Committee of the Whole Meeting Agenda

April 22, 2025 - 6:00 PM
Council Chambers
3805 S. Casper Drive

Agenda Published: 4/18/25

AGENDA

1. **CALL MEETING TO ORDER**
2. **ROLL CALL; DECLARATION OF QUORUM; PUBLIC NOTICE**
3. **APPROVAL OF MINUTES**
   - **A.** April 8, 2025, Committee of the Whole Meeting Minutes
4. **UTILITY & FINANCE**
   - **A.** Discussion and possible action to recommend to the Common Council approval of the April 23rd, 2025, Water Utility claims in the amount of $141,227.91. Sewer Utility claims in the amount of $829,739.11 and General City claims in the amount of $1,397,556.58. City Water Usage EFT OF $17,297.57 and WE Energies EFT of $90,204.84
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 Malone Park Beer Gardens to be held on May 24th, June 14th, July 12th, September 6th, and October 11th, 2025 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.
   - **B.** Discussion and possible action to recommend to Common Council approval of Kowalske Brewing, doing business as Component Brewing, to sell beer at the New Berlin Historical Society for the Historical Park Beer Gardens to be held on June 15th, July 13th, September 7th and October 12th, 2025 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.
   - **C.** Discussion and possible action to recommend to Common Council approval of Kowalske Brewing, doing business as Component Brewing, to sell beer at the New Berlin Public Library for the Public Library Beer Garden event to be held on August 16th, 2025 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.
   - **D.** Discussion and possible action to recommend to the Common Council approval of LaMarvon J. Jackson as the new alcohol license agent of Family Entertainment LLC dba Marcus Ridge Cinema for the current license year, which expires on June 30, 2025
6. **MISCELLANEOUS**

A. Fire Department Update

B. Election of Alderperson to Serve on the Plan Commission - Pursuant to Section 275-15(B)(1), one alderperson shall be elected to serve on the Plan Commission by a two-thirds vote of the Common Council

C. Recommend to the Common Council that a public hearing be set for June 2, 2025 at 6:00 p.m. to be held before the Plan Commission to rescind PUD Overlay Ordinance # 2679 – Mandel Neighborhood Development Plan PUD (also amended by Ordinance # 2688) and adoption of Planned Unit Development Ordinance # 2701 that approves the rezoning of the properties from B-1/PUD (Shopping Center District), Rm-1/PUD (Multiple-Family Residential District:), I-1/PUD (Institutional District) / C-2/PUD (Shoreland-Wetland Holding District) to Rm-1/PUD and C-2/PUD as The Conservancy Neighborhood Development PUD Ordinance for the parcels located at 1640 S. Moorland Road (includes Tax Keys #'s 1158.989.001, 1158.989.002 & 1158.989.003).

D. Recommend to the Common Council that a joint public hearing be set for June 2, 2025 at 6:01 p.m. to be held before the Plan Commission to amend the Future Land Use Map within the City's Comprehensive Plan (Chapter 10 – Land Use and Chapter 19 – "Neighborhood I" National Avenue West) for the properties located at 16370 W. Small Road (Tax Key #: 1285.994.003) and 16380 W. Small Road (Tax Key #: 1285.994.002) from Residential Estate to Suburban Commercial with a PUD overlay and to rezone the properties located at 16370 W. Small Road (Tax Key #: 1285.994.003) and 16380 W. Small Road (Tax Key #: 1285.994.002) from B-2 and R-3 to B-2/PUD.

7. ADJOURN

Additional Information

- The agenda packet, including supplemental information related to agenda items, is available online at www.NewBerlinWI.gov. Once finalized by the governing body, approved meeting minutes will also be posted online.
- Agenda items may be taken out of order at the governing body's discretion.
- Members, and possibly a quorum, of other municipal governmental bodies may attend this meeting to gather information. However, no action will be taken by any governmental body other than the one referenced in this notice.
- Accommodations will be provided under the Americans with Disabilities Act (ADA) to meet the needs of individuals with disabilities. If you require assistance or appropriate aids and services, please contact the Office of the City Clerk at (262) 786-8610 with reasonable notice.

