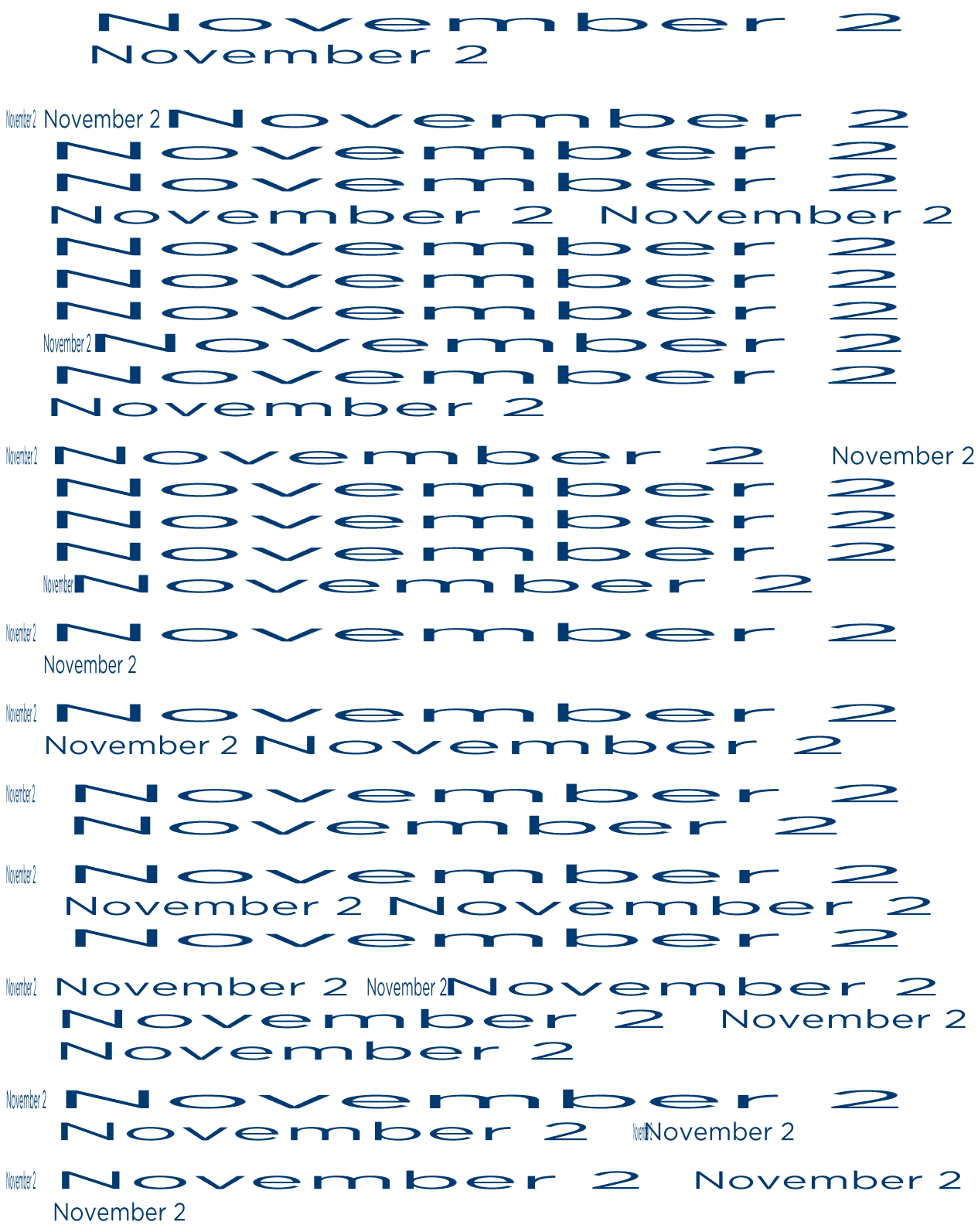
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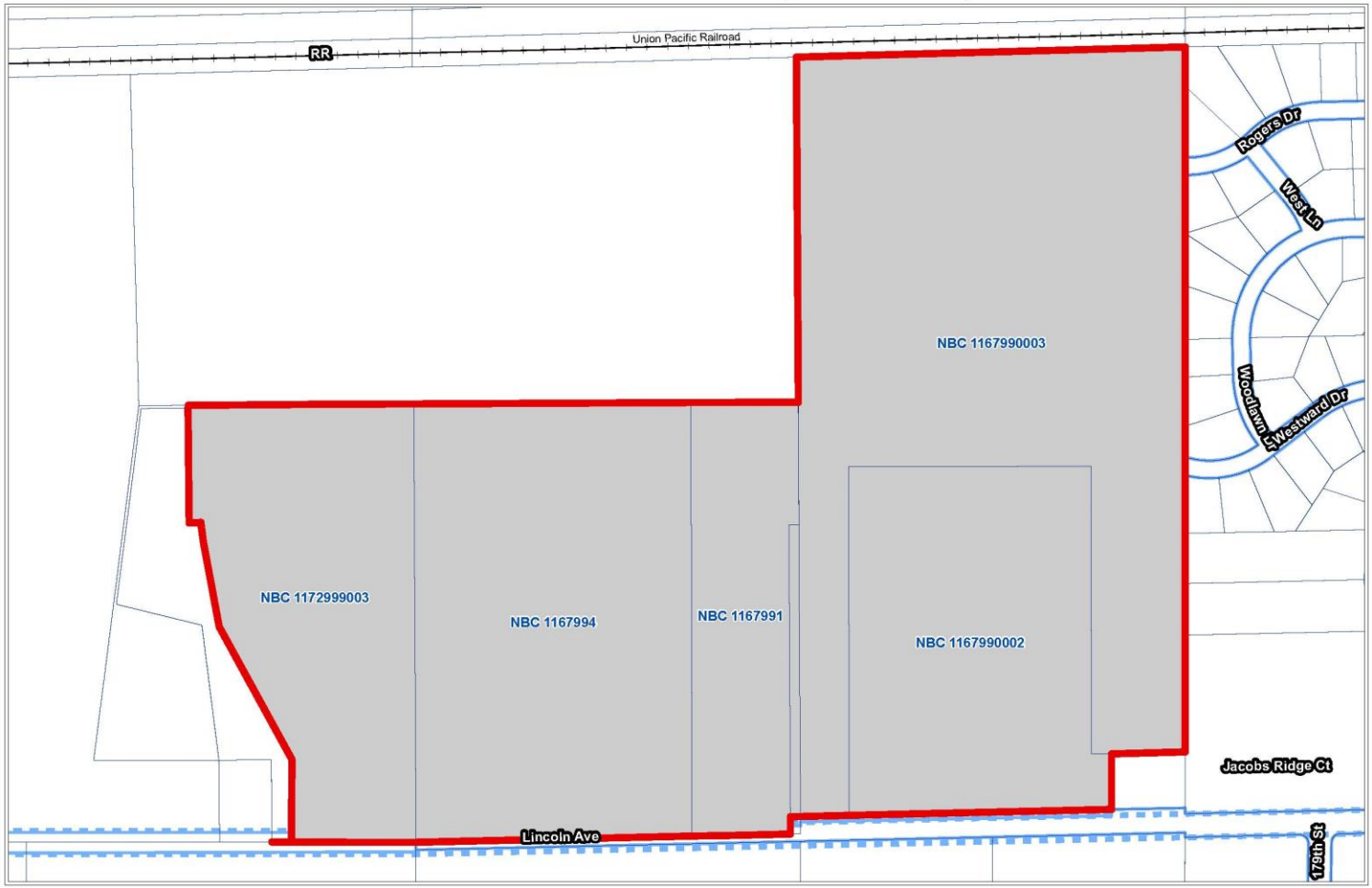
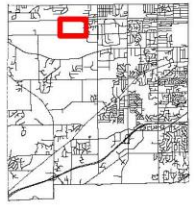
TID # 5 Parcels and Project Boundary



