Committee of the Whole
MEETING AGENDA

September 24, 2024 - 6:00 PM
Council Chambers
3805 S. Casper Drive

Agenda Published: 9/20/2024

AGENDA

1. **CALL MEETING TO ORDER**
2. **ROLL CALL; DECLARATION OF QUORUM; PUBLIC NOTICE**
3. **APPROVAL OF MINUTES**
   - **A.** August 27, 2024 Committee of the Whole Meeting Minutes
4. **UTILITY & FINANCE**
   - **A.** Recommendation to the Common Council for approval of the September 11, 2024, Water Utility claims in the amount of $39,359.35, Sewer Utility claims in the amount of $11,306.00, and General City claims in the amount of $288,489.60.
   - **B.** Recommendation to the Common Council for approval of the September 25, 2024, Water Utility claims in the amount of $148,882.24, Sewer Utility claims in the amount of $19,075.80, and General City claims in the amount of $555,151.67. US Bank VISA EFT of $47,047.11 and We Energies EFT of $61,842.07.
5. **LICENSES & PERMITS**
   - **A.** Discussion and possible action to recommend to the Common Council approval of the Extension of Premise application received from The Varsity Club for a fall event to be held on September 27th and September 28th, 2024, per the application on file
   - **B.** Discussion and possible action to recommend to the Common Council approval of the Extension of Premise application received from The Varsity Club for a fundraising event to be held on October 18th, 2024, per the application on file
   - **C.** Discussion and possible action to recommend to the Common Council approval of the Change of Agent for Speedway #4320 per the application on file
6. **MISCELLANEOUS**
   - **A.** Information Technology Department Update
7. **ADJOURN**

Supplemental Information:

- *The meeting agenda and agenda packet are available online at www.NewBerlinWI.gov*
- *The minutes are published online and are approved at the next regularly scheduled meeting.*
- *Action may be taken on any of the agenda items and the agenda may be discussed in any order.*
- *You may email comments to the City Clerk at CitizenComments@NewBerlinWI.gov. The comments will be forwarded to the mayor and governing body members. The emailed comments are not read during the meeting.*
- *The City of New Berlin is committed to hosting inclusive, accessible meetings. We strive to enable all individuals, regardless of their abilities, to engage and participate fully. If you have a qualifying disability under the Americans with Disabilities Act that*

requires the meeting to be accessible, please contact the Office of the City Clerk at (262) 786-8610 or via email at ClerksOffice@NewBerlinWI.gov at least 48 hours before the scheduled meeting time. We will make every effort to accommodate your needs through appropriate aids and/or services.

- *It is also possible that members of and possibly a quorum of other municipal governmental bodies may attend the above-stated meeting to gather information; any governmental body will take no action at the above-stated meeting other than the governmental body specifically referred to in the above meeting notice.*

Committee of the Whole
MEETING MINUTES

August 27, 2024 - 6:00 PM
Council Chambers
3805 S. Casper Drive

Please note: Minutes are unofficial until approved at the next scheduled meeting.

MINUTES

1. CALL MEETING TO ORDER

Mayor Ament called the meeting to order at 6:00 PM.

2. ROLL CALL; DECLARATION OF QUORUM; PUBLIC NOTICE

City Clerk Rubina R. Medina took the roll call as follows:
Present: Alderperson Hopkins, Alderperson Maxey, Alderperson Harenda, Alderperson Stribl, Alderperson Kroupa, Alderperson Horbinski, Alderperson La Fever, City Attorney Mark Blum, City Clerk Rubina R. Medina
Excused: None

Staff Present: Lucas Pichler, Ralph Chipman, John Sughroue, Alex Parker, Katie Roth, Melissa Beck,

THe City Clerk stated that a quorum was established and the meeting was properly noticed.

3. APPROVAL OF MINUTES

A. July 23, 2024, Committee of the Whole Meeting Minutes

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Kroupa
Second by: Alderperson Horbinski
Motion Passed 7-0

4. UTILITY & FINANCE

A. Discussion and possible action to recommend to the Common Council approval of the August 14, 2024, Water Utility Claims in the amount of $337,058.20, Sewer Utility Claims in the amount of $56,525.23 and General City Claims in the amount of $1,015,268.24. We Energies EFT of $46,912.94.