Committee of the Whole
MEETING MINUTES

April 8, 2025 - 6:00 PM
Council Chambers
3805 S. Casper Drive

MINUTES

1. CALL MEETING TO ORDER

Mayor Ament called the Committee of the Whole 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 Horbinski, Alderperson Kroupa, Alderperson La Fever
Excused: None

Staff Present: Mayor Dave Ament, City Attorney Thomas Schmitzer, City Clerk Rubina R. Medina

The City Clerk confirmed that a quorum was present and that the meeting was properly posted in compliance with open meetings law.

3. APPROVAL OF MINUTES

A. March 25, 2025, Committee of the Whole Meeting Minutes

MOTION: Motion to approve

VOTE: Motion by: Maxey
Second by: Strible
Motion Passed: 7-0

4. UTILITY & FINANCE

A. Discussion and possible action to recommend to the Common Council approval of the April 9th, 2025 Water Utility claims in the amount of $21,090.72, Sewer Utility claims in the amount of $35,921.44 and General City Claims in the amount of $327,534.56. Tax overpayment checks totaling $2,605.97 were also generated. US Bank VISA EFT of $27,512.66

MOTION: Motion to approve

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

5. LICENSES & PERMITS

A. Discussion and possible action to recommend to Common Council approval of a "Class B" Liquor License for Fox Trot, LLC D.B.A Nickel's Pub located at 13915 W. Greenfield Avenue, per the premise description and application on file

MOTION: Motion to approve

VOTE: Motion by: Stribl
Second by: Hopkins
Motion Passed 7-0

6. MISCELLANEOUS

A. Presentation by Miss Wisconsin

Brenda Baudo, Executive Director of the Miss Wisconsin Organization, gave a brief presentation to the City Council and audience members in attendance.

B. Election of Council President (nominations followed by secret ballot if necessary)

Mayor Ament introduced the item and opened the floor for nominations. Alderman Stribl nominated Ken Harenda for Council President. With no additional nominations, the floor was closed.

MOTION: Motion to close nominations

VOTE: Motion by: Hopkins
Second by: Stribl
Motion Passed 7-0

MOTION: Motion to approve Ken Harenda as Council President

VOTE: Motion by: Stribl
Second by: Maxey
Motion Passed 7-0

C. Discussion and possible action to recommend to Common Council approval to **rescind** a joint public hearing set for May 5, 2025, 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 (Chapter 10 and Chapter 18) for the property located at 6151 S. Moorland Road (Tax Key #: 1288.997.002) from Business Park / Industrial to Mixed-Use Residential AND rezone the property from A-1 and C-1 to Rm-1/PUD and C-1/PUD.

MOTION: Motion to approve rescinding the joint public hearing

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

D. Discussion and possible action to recommend to Common Council approval of the addition of a 1.0 FTE custodial position for the 2025 Budget year per the RAS

MOTION: Motion to approve

VOTE: Motion by: Horbinski
Second by: Stribl
Motion Passed 6-1 with Ald. Maxey voting nay

7. ADJOURN

MOTION: Motion to adjourn at 6:18 PM

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

Respectfully Submitted,
Rubina R. Medina, City Clerk

Form **AB-105**

Producer Full-Service Retail Sales Application

Date: 04/07/2025

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Kowalske Brewing		
2. Business Name or DBA Component Brewing	3. Agent Name David Kowalske	
4. FEIN 82-4547890	5. Wisconsin Seller's Permit Number 456-1030207982-06	
6. Wisconsin Producer Permit Number 309-1030207982-02	7. Producer Type ☑ Brewery ☐ Winery ☐ Liquor Manufacturer/Rectifier	
8. Contact Person's First Name David	9. Last Name Kowalske	10. M.I. E
11. Contact Person's Phone (262) 565-8782	12. Contact Person's Email dj@componentbrewing.com	

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
☐ Less than 250 barrels	☐ Less than 1,500 liters	☐ Less than 1,000 gallons
☑ 250 - 2,499 barrels	☐ 1,500 - 4,999 liters	☐ 1,000 - 4,999 gallons
☐ 2,500 - 7,499 barrels	☐ 5,000 - 34,999 liters	☐ 5,000 - 24,999 gallons
☐ 7,500 or more barrels	☐ 35,000 or more liters	☐ 25,000 or more gallons
Calendar year: 2024	Calendar year:	Calendar year:
Quantity: 400	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City		4. State	5. Zip Code
6. County		7. Governing Municipality ☐ City ☐ Town ☐ Village of:_____	

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? . . . . . ☐ Yes ☐ No
   If yes, complete boxes 2 through 9.