Overview Map



Legend

- TID Boundary
- TID Parcels
- Parcels

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1 in = 337 ft

City of New Berlin
Community Development

City of New Berlin
Department of Community Development
3805 S Casper Drive, New Berlin WI 53151
(262) 797-2445 www.newberlin.org

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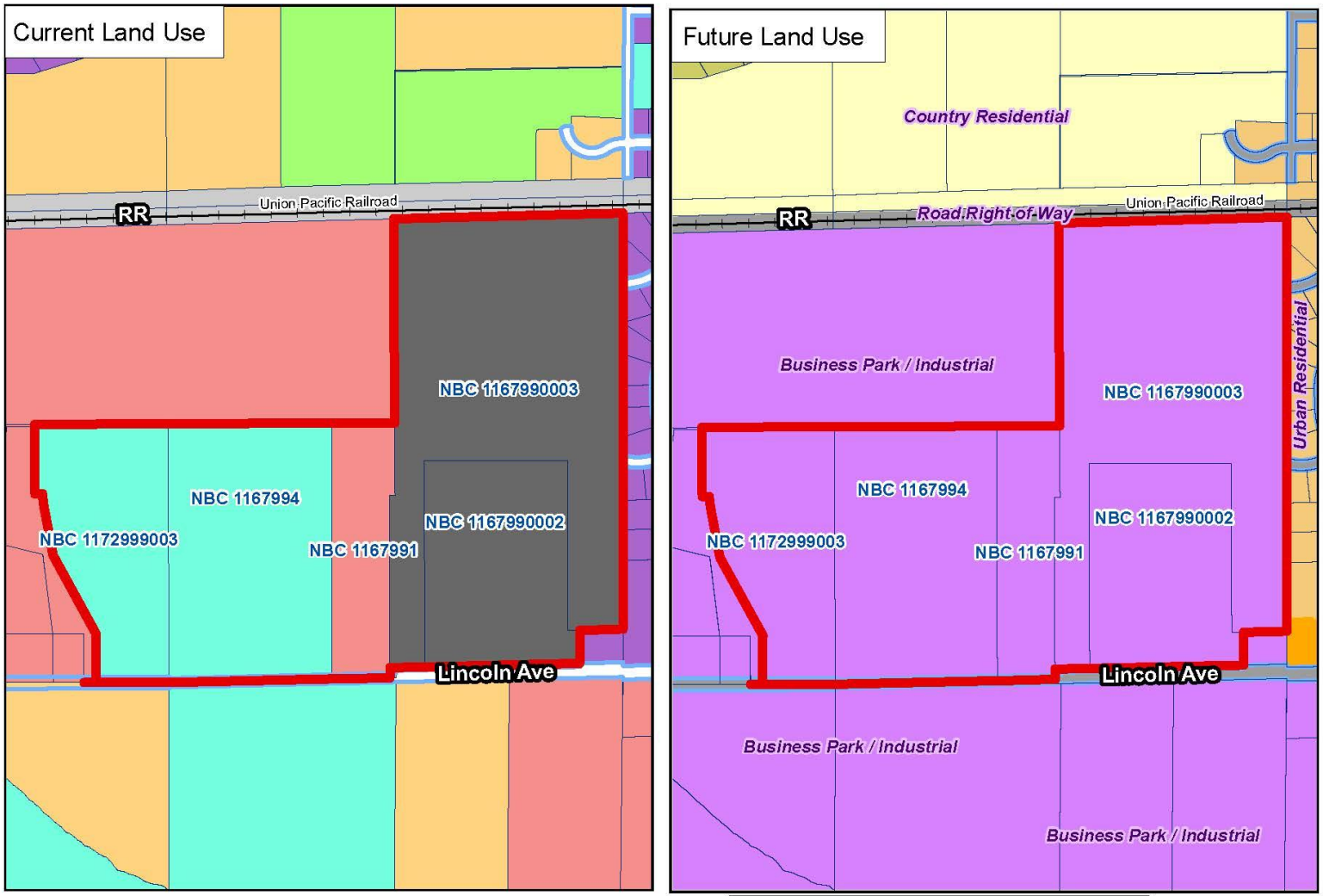