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Kroupa
Second by: Alderperson Stribl
Motion Passed 7-0

B. Discussion and possible action to recommend to the Common Council approval of the August 28, 2024, Water Utility Claims in the amount of $24,679.03, Sewer Utility Claims in the amount of $18,720.10 and General City Claims in the amount of $1,257,586.30. Tax Overpayment checks totaling $3,924.92 were also generated. US Bank VISA EFT of $34,150.75 and We Energies EFT of $58,139.70.

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Hopkins
Second by: Alderperson Kroupa
Motion Passed 7-0

5. LICENSES & PERMITS

A. Discussion and possible action to recommend to Common Council approval of Kowalske Brewing, doing business as Component Brewing, to sell beer at Malone Park for the Beer Garden event to be held on October 12th, 2024 from 12:00 pm to 6:00 pm, as outlined in Form AB-105. The application, along with the Council's recommendation, will be forwarded to the Wisconsin DOR, Division of Alcohol Beverages, for final approval and issuance

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Stribl
Second by: Alderperson Harenda
Motion Passed 7-0

B. Discussion and possible action to recommend to Common Council approval of Kowalske Brewing, doing business as Component Brewing, to sell beer at the Historical Society for the Applefest Open House/Beer Garden event to be held on October 13th, 2024 from 1:00 pm to 4:00 pm, as outlined in Form AB-105. The application, along with the Council's recommendation, will be forwarded to the Wisconsin DOR, Division of Alcohol Beverages, for final approval and issuance

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Kroupa
Second by: Alderperson Horbinski
Motion Passed 7-0

6. MISCELLANEOUS

A. Utility Department Update

Alex Parker and John Sughroue provided a presentation to the Council and those in attendance. The PDF is attached to the agenda packet.

B. 2023 Audit Report Presentation by Baker Tilly

Baker Tilly provided an update on the audit report

C. Resolution Authorizing the Issuance and Sale of $14,135,000 General Obligation Promissory Notes, Series 2024A

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Stribl
Second by: Alderperson Kroupa
Motion Passed 7-0

D. Recommend to the Common Council that a joint public hearing be set for October 7, 2024 at 6:00 p.m. to be held before the Plan Commission to amend the Future Land Use Map within the City’s Comprehensive Plan from Suburban Commercial to Institutional AND rezone from B-2 to I-1 for the property located at 15856 W. National Avenue (Tax Key #: 1212-993) and a portion of the property at 16000 W. National Ave (Tax Key #: 1212-991-002)

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Kroupa

Second by: Alderperson Harenda
Motion Passed 7-0

E. Discussion and possible action to recommend to Common Council approval of Resolution No. 2024-11, A Resolution of Eligibility for Exemption from the 2024 County Library Tax Levy for 2025 Purposes

MOTION: Motion to Approve

VOTE: Motion by: Alderperson Kroupa
Second by: Alderperson Harenda
Motion Passed 7-0

7. ADJOURN

MOTION: Motion to Approve to adjourn at 6:30 PM

VOTE: Motion by: Alderperson Maxey
Second by: Alderperson Kroupa
Motion Passed 7-0

Respectfully Submitted,
Rubina R. Medina, City Clerk

Office Of the City Clerk
3805 S. Casper Dr.
New Berlin, WI 53151
Phone: (262) 786-8610
WWW.NEWBERLINWI.GOV

City of New Berlin

Total Fees Due: $50
Cash or check only.