2. Current Outlet Name			
3. Current Outlet Premises Address			
4. City		5. State	6. Zip Code
7. County	8. Governing Municipality ☐ City ☐ Town ☐ Village of:_____		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality ☐ City ☐ Town ☐ Village of:		18. Premises Phone Number

19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

20. Will you operate a restaurant on the premises? ☐ Yes ☐ No

21. What alcohol beverages will be offered for sale? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

22. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

23. How will customers be served? (check all that apply) ☐ Samples ☐ On-premises consumption ☐ Off-premises consumption

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

1. Name of Event (if applicable)			
Malone Park Beer Gardens			
2. Dates of Operation (attach a schedule, if necessary)	3. Hours of Operation		
5/24, 6/14, 7/12, 9/6, 10/11, all 2025	12-6PM		
4. Premises Address			
16400 W Al Stigler Pkwy			
5. City		6. State	7. Zip Code
New Berlin		WI	53151
8. County	9. Governing Municipality ☑ City ☐ Town ☐ Village of:		
Waukesha	New Berlin		
10. Organizer of Event (if not the named applicant)	11. Email and/or Phone Number for Organizer of Event		
Katie Roth	kroth@newberlin.org		
12. Organizer Website	13. Event Website		
N/A	N/A		

14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Beer trailer will be set up in Malone Park for an afteroon/evening beer garden with live music and a food truck. We are also working with NB Parks & Rec to potentially add other vendors and activities to the events.

15. On-Site Contact (Last Name, First Name)	16. On-Site Contact Phone	17. On-Site Contact Email
Roth, Katie	(262) 797-2443	kroth@newberlin.org

18. Will you operate a restaurant on the premises? ☐ Yes ☑ No

19. What alcohol beverages will be offered for sale? (check all that apply) ☑ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

20. What alcohol beverages does the permittee produce? (check all that apply) ☑ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

21. How will customers be served? (check all that apply) ☐ Samples ☑ On-premises consumption ☐ Off-premises consumption

Continued →

Part F: Attestation

Who must sign this application?

• sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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
David E. Kowalske	04/07/2025

Last Name	First Name	M.I.
Kowalske	David	E

Title	Email	Phone
Member	dj@componentbrewing.com	(262) 565-8782

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☐ No

2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official	5. First Name	6. M.I.
Medina	Rubina	R

7. Signature of Municipal Official	8. Date
Rubina R. Medina	4-8-25

9. Date Application was Filed with Clerk	10. Date Full-Service Retail Outlet Approved by Governing Body
4-9-25	4-22-25

Form **AB-105**

Producer Full-Service Retail Sales Application

Date 04/07/2025

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Kowalske Brewing		
2. Business Name or DBA Component Brewing	3. Agent Name David Kowalske	
4. FEIN 82-4547890	5. Wisconsin Seller's Permit Number 456-1030207982-06	
6. Wisconsin Producer Permit Number 309-1030207982-02	7. Producer Type ☑ Brewery ☐ Winery ☐ Liquor Manufacturer/Rectifier	
8. Contact Person's First Name David	9. Last Name Kowalske	10. M.I. E
11. Contact Person's Phone (262) 565-8782	12. Contact Person's Email dj@componentbrewing.com	

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
☐ Less than 250 barrels	☐ Less than 1,500 liters	☐ Less than 1,000 gallons
☑ 250 - 2,499 barrels	☐ 1,500 - 4,999 liters	☐ 1,000 - 4,999 gallons
☐ 2,500 - 7,499 barrels	☐ 5,000 - 34,999 liters	☐ 5,000 - 24,999 gallons
☐ 7,500 or more barrels	☐ 35,000 or more liters	☐ 25,000 or more gallons
Calendar year: 2024	Calendar year:	Calendar year:
Quantity: 400	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City		4. State	5. Zip Code
6. County		7. Governing Municipality ☐ City ☐ Town ☐ Village of:	

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? ☐ Yes ☐ No
   If yes, complete boxes 2 through 9.