City of New Berlin
Community Development

Current Land Use

- No Value Assigned
- Agricultural
- Commercial
- Exempt
- Forest
- Residential
- Undeveloped

TIF # 5
Lincoln Avenue
TIF--2102121

Future Land Use

- Business Park / Industrial
- Mixed Use Residential
- Urban Residential
- Suburban Residential
- Country Residential
- Transportation

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City of New Berlin, WI

Tax Increment District #5

Base Property Information

Property Information					Assessment Information			Equalized Value					District Classification
Map Ref #	Parcel Number	Street Address	Owner	Acreage	Land	Imp	Total	Equalized Value Ratio	Land	Imp	PP	Total	Industrial (Zoned and Suitable)
								86.64%					
	NBC 1167990003	18100 W. Rodgers Drive	Geipel Holdings	54.83	0	0	0	86.64%	0	0	0	0	54.83
	NBC 1167990002	18200 W. Lincoln Avenue	TDC Lincoln LLC	22.50	0	0	0	86.64%	0	0	0	0	22.50
	NBC 1167991	18460 W. Lincoln Avenue	Starline Trucking	11.54	268,500	703,800	972,300	86.64%	309,918	812,366	0	1,122,284	11.54
	NBC 1167994		MLD LLC	28.62	27,200		27,200	86.64%	31,396	0	0	31,396	28.62
	NBC 1172999003		Vav North LLC	21.05	51,800		51,800	86.64%	59,791	0	0	59,791	21.05
			Total Acreage	**138.53**	347,500	703,800	1,051,300		401,104	812,366	0		138.531
													100.00%
										Estimated Base Value		**1,213,470**	

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City of New Berlin, WI Tax Increment District #5 Valuation Test Compliance Calculation	
District Creation Date	1/11/2022
	Valuation Data Currently Available 2021
Total EV (TID In)	6,270,870,100
12% Test	752,504,412
Increment of Existing TIDs	
TID #3	36,630,300
TID #4	709,600
Total Existing Increment	37,339,900
Projected Base of New District	1,213,470
Less Value of Any Underlying TID Parcels	0
Total Value Subject to 12% Test	38,553,370
Compliance	PASS

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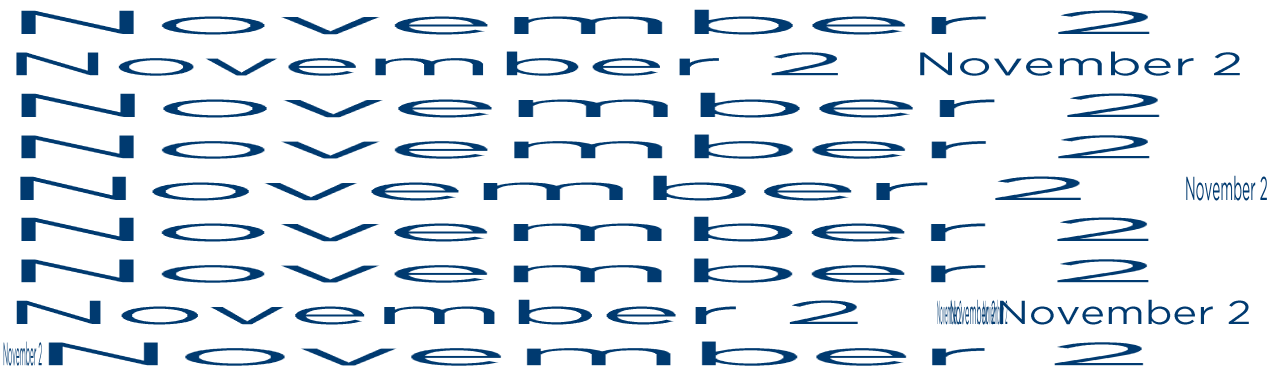

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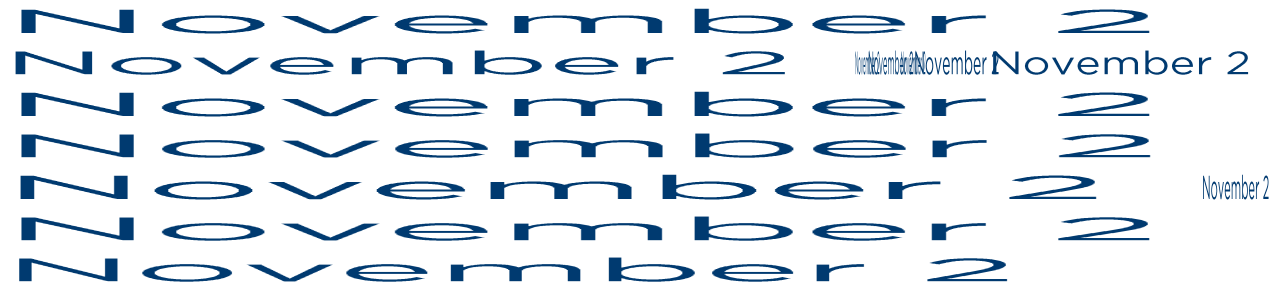

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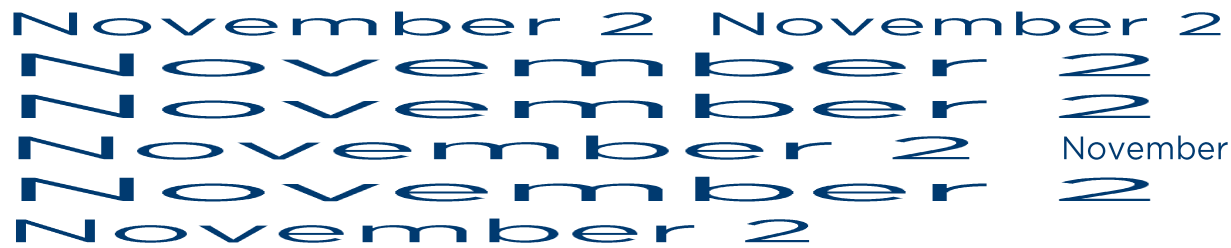