REQUEST FOR TEMPORARY EXTENSION OF LICENSED PREMISE FOR THE SALE OF LIQUOR AND/OR BEER

- ***Applications are required to be approved by the Common Council of the City of New Berlin. All applications must be completed in its entirety and submitted to the City Clerk's Office 30 Business Days before the event.***
  - A fee of $50.00 per event must be paid when the application is submitted.
  - Applicant may not sell any alcoholic or any non-alcoholic beverages in bottles or glass containers within the temporary extension of premise. Per New Berlin Municipal Code (152-4M)
  - An approved Temporary Use Permit from the Planning Department is required for submittal.
  - Application must be accompanied by a diagram that outlines where extension will be in reference to currently licensed premises, service area, exits, and any fences or barricades that will be utilized during the event.
  - The City Clerk's Office and Common Council will examine all information and consider past problems, police concerns, impact on the neighborhood including comments from alderperson and neighbors, music, and hours of operation, and other concerns.

PAID
SEP 06 2024
Treasurer City of New Berlin

A. APPLICANT INFORMATION

Applicant *(First Name, M.I. Last Name)*: MICHAEL J. TEIPNER

Business Name: THE VARSITY CLUB

Type of Liquor License/License Number CLASS B/

Email: VARSITYSERVICES@HOTMAIL.COM Phone Number: (414)339-5952

Address of Establishment 12400 W. BELOIT RD NEW BERLIN 53151

B. EVENT INFORMATON

Date of Event: FRI SEPT 27TH ; SAT SEPT. 28TH 2024

Event Start Time: 3:00PM Event End Time *(no later than 11:00 p.m.)*: 11:00PM

Name/Purpose of Event: FALL MUSIC FEST - FOOD DRINK LIVE MUSIC

Description of Area Requested (Must include map): PARKING LOT AREA NORTH OF BUILDING.

**Please attach a separate illustration depicting the requested layout.*

Is the area in which the Licensee wishes to include in a temporary extension owned or under the control of the licensee?
**If no, please list the Owners contact information and submit written approval with the completed application.*

YES

Will the proposed event encroach upon any public property right-of-way? ☐ Yes ☒ No
**If yes, additional applications and fees will be required. Please contact the City Clerk's Office at 262-786-8610*

Continued on Back ⟹

Have you obtained liability coverage for the extension of premises of not less than $1,000,000 per occurrence and $2,000,000 in the aggregate, naming the City of New Berlin as an additional insured?

☒ Yes ☐ No

**A copy is required to be submitted with the application

C. SIGNATURE OF AGENT OR REPRESENTATIVE

I hereby apply for a License to extend the premise of the alcohol beverage license at the premises described above, in the City of New Berlin, subject to the limitations imposed by Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license have granted me. I acknowledge that all additional city and state permits required for this event have been applied for and copies of said permits have been provided to the New Berlin City Clerk's Office

☒ _____ 8/15/24

Signature of Agent or Owner of Establishment *Date*

Office Use Only:

Date Received by Clerk's Office: 9-4-24 Amount Paid: $50 Date Paid: 9-6-24

Common Council Date: 9-24-24 ☐ Extension Approved ☐ Extension Denied

Exit
Exit
Live Music
Beer trailer
Parking Lot
Varsity Club
Exit
Poker Tents
Exit
Exit
Exit
Exit
Beloit Rd.
124th St
E
S
N
E

Office Of the City Clerk
3805 S. Casper Dr.
New Berlin, WI 53151
Phone: (262) 786-8610
WWW.NEWBERLINWI.GOV

City of New Berlin

Total Fees Due: $50
Cash or check only.

REQUEST FOR TEMPORARY EXTENSION OF LICENSED PREMISE FOR THE SALE OF LIQUOR AND/OR BEER

- ***Applications are required to be approved by the Common Council of the City of New Berlin. All applications must be completed in its entirety and submitted to the City Clerk's Office 30 Business Days before the event.***
- A fee of $50.00 per event must be paid when the application is submitted.
- Applicant may not sell any alcoholic or any non-alcoholic beverages in bottles or glass containers within the temporary extension of premise. Per New Berlin Municipal Code (152-4M)
- An approved Temporary Use Permit from the Planning Department is required for submittal.
- Application must be accompanied by a diagram that outlines where extension will be in reference to currently licensed premises, service area, exits, and any fences or barricades that will be utilized during the event.
- The City Clerk's Office and Common Council will examine all information and consider past problems, police concerns, impact on the neighborhood including comments from alderperson and neighbors, music, and hours of operation, and other concerns.