2. Current Outlet Name			
3. Current Outlet Premises Address			
4. City		5. State	6. Zip Code
7. County	8. Governing Municipality ☐ City ☐ Town ☐ Village of:		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality ☐ City ☐ Town ☐ Village of:		18. Premises Phone Number

19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

20. Will you operate a restaurant on the premises? ☐ Yes ☐ No

21. What alcohol beverages will be offered for sale? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

22. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

23. How will customers be served? (check all that apply) ☐ Samples ☐ On-premises consumption ☐ Off-premises consumption

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

1. Name of Event (if applicable)
Historical Park Beer Gardens

2. Dates of Operation (attach a schedule, if necessary)	3. Hours of Operation
6/15/25, 7/13/25, 9/7/25, 10/12/25	1-4PM

4. Premises Address
19885 W National Ave.

5. City	6. State	7. Zip Code
New Berlin	WI	53146

8. County	9. Governing Municipality ☐ City ☐ Town ☐ Village
Waukesha	of: New Berlin

10. Organizer of Event (if not the named applicant)	11. Email and/or Phone Number for Organizer of Event
Katie Roth	kroth@newberlin.org
12. Organizer Website	13. Event Website
N/A	N/A

14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Beer trailer will be set up at the historical society campus in conjunction with the outdoor plan for the rest of the day's activities. Event will be primarily outside in the historical park on site, with the buildings on premises open for guests to enter and check out. No beer will be sold inside any of the historical buildings.

15. On-Site Contact (Last Name, First Name)	16. On-Site Contact Phone	17. On-Site Contact Email
Roth, Katie	(262) 797-2443	kroth@newberlin.org

18. Will you operate a restaurant on the premises? ☐ Yes ☑ No

19. What alcohol beverages will be offered for sale? (check all that apply) ☑ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

20. What alcohol beverages does the permittee produce? (check all that apply) ☑ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

21. How will customers be served? (check all that apply) ☐ Samples ☑ On-premises consumption ☐ Off-premises consumption

Continued →

Part F: Attestation

Who must sign this application?

• sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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
David E. Kowalske	04/07/2025

Last Name	First Name	M.I.
Kowalske	David	E

Title	Email	Phone
Member	dj@componentbrewing.com	(262) 565-8782

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☐ No

2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official	5. First Name	6. M.I.
Medina	Rubina	R

7. Signature of Municipal Official	8. Date
Rubina Medina	4/9/2025

9. Date Application was Filed with Clerk	10. Date Full-Service Retail Outlet Approved by Governing Body
4-9-25	4-22-25

Form **AB-105**

Producer Full-Service Retail Sales Application

Date: 04/07/2025

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Kowalske Brewing		
2. Business Name or DBA Component Brewing	3. Agent Name David Kowalske	
4. FEIN 82-4547890	5. Wisconsin Seller's Permit Number 456-1030207982-06	
6. Wisconsin Producer Permit Number 309-1030207982-02	7. Producer Type ☑ Brewery ☐ Winery ☐ Liquor Manufacturer/Rectifier	
8. Contact Person's First Name David	9. Last Name Kowalske	10. M.I. E
11. Contact Person's Phone (262) 565-8782	12. Contact Person's Email dj@componentbrewing.com	

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
☐ Less than 250 barrels	☐ Less than 1,500 liters	☐ Less than 1,000 gallons
☑ 250 - 2,499 barrels	☐ 1,500 - 4,999 liters	☐ 1,000 - 4,999 gallons
☐ 2,500 - 7,499 barrels	☐ 5,000 - 34,999 liters	☐ 5,000 - 24,999 gallons
☐ 7,500 or more barrels	☐ 35,000 or more liters	☐ 25,000 or more gallons
Calendar year: 2024	Calendar year:	Calendar year:
Quantity: 400	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City		4. State	5. Zip Code
6. County		7. Governing Municipality ☐ City ☐ Town ☐ Village of:	

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? ☐ Yes ☐ No
   If yes, complete boxes 2 through 9.