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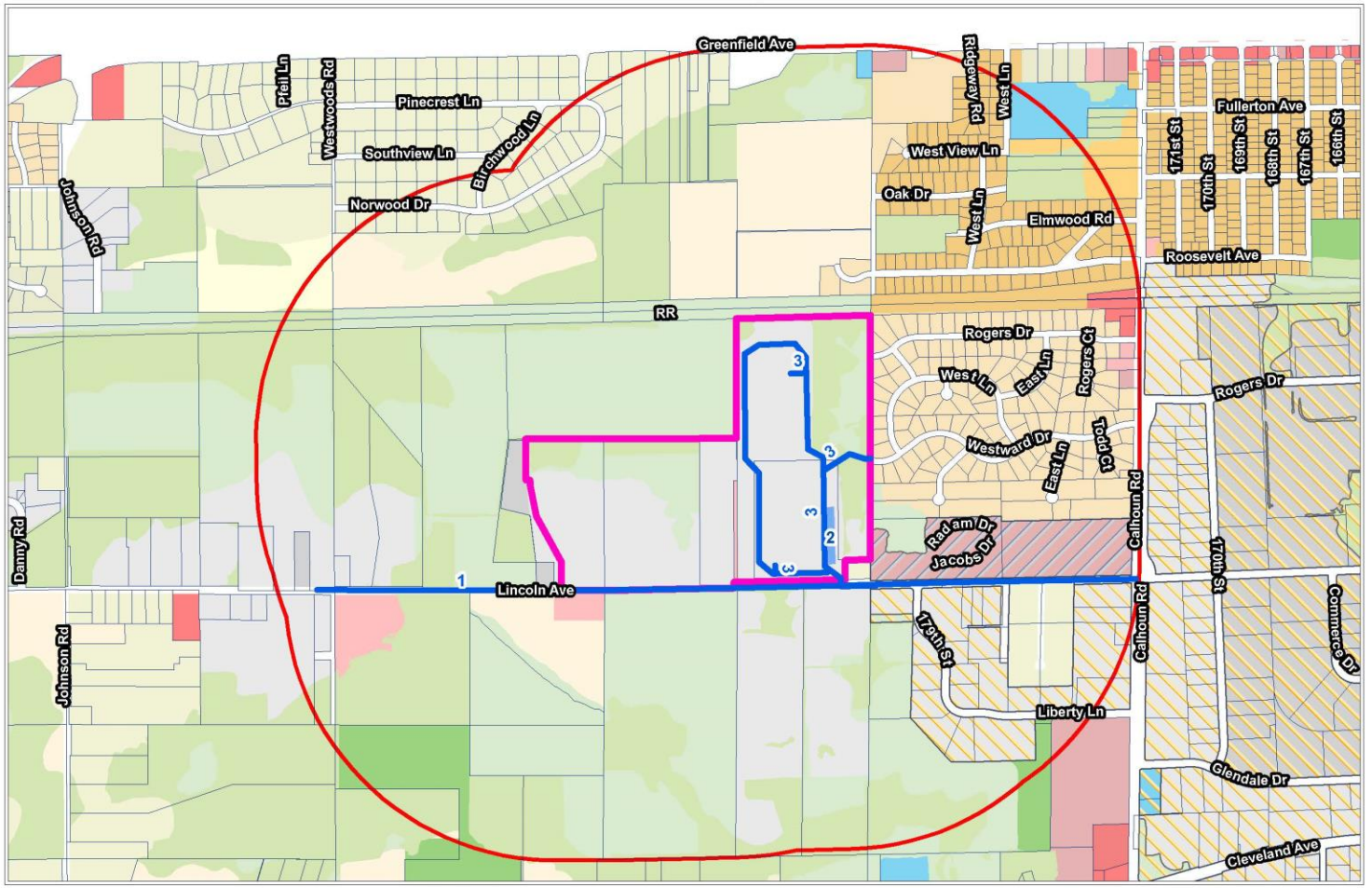
TID # 5 Projects



Overview Map

Legend

- TID Boundary
- Half Mile Buffer
- Parcels
- TID 5 Project
- TID 5 Project

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0 600 1,200 Feet

1 in = 966 ft

City of New Berlin
Community Development

City of New Berlin
Department of Community Development
3805 S Casper Drive, New Berlin WI 53151
(262) 797-2445 **www.newberlin.org**

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City of New Berlin, WI

Tax Increment District #5

Estimated Project List

Project ID	Project Name/Type	Amount
1	Street Improvements (adjacent to district)	863,000
1	Street Improvements (within 1/2 mile)	3,803,000
	Subtotal Streets	4,666,000
2	Storm Water Improvements	160,000
3	Public Water Main Loop	
	16" Watermain	85,260
	12" Watermain	313,780
	8" Watermain	336,114
	Hydrant assembly with 6" GV	48,000
	16"x12" Tee	950
	12"x8" Tee	2,175
	8"x8" Tee	460
	12'x8" Reducer	950
	12" Butterfly Valve	21,000
	8" Gate Valve	12,000
	8" Connection to existing watermain	4,200
	16" Connection to existing watermain	4,600
	Engineering	66,359
	Inspection	58,064
	Contingency	41,474
	Subtotal Water	995,387
	General Government Costs (planning, audit, reporting)	225,000
Total Projects		6,046,387