A. APPLICANT INFORMATION

Applicant *(First Name, M.I, Last Name.)*: MICHAEL J. TEIPNER

Business Name: THE VARSITY CLUB

Type of Liquor License/License Number CLASS B

Email: VARSITYSERVICES@HOTMAIL.COM Phone Number: (414) 339-5952

Address of Establishment 2400 W. BELOIT RD NEW BERLIN 53151

B. EVENT INFORMATON

Date of Event: 10/18/24

Event Start Time: 3:30 PM Event End Time ***(no later than 11:00 p.m.)***: 10:00 PM

Name/Purpose of Event: EISENHOWER FOOTBALL PARENTS/BOOSTERS

Description of Area Requested (Must include map): 30x30 TENT FOR SOCIAL FUNDRAISER FOR BOOSTERS/PARENTS

*****Please attach a separate illustration depicting the requested layout.***

Is the area in which the Licensee wishes to include in a temporary extension owned or under the control of the licensee?

****If no, please list the Owners contact information and submit written approval with the completed application.***

YES

Will the proposed event encroach upon any public property right-of-way? ☐ Yes ☒ No

****If yes, additional applications and fees will be required. Please contact the City Clerk's Office at 262-786-8610***

Continued on Back ➡

Have you obtained liability coverage for the extension of premises of not less than $1,000,000 per occurrence and $2,000,000 in the aggregate, naming the City of New Berlin as an additional insured?

☒ Yes ☐ No

A copy is required to be submitted with the application

C. SIGNATURE OF AGENT OR REPRESENTATIVE

I hereby apply for a License to extend the premise of the alcohol beverage license at the premises described above, in the City of New Berlin, subject to the limitations imposed by Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license have granted me. I acknowledge that all additional city and state permits required for this event have been applied for and copies of said permits have been provided to the New Berlin City Clerk's Office