2. Current Outlet Name			
3. Current Outlet Premises Address			
4. City		5. State	6. Zip Code
7. County	8. Governing Municipality ☐ City ☐ Town ☐ Village of:		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)

New Fixed Retail Outlet Information (complete boxes 10 through 23)

10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality ☐ City ☐ Town ☐ Village of:		18. Premises Phone Number

19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

20. Will you operate a restaurant on the premises? ☐ Yes ☐ No

21. What alcohol beverages will be offered for sale? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

22. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

23. How will customers be served? (check all that apply) ☐ Samples ☐ On-premises consumption ☐ Off-premises consumption

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

1. Name of Event (if applicable)
Public Library Beer Garden

2. Dates of Operation (attach a schedule, if necessary)	3. Hours of Operation
Saturday 8/16/25	12-6PM

4. Premises Address
15105 W Library Lane

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

8. County	9. Governing Municipality ☑ City ☐ Town ☐ Village of:
Waukesha	New Berlin

10. Organizer of Event (if not the named applicant)	11. Email and/or Phone Number for Organizer of Event
Katie Roth	kroth@newberlin.org
12. Organizer Website	13. Event Website
N/A	N/A

14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Beer trailer will be set up in Malone Park for an afteroon/evening beer garden with live music and a food truck. We are also working with NB Parks & Rec to potentially add other vendors and activities to the events.
This event is a one-off at this location due to the planned construction at Malone.

15. On-Site Contact (Last Name, First Name)	16. On-Site Contact Phone	17. On-Site Contact Email
Roth, Katie	(262) 797-2443	kroth@newberlin.org

18. Will you operate a restaurant on the premises? ☐ Yes ☑ No

19. What alcohol beverages will be offered for sale? (check all that apply) ☑ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)

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21. How will customers be served? (check all that apply) ☐ Samples ☑ On-premises consumption ☐ Off-premises consumption

Continued →

Part F: Attestation

Who must sign this application?

• sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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
David E. Kowalske	04/07/2025

Last Name	First Name	M.I.
Kowalske	David	E

Title	Email	Phone
Member	dj@componentbrewing.com	(262) 565-8782

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☐ No

2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official	5. First Name	6. M.I.
Medina	Rubina	R

7. Signature of Municipal Official	8. Date
Rubina R. Medina	4-9-25

9. Date Application was Filed with Clerk	10. Date Full-Service Retail Outlet Approved by Governing Body
4-9-25	4-22-25

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
03/03/2025

Agent Type *(check one)*

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

PAID
APR 14 2025
Treasurer - City of New Berlin

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Family Entertainment, LLC

2. Business Trade Name or DBA
Ridge Cinema

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
2024 23 (Theater 2024 1)

6. Describe the reason for appointing a successor agent, if successor is checked above.
Former Agent, Mark A. Peterson, Sr. retired from Marcus.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Jackson	LaMarvon	J.

4. Email	5. Phone
[redacted]	[redacted]

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
[redacted]	[redacted]	[redacted]	[redacted]

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	[redacted]

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* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ 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.
Bartelt	Steven	S.

Title	Email	Phone
Vice President	LisaNault@marcuscorp.com	414-905-1216

Signature	Date
	March 3, 2025

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.
Jackson	LaMarvon	J.

Signature	Date
	March 3, 2025

New Berlin Fire Department

Annual Update, Performance & Community Safety Initiatives

April 22, 2025

Common Council

MISSION

To provide exceptional services while committed to building a safer community.

VISION

To continually strive to be a caring, understanding, people first organization committed to excellence in all we do.