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City of New Berlin, WI

Tax Increment District #5

Development Assumptions

Construction Year		Initial Project	Annual Total	Construction Year	
1	2022	13,750,000	13,750,000	2022	1
2	2023	41,250,000	41,250,000	2023	2
3	2024		0	2024	3
4	2025		0	2025	4
5	2026		0	2026	5
6	2027		0	2027	6
7	2028		0	2028	7
8	2029		0	2029	8
9	2030		0	2030	9
10	2031		0	2031	10
11	2032		0	2032	11
12	2033		0	2033	12
13	2034		0	2034	13
14	2035		0	2035	14
15	2036		0	2036	15
16	2037		0	2037	16
17	2038		0	2038	17
18	2039		0	2039	18
19	2040		0	2040	19
20	2041		0	2041	20
	Totals	55,000,000	55,000,000		

Notes:

1. 25% constructed in 2022; 75% constructed in 2023

City of New Berlin, WI

Tax Increment District #5

Tax Increment Projection Worksheet

Type of District	Industrial	
District Creation Date	November 1, 2021	
Valuation Date	Jan 1,	2022
Max Life (Years)	20	
Expenditure Period/Termination	15	11/1/2036
Revenue Periods/Final Year	20	2043
Extension Eligibility/Years	Yes	3
Eligible Recipient District	No	

Base Value	0
Appreciation Factor	0.00%
Base Tax Rate	$15.42
Rate Adjustment Factor	
Tax Exempt Discount Rate	N/A
Taxable Discount Rate	N/A

	Construction Year	Value Added	Valuation Year	Inflation Increment	Total Increment	Revenue Year	Tax Rate	Tax Increment
1	2022	13,750,000	2023	0	13,750,000	2024	$15.42	**212,025**
2	2023	41,250,000	2024	0	55,000,000	2025	$15.42	**848,100**
3	2024	0	2025	0	55,000,000	2026	$15.42	**848,100**
4	2025	0	2026	0	55,000,000	2027	$15.42	**848,100**
5	2026	0	2027	0	55,000,000	2028	$15.42	**848,100**
6	2027	0	2028	0	55,000,000	2029	$15.42	**848,100**
7	2028	0	2029	0	55,000,000	2030	$15.42	**848,100**
8	2029	0	2030	0	55,000,000	2031	$15.42	**848,100**
9	2030	0	2031	0	55,000,000	2032	$15.42	**848,100**
10	2031	0	2032	0	55,000,000	2033	$15.42	**848,100**
11	2032	0	2033	0	55,000,000	2034	$15.42	**848,100**
12	2033	0	2034	0	55,000,000	2035	$15.42	**848,100**
13	2034	0	2035	0	55,000,000	2036	$15.42	**848,100**
14	2035	0	2036	0	55,000,000	2037	$15.42	**848,100**
15	2036	0	2037	0	55,000,000	2038	$15.42	**848,100**
16	2037	0	2038	0	55,000,000	2039	$15.42	**848,100**
17	2038	0	2039	0	55,000,000	2040	$15.42	**848,100**
18	2039	0	2040	0	55,000,000	2041	$15.42	**848,100**
19	2040	0	2041	0	55,000,000	2042	$15.42	**848,100**
20	2041	0	2042	0	55,000,000	2043	$15.42	**848,100**
	Totals	**55,000,000**		**0**			**Future Value of Increment**	**16,325,925**

Notes:

Actual results will vary depending on development, inflation of overall tax rates.

NPV calculations represent estimated amount of funds that could be borrowed (including project cost, capitalized interest and issuance costs).

City of New Berlin, WI

Tax Increment District #5

Cash Flow Projection

Year	Projected Revenues			Expenditures					Balances			Year
				G.O. Promissory Note 5,945,000								
	Tax Increments	Developer Revenue	Total Revenues	Dated Date: Principal	06/01/23 Est. Rate	Interest	Planning & Administration	Total Expenditures	Annual	Cumulative	Principal Outstanding	
2022		15,000	15,000				15,000	15,000	0	0		2022
2023			0				10,000	10,000	(10,000)	(10,000)	5,945,000	2023
2024	212,025		212,025			267,525	10,000	277,525	(65,500)	(75,500)	5,945,000	2024
2025	848,100		848,100	500,000	3.00%	170,850	10,000	680,850	167,250	91,750	5,445,000	2025
2026	848,100		848,100	680,000	3.00%	153,150	10,000	843,150	4,950	96,700	4,765,000	2026
2027	848,100		848,100	680,000	3.00%	132,750	10,000	822,750	25,350	122,050	4,085,000	2027
2028	848,100		848,100	680,000	3.00%	112,350	10,000	802,350	45,750	167,800	3,405,000	2028
2029	848,100		848,100	680,000	3.00%	91,950	10,000	781,950	66,150	233,950	2,725,000	2029
2030	848,100		848,100	680,000	3.00%	71,550	10,000	761,550	86,550	320,500	2,045,000	2030
2031	848,100		848,100	680,000	3.00%	51,150	10,000	741,150	106,950	427,450	1,365,000	2031
2032	848,100		848,100	680,000	3.00%	30,750	10,000	720,750	127,350	554,800	685,000	2032
2033	848,100		848,100	685,000	3.00%	10,275	10,000	705,275	142,825	697,625	0	2033
2034	848,100		848,100				10,000	10,000	838,100	1,535,725	0	2034
2035	848,100		848,100				10,000	10,000	838,100	2,373,825		2035
2036	848,100		848,100				10,000	10,000	838,100	3,211,925		2036
2037	848,100		848,100				10,000	10,000	838,100	4,050,025		2037
2038	848,100		848,100				10,000	10,000	838,100	4,888,125		2038
2039	848,100		848,100				10,000	10,000	838,100	5,726,225		2039
2040	848,100		848,100				10,000	10,000	838,100	6,564,325		2040
2041	848,100		848,100				10,000	10,000	838,100	7,402,425		2041
2042	848,100		848,100				10,000	10,000	838,100	8,240,525		2042
2043	848,100		848,100				10,000	10,000	838,100	9,078,625		2043
Total	16,325,925	15,000	16,340,925	5,945,000		1,092,300	225,000	7,262,300				Total

Notes:

Projected TID Closure

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Estimated portion of taxes that owners of taxable property in each taxing jurisdiction overlaying district would pay by jurisdiction.