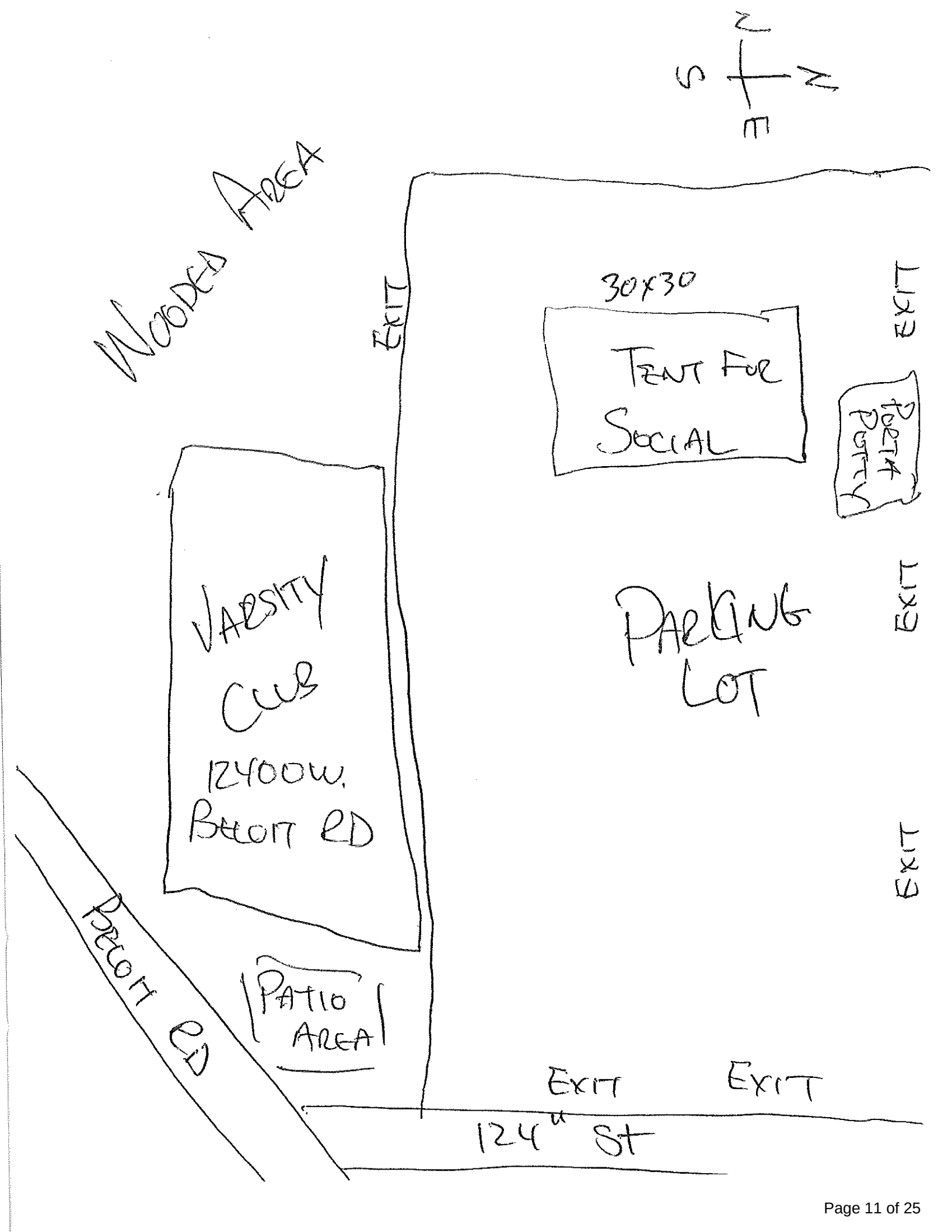
☒ _____ 9/9/2024

Signature of Agent or Owner of Establishment *Date*

Office Use Only!

Date Received by Clerk's Office: 9-11-24 Amount Paid: $50 Date Paid: _____

Common Council Date: _____ ☐ Extension Approved ☐ Extension Denied


W
S
N
E
WOODED AREA
EXIT
30x30
TENT FOR SOCIAL
PORTA POTTY
EXIT
VARSITY CLUB
12400W. BELOIT RD
PARKING LOT
EXIT
BELOIT RD
PATIO AREA
EXIT
EXIT
124th St

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/02/2024

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	CONTACT NAME: Molly Hartman	
MM Insurance Associates 15350 W. National Ave. Suite 212 New Berlin WI 53151	PHONE (A/C, No, Ext): (262) 754-4736	FAX (A/C, No): (262) 754-4739
	E-MAIL ADDRESS: molly@mminsuranceassociates.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Blue Moon Enterprises, LLC dba Varsity Club, dba Alumni Club 12400 W Beloit Road New Berlin WI 53151	INSURER A: TRAVELERS INDEMNITY COMPANY	25682
	INSURER B: United States Liability Insurance Company	19087
	INSURER C: Berkley Specialty Insurance Company	31295
	INSURER D: NATIONWIDE INSURANCE COMPANY	23779
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2141302249 **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	
C	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			BPK 24-0043068-29	05/15/2024	05/15/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
D	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			ACPBAL3009705882	05/15/2024	04/15/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB8P332834	04/15/2024	04/15/2025	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
B	LIQUOR LIABILITY			CL1873595B	05/15/2024	05/24/2025	GENERAL AGGREGATE OCCURRENCE	$100,000 $50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of New Berlin

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

Form **AB-101**

Alcohol Beverage Appointment of Agent

Date 08/20/2024

Agent Type *(check one)*

☐ Original (no fee) ☑ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Speedway LLC

2. Business Trade Name or DBA
SWPEEDWAY 4230

3. Entity Type *(check one)*
☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.
PREVIOUS AGENT NO LONGER WORKS FOR SPEEDWAY.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
KANIASTY	LISA	R