NBFD VALUES

TRUST
Nurturing positive relationships at all levels of the organization

POSITIVE ATTITUDE
Doing what it takes and inspiring others to do the same

RESPECT
Treat everyone with dignity and worth

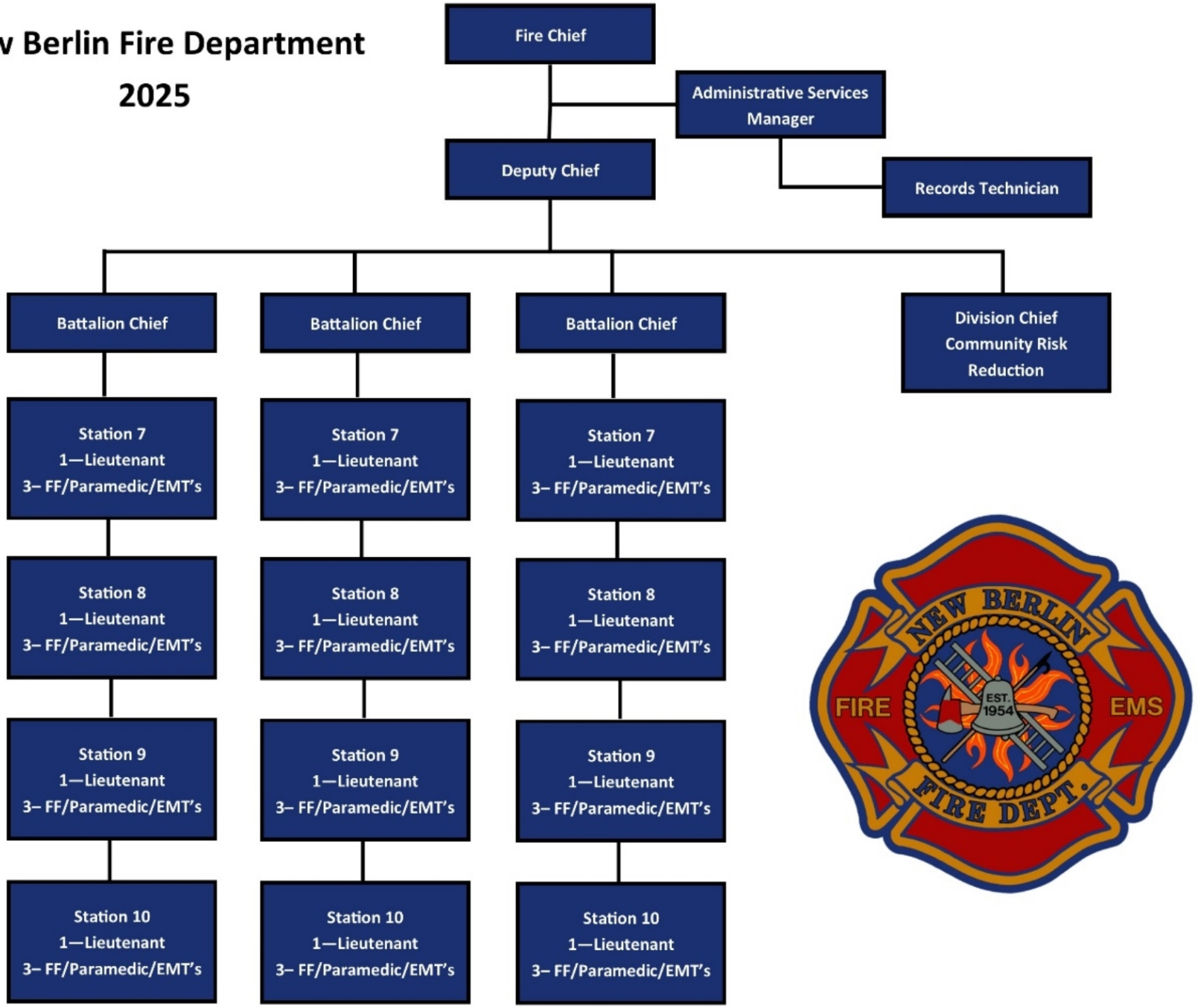
INVEST
To put the time, effort and energy into bettering the department and each other