2020 Tax Bill	2020
County	13%
Municipality	35%
New Berlin School District	50%
Technical College	3%
Total	100%

Revenue Year	County	Municipality	New Berlin School District	Technical College	Total	Revenue Year
2024	27,329	73,990	105,256	5,450	212,025	2024
2025	109,315	295,959	421,026	21,800	848,100	2025
2026	109,315	295,959	421,026	21,800	848,100	2026
2027	109,315	295,959	421,026	21,800	848,100	2027
2028	109,315	295,959	421,026	21,800	848,100	2028
2029	109,315	295,959	421,026	21,800	848,100	2029
2030	109,315	295,959	421,026	21,800	848,100	2030
2031	109,315	295,959	421,026	21,800	848,100	2031
2032	109,315	295,959	421,026	21,800	848,100	2032
2033	109,315	295,959	421,026	21,800	848,100	2033
2034	109,315	295,959	421,026	21,800	848,100	2034
2035	109,315	295,959	421,026	21,800	848,100	2035
2036	109,315	295,959	421,026	21,800	848,100	2036
2037	109,315	295,959	421,026	21,800	848,100	2037
2038	109,315	295,959	421,026	21,800	848,100	2038
2039	109,315	295,959	421,026	21,800	848,100	2039
2040	109,315	295,959	421,026	21,800	848,100	2040
2041	109,315	295,959	421,026	21,800	848,100	2041
2042	109,315	295,959	421,026	21,800	848,100	2042
2043	109,315	295,959	421,026	21,800	848,100	2043
	2,104,315	5,697,215	8,104,745	419,650	16,325,925	

Notes:

The projection shown above is provided to meet the requirments of Wisconsin Statute 66.1105(4)(i)4.

City of New Berlin
3805 South Casper Drive P.O. Box 510921
New Berlin, Wisconsin 53151-0921

(262) 786-8610
Fax (262) 786-6121

REQUESTED ACTION STATEMENT

Date: November 2, 2021

TO: Common Council

FROM: Mayor David Ament

ISSUE:
Recommend the approval of a Lease Agreement with Johns Disposal Services and Rehrig Pacific Company for usage of South parking area of Malone Park subject to final approval of City Attorney and Mayor.

REQUESTED:
Recommend the approval of a Lease Agreement with Johns Disposal Services and Rehrig Pacific Company for usage of South parking area of Malone Park subject to final approval of City Attorney and Mayor.

FISCAL IMPACT: None

RATIONALE:

Johns Disposal will be working with Rehrig Pacific Company for the manufacture and delivery of new garbage/recycling carts for the City of New Berlin. Johns and Rehrig are in need of a "staging location" as they jointly work thru bringing the carts into the community and then delivering them out to residents. This staging agreement will cover use of the parking lot from 11/29/21 thru 12/31/2021.

LEASE AGREEMENT

This Agreement is made and entered into this _____ day of _____, 2021, by and between the CITY OF NEW BERLIN, a Wisconsin municipal corporation (hereinafter referred to as the "City") and JOHNS DISPOSAL SERVICE, INC., a corporation duly organized and validly existing under the laws of the State of Wisconsin, and REHRIG PACIFC COMPANY, a corporation duly organized and validly existing under the laws of the State of Delaware and which is registered to do business in the State of Wisconsin with its principal office and place of business located at 4010 E 26th St, Los Angeles, CA 90058 (hereinafter collectively referred to as the "Lessee").

R E C I T A L S

WHEREAS, the City owns property along Casper Drive, known as Malone Park (hereinafter referred to as the "Property"); and

WHEREAS, the Lessee is desirous of utilizing the south parking area on the Property (as more fully described on the attached Exhibit A) on a non-exclusive basis to stage the distribution of garbage and recycling carts in anticipation of initiating the garbage and recyclable collection services to the City commencing January 1, 2022; and

WHEREAS, the Lessee acknowledges that the Property does not have access to electric power or sewer/water service in this location, and the parking area services the use of other park amenities (such as playgrounds and tennis courts); and

WHEREAS, the Lessee acknowledges that the City of New Berlin Public Works Staff, as well as Emergency Services Staff, will continue to have the need to access the Property during the term of this agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties do hereby covenant and agree as follows:

1. The City does hereby allow the Lessee to use the parking area on the south side of Malone Park commencing on November 29, 2021 and continuing until December 31, 2021, for the purposes of utilizing the area as a staging area for the distribution of garbage and recycling carts to residents within the City.

2. Lessee acknowledges there will be no restrooms or access to electricity or water available at the site. In addition, while the City will be conducting snow removal operations in the parking area as necessary, the amount of snow may impact the area where the staging may occur. However, the City will use its best efforts to maintain access to as much of the parking area as possible for the purposes of this Agreement.

3. The Lessee agrees and acknowledge that the garbage and recycling carts will be placed on the Property at the risk of the Lessee, and Lessee is encouraged to maintain sufficient

insurance to cover loss or damage to the carts that may be stored on the Property. Lessee agrees to provide evidence of public liability insurance, as well as auto liability insurance, with an insurer who is licensed to do business in the State of Wisconsin, against claims for personal injury or property damage with limits of not less than $1 Million per occurrence and $2 Million in the aggregate. Such coverage shall identify the City of New Berlin as an Additional Insured on a primary and non-contributory basis. In addition, the Lessee shall indemnify and hold harmless the City as and against any and all claims, demands, actions or causes of action, including actual attorney fees, arising from the use of the Property as provided for under this Agreement. The Lessee shall provide evidence of each entities carrying the aforementioned insurance coverage and evidence of such coverage shall be provided not less than ten (10) days prior to the date of the use of the Property as provided for hereunder and said coverage shall remain in effect for the balance of the term of this Agreement. All such coverages shall be written on an occurrence basis. In the event there is any modification or cancellation of the policies providing the coverage as required hereunder, the City shall be provided with not less than thirty (30) days written notice of said termination or material modification. In the instance of a cancellation due to non-payment, ten (10) days shall be sufficient notice. The City reserves the right to cancel this agreement if evidence of insurance as provided for hereunder is not on file with the City.