4. Email	5. Phone
LISAFORD11@YAHOO.COM	(262) 347-6469

6. Home Address
20179 WEST GOOD HOPE RD. G13

7. City	8. State	9. Zip Code	10. Age
LANNON	WI	53046	57

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
K5235366768300	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* Submit a completed Form AB-100 with this form. ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
SELTZER	DAVID	L

Title	Email	Phone
PRESIDENT	ELECTRONICRENEWALS@7-11.COM	(972) 828-1888

Signature	Date
	08/20/24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Kaniasty	Lisa	R

Signature	Date
Lisa Kaniasty Lisa Kaniasty (Aug 22, 2024 16:52 MDT)	8/20/24

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
08/20/2024

All individuals involved in the alcohol beverage business must complete this form, including

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted

PAID
SEP 13 2024
Treasurer - City of New Berlin

Part A: Business Information

1 Legal Business Name (individual name if sole proprietor)
Speedway LLC

2 Business Trade Name or DBA
Speedway 4230

3 Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M I
KANIASTY	LISA	R

4. Relationship to Business (Title)	5 Email	6. Phone
Store Manger - Agent	LISAFORD10@yahoo.com	(262) 347-6469

7 Home Address
20179 WEST GOOD HOPE RD. G13

8 City	9. State	10 Zip Code	11. Date of Birth
LANNON	WI	53046	05/23/1967

12 Drivers License/State ID Number	13 Drivers License/State ID State of Issuance
K5235366768300	WI

Part C: Address History

1 Do you currently reside in Wisconsin? ☑ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
41	

2 List in chronological order all of your addresses within the last 5 years Attach additional sheets if necessary

	City	State	Zip Code
Previous Address 1: n89w15830 main st #4	Menomonee Falls	wi	53051
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3 List all states and counties you have lived in as an adult Attach additional sheets if necessary

State	County	State	County	State	County	State	County
wi	Milwaukee	wi	waukesha				

Continued ⟶

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☑ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
Lisa Kaniasty lisa kaniasty, Aug 22, 2024 16:52 MDT	08/20/2024

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
08/20/2024

Agent Type (check one): ☐ Original ☑ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
KANIASTY	LISA	R

4. Email	5. Phone
LISAFORD11@YAHOO.COM	(262) 347-6469

6. Home Address
20179 WEST GOOD HOPE RD. G13

7. City	8. State	9. Zip Code
LANNON	WI	53046

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
05/23/1967	K5235366768300	WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☑ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

LAST AGENT IS NO LONGER EMPLOYED WITH SPEEDWAY.