PROFESSIONALISM
Conducting oneself with responsibility, integrity, accountability, and excellence

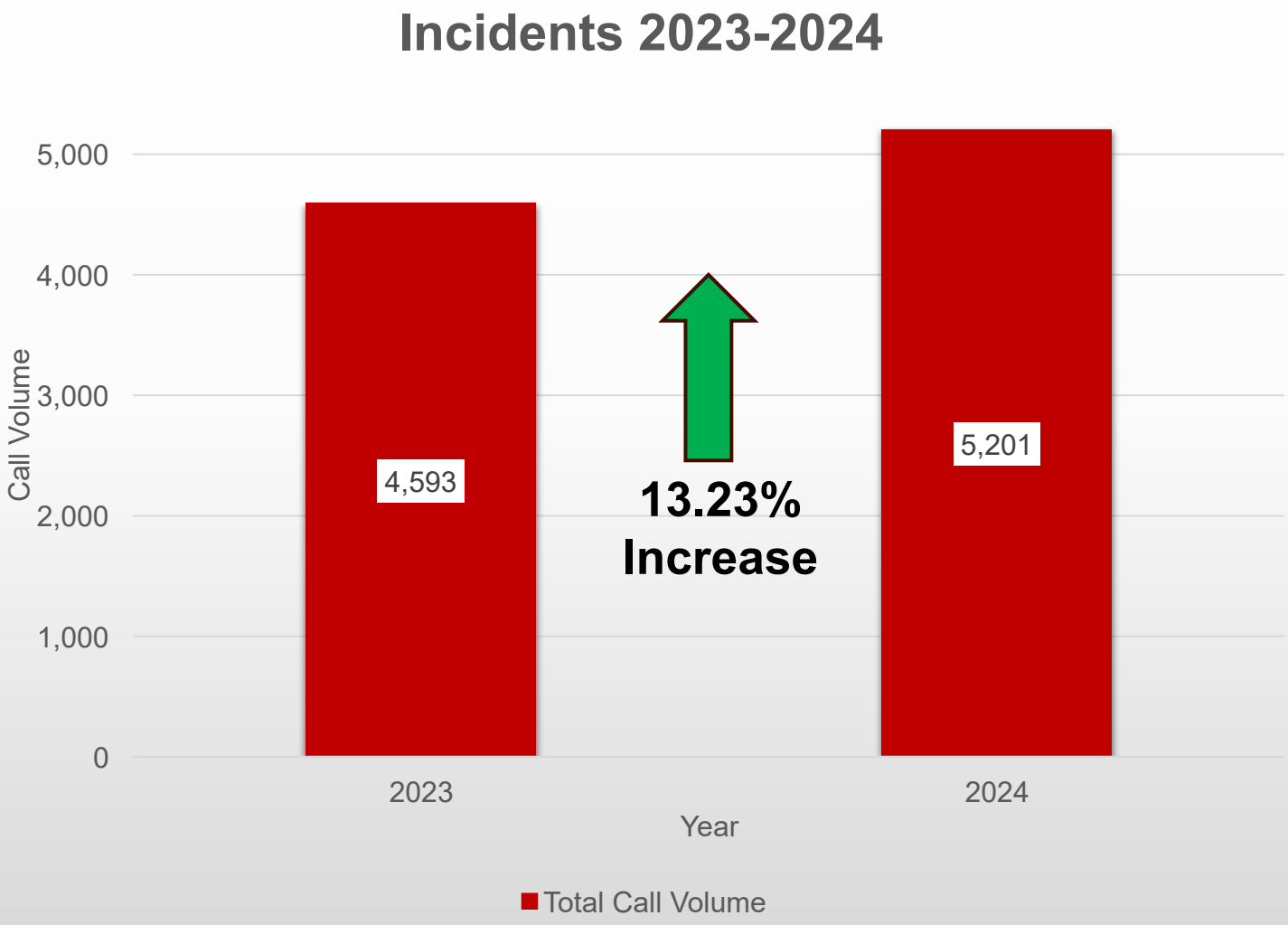
LOYALTY
Committing to see the department grow and succeed

New Berlin Fire Department

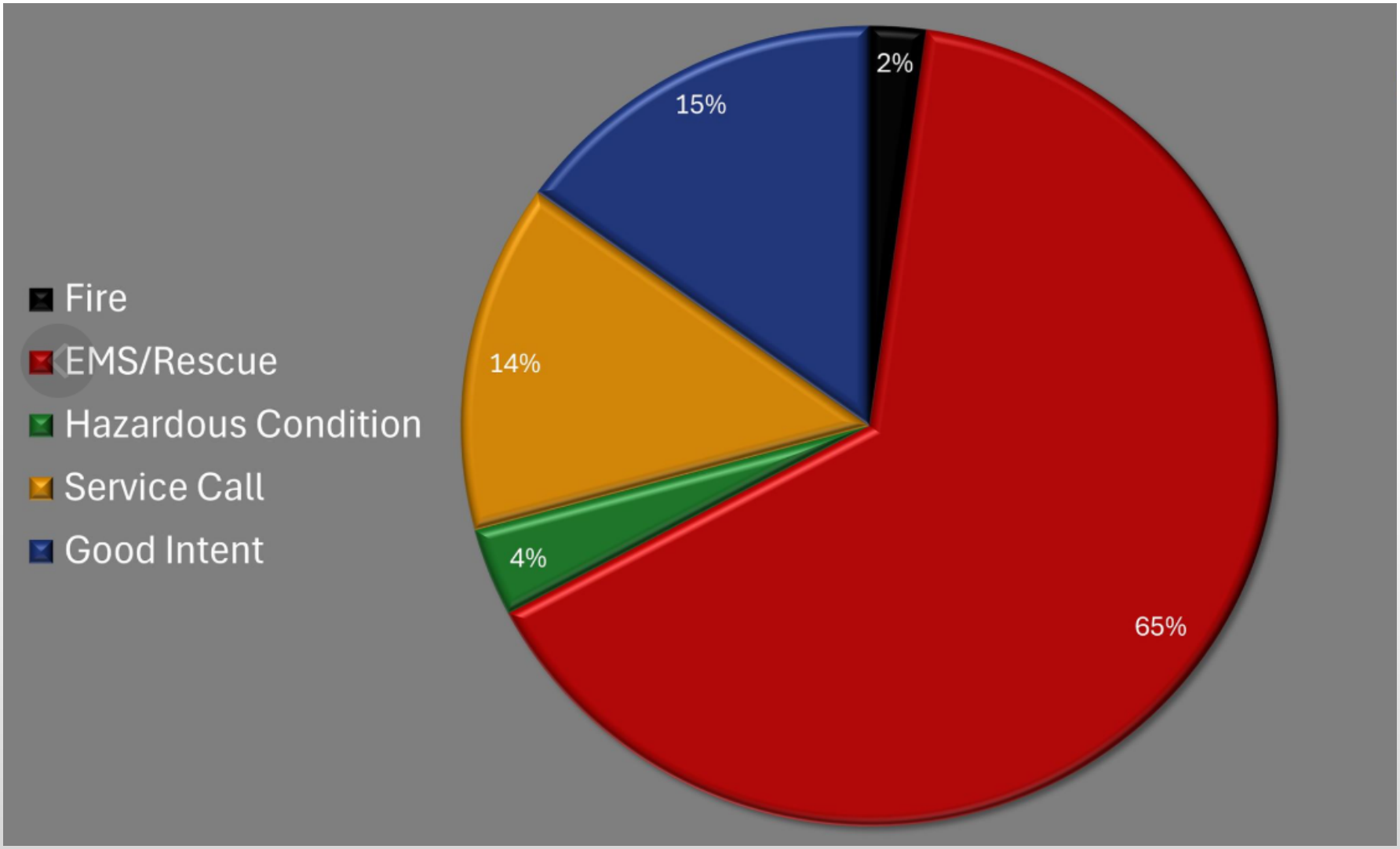
2025



2024 Performance and Response Statistics



2024 Performance and Response Statistics