4. Lessee agrees that their operations shall not interfere with the access to and operation of surrounding City facilities and parking areas, including, but not limited to, Malone Park playground and recreational facilities, City fueling islands, north safety building parking lot, utility building parking lot, streets garage, salt storage and parking areas. Lessee agrees that following the completion of the utilization of the Property by the Lessee, Lessee shall return the Property to the condition that existed prior to the use provided for under this Agreement, reasonable wear and tear excepted.

5. The parties agree that the Lessees are, at all times, acting as independent contractors in the performance of the utilization of the Property as provided for under this Agreement, and nothing in this Agreement is intended to create an employer/employee relationship between the City and the Lessee. Nothing in this Agreement shall constitute the parties hereto as partners, joint ventures or agents of one another or as authorized and/or obligating other party to obligate the other in any manner.

6. Lessee acknowledges and agrees that it will adhere to City policies and procedures, as well as applicable State Statutes and Administrative Rules regarding its use of the Property.

7. This Agreement shall be governed and construed in accordance with the laws of the State of Wisconsin and represents the complete understanding of the parties with respect to the subject matter set forth herein and may only be amended in a subsequent agreement executed by all parties.

8. This Agreement may not be assigned without the express written consent of both parties.

9. This Agreement may be terminated by the City if the Lessee's use of the Property is found to conflict or interfere with the operation of Malone Park or other City operations or

activities upon five (5) days written notice to Lessee, unless in the event of breach has occurred in which case the Agreement may be terminated immediately.

10. If any provision of this Agreement is determined to be invalid or unenforceable by a court of competent jurisdiction, such finding shall not affect the enforceability of the remainder of the Agreement which portion shall remain in full force and effect according to its terms.

11. This Agreement may be signed in one or more counterparts, which may be exchanged via emails, all of which combined shall be considered one agreement.

12. The parties signing the Agreement below do hereby certify that they have been authorized by action of their respective governing bodies to execute this Agreement.

CITY:
City of New Berlin

By: _____
David Ament, Mayor

City of New Berlin

By: _____
Georgia Stanford, Clerk

LESSEE:
Rehrig Pacific Company

By: _____
Rory Hurst
FTM Project Manager

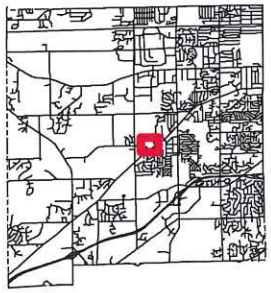
LESSEE:
Johns Disposal Service, Inc.

By: _____
_____
Print Name & Title

John's Disposal Staging Map

Exhibit A

Overview Map



Legend

- Parcels
- Road Right-of-Way

N
W E
S

0 125 250 Feet

1 in = 250 ft

Map Printed: 10/21/2021 2:42:56 PM

City of New Berlin
Community Development

City of New Berlin
Department of Community Development
3805 S Casper Drive, New Berlin WI 53151
(262) 797-2445 www.newberlin.org

City of New Berlin ▪ 3805 S. Casper Drive ▪ New Berlin, Wisconsin 53151-0921 ▪ (262)786-8610 ▪ www.newberlin.org

REQUESTED ACTION STATEMENT

DATE: November 2, 2021

TO: Mayor Ament
Common Council

FROM: Jeff Hingiss: Chief of Police

ISSUE:

Current and anticipated vacancies within the police department will result in staffing shortages in 2022.

REQUESTED:

Request to pre-hire four sworn police officers in 2021 in anticipation of at least five retirements in 2022.

FISCAL IMPACT:

The police department will be experiencing up to six retirements by June 2022. One of those positions has already been filled from the last pre-hire request. Unfortunately, our hiring process didn't produce the number of candidates necessary to fill the remaining anticipated retirements. The Investigation Division is currently conducting multiple background investigations to fill the retirement vacancies. My goal is to fill two of the four requested positions with "certified" candidates. If possible, I would like to hire the candidate early in December, before two of the retirements occur on 01/03/22, to get them started in training. Due to the vacancies that went unfilled in 2021, unspent wages will cover this overlap.

The second goal is to hire two additional "recruit" candidates for the spring 2022 WCTC police academy. The wage and benefit costs of pre-hiring an officer to attend the police recruit academy, starting in January 2022, has been calculated at approximately $23,700/recruit candidate ($47,400/two total candidates). The salaries for both the certified and recruit officers will be absorbed by anticipated unspent wage/benefit savings stemming from the remaining anticipated retirement that won't be filled from this request. In addition, several of the retirements occur to positions of rank. In order to ensure the patrol ranks are adequately staffed, I will be holding off on promoting captains and sergeants until the newest officers are counting. This decision will cover the pre-hire candidates for 2022.

Lastly, we will begin another hiring process early in 2022 to fill the remaining or any other unanticipated positions for the fall of 2022 academy.

RATIONALE:

With the required number of hours it takes to send a new hire to the police recruit academy and then the time required for field training, an officer would not count towards minimum staffing for at least ten months. By pre-hiring the two lateral candidates in December 2021 and two additional new hires in January 2022, we can get a head start on training replacement personnel for the anticipated retirements.

STATE OF WISCONSIN WAUKESHA COUNTY CITY OF NEW BERLIN

ORDINANCE NO. 2654

AN ORDINANCE ADJUSTING THE BOUNDARIES OF THE SEVEN ALDERMANIC DISTRICTS IN THE CITY OF NEW BERLIN

WHEREAS, Sec. 62.08 Wis. Stats., provides that the Common Council shall adjust the boundaries of its aldermanic districts within 60 days after its ward boundaries have been adjusted as required by Sec. 5.15, and

WHEREAS, said ward boundaries have been adjusted as required by law, and

WHEREAS, Sec. 62.08 further specifies that all aldermanic districts must be as compact in area as possible and contain, as nearly as practicable by combining contiguous whole wards, an equal number of inhabitants according to the most recent decennial federal census of population, and

WHEREAS, notice of the introduction of these changes was given to the public by the publication of a class 2 legal notice indicating that the proposed revised aldermanic district map was available for public inspection in the Department of Community Development according to law.

NOW, THEREFORE, the Common Council of the City of New Berlin do ordain as follows:

SECTION 1

Section 21-2 of the Municipal code of the city of New Berlin is hereby amended to read as follows:

Pursuant to Sec. 62.08 of the Wisconsin Statutes, the boundaries of the City's seven aldermanic districts shall be changed as shown on the map designated as the “City of New Berlin Aldermanic District Map” and made a part of this section and all of the notations, references and other information shown thereon shall be as much a part of this section as though the matters and information set forth on said map are fully set forth herein. Said map shall be kept on file in the office of the City Clerk.

SECTION 2

All ordinances or parts of ordinances contravening or inconsistent with the provisions of the ordinance be and they hereby are repealed.

SECTION 3

This ordinance shall take effect and be in full force and effect from and after its passage and publication as required by law and upon election of the aldermen from the various aldermanic districts as provided in Charter Ordinance Number 2 of the Municipal Code. The City Clerk shall so amend the Code of Ordinances of the City.

SECTION 4

The several sections of this Ordinance shall be considered severable. If any section shall be considered by a court of competent jurisdiction to be invalid, such decision shall not affect the validity of the other portions of the Ordinance.

PASSED AND ADOPTED THIS 9th DAY OF November, 2021

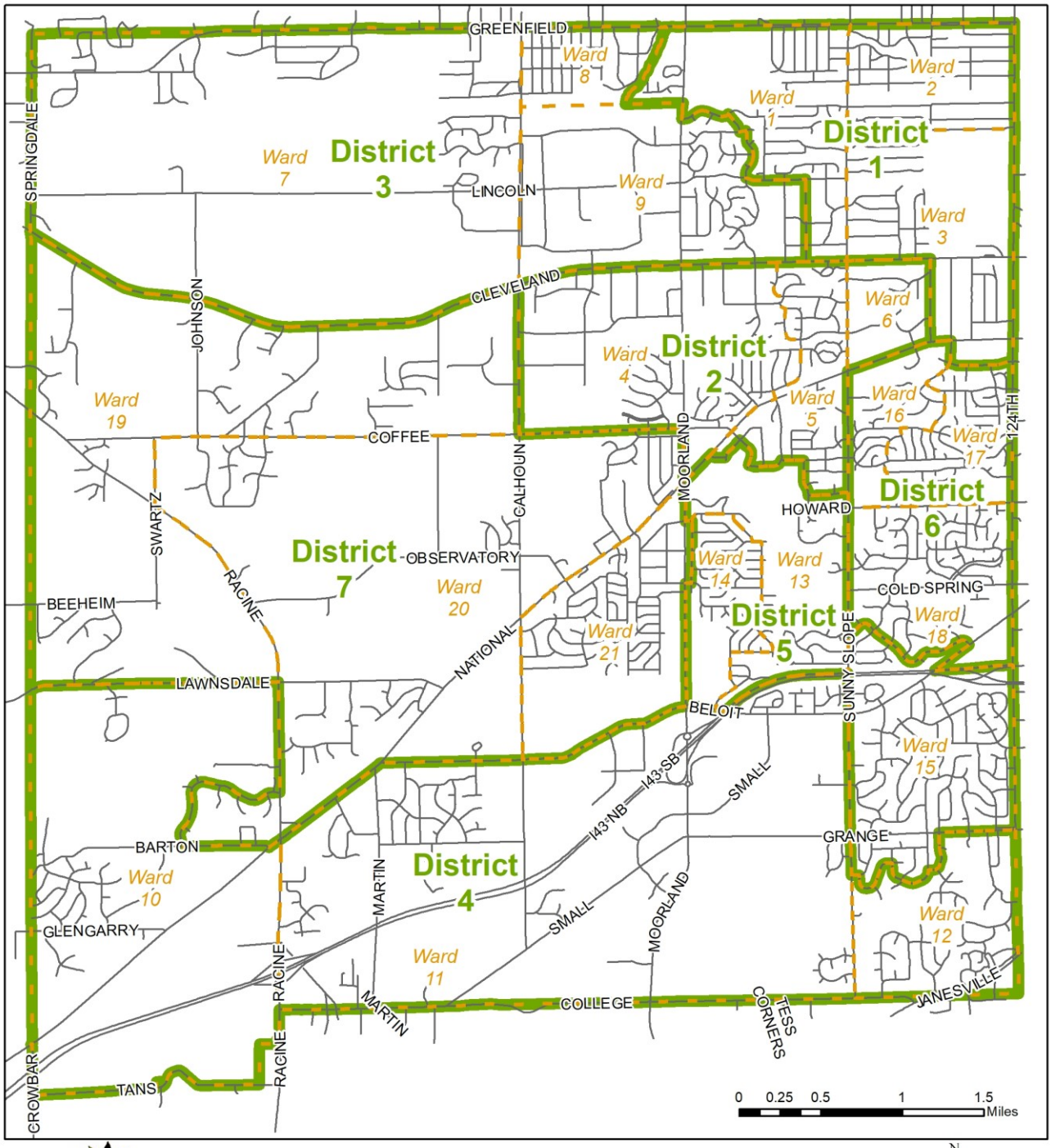
_____
Georgia Stanford, City Clerk

APPROVED: _____, 2021

_____
David A. Ament, Mayor

City of New Berlin Aldermanic District Map

Based on the results of the 2020 Federal Census



City of New Berlin
Community Development

cbd 10/7/2021

Legend

Wards

Districts

N
W E
S

G:\Projects\Census\2020 Census\Redistricting\Redistricting.mxd