Part C: Business Information

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

SPEEDWAY LLC

2. Business Trade Name or DBA

SPEEDWAY 4230

3. Entity Type (check one)

☑ Limited Liability Company ☐ Corporation

4. Premises Address

14001 west Greenfield Ave

5. City	6. State	7. Zip Code
New Berlin	WI	53151

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

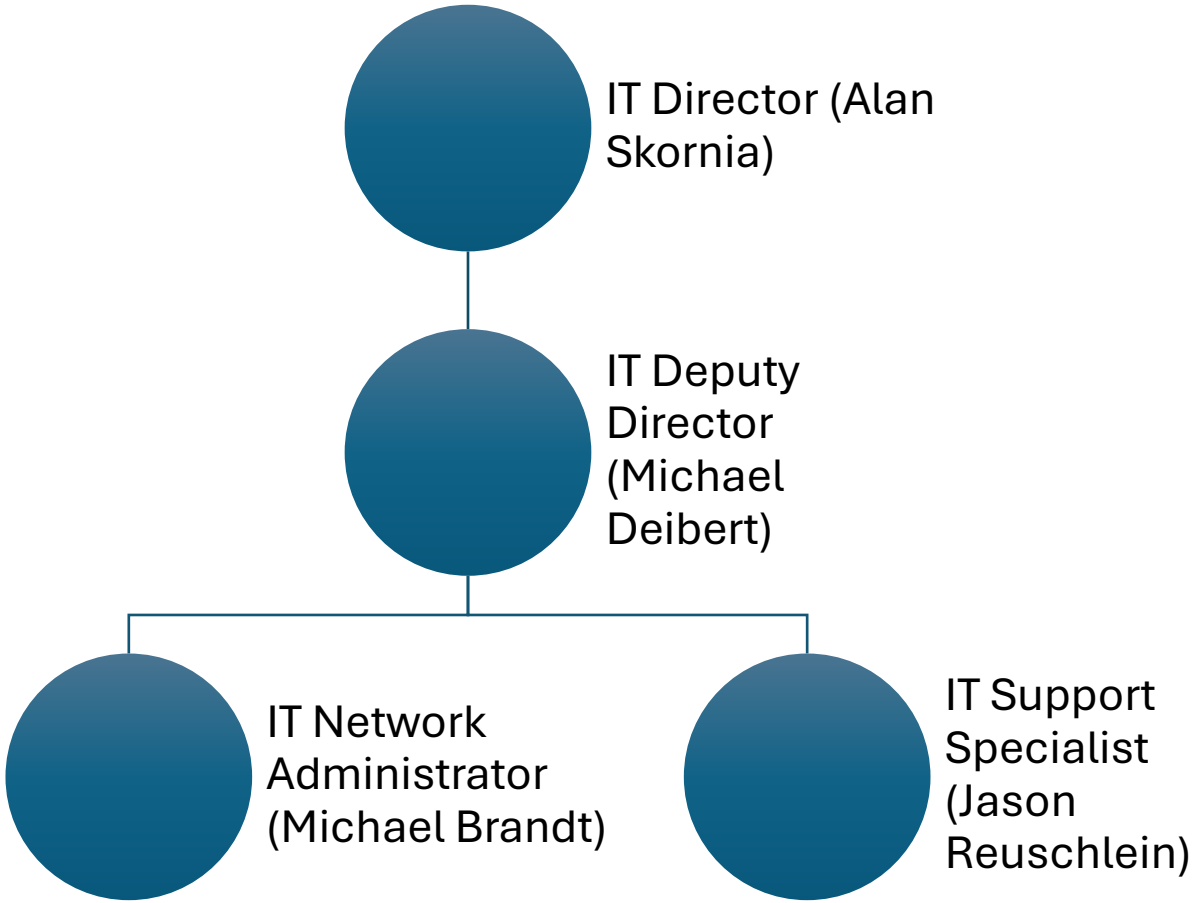
Signature of Licensee (officer, member, or authorized signatory)	Date
	08/20/2024
Name of Person Signing for Licensee	**Title**
DAVID L. SELTZER	PRESIDENT

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

Signature of Agent	Date
Lisa Kaniasty Lisa Kaniasty (Aug 22, 2024 10:52 MDT)	08/20/2024

IT UPDATE 2024

IT Organizational Chart



Locations that IT Supports

- City Hall
- Public Safety Building
- 4 Firestations
- DPW Complex (Streets Building, Impound Lot, Building for the fuel pumps)
- Rec Center
- Maintenance Building
- Utility Admin Building
- 18 Utility outlining (Pump and Lift Stations)
- Historical Museum

Locations that IT Supports Cont.

- Community Center
- Library (Currently their phone system)

Major projects that we worked on over the last year

- Replaced 73 computers
- Worked with Utilities to get their pump and lift stations connected through fiber
- Configured and installed IT Equipment for the second phase of the Rec. Center
- Updated Tracs (Police software used to write tickets) to help reduce issues with creating tickets
- Updated the wireless at all of the city buildings to make it more secure
- Updated the way we apply updates to computers to keep them updated

Major projects that we worked on over the last year (continued)

- Make changes to desktop computers, to better protect them.

Major projects that we will be working on

- Continue to monitor the network
- Upgrade the phone system
- Make sure that the computers are patched and updated
- Work with staff to order the technology that will be needed for Hickory Grove
- Working on updating some of our computer policies to make things more secure
- Meet with copier vendors to determine which vendor we will renew our lease with (current main one expires in 2025)
- Work with staff on different options, so we can retire older systems
- Start a Security Awareness Program

Any Questions?

- Thank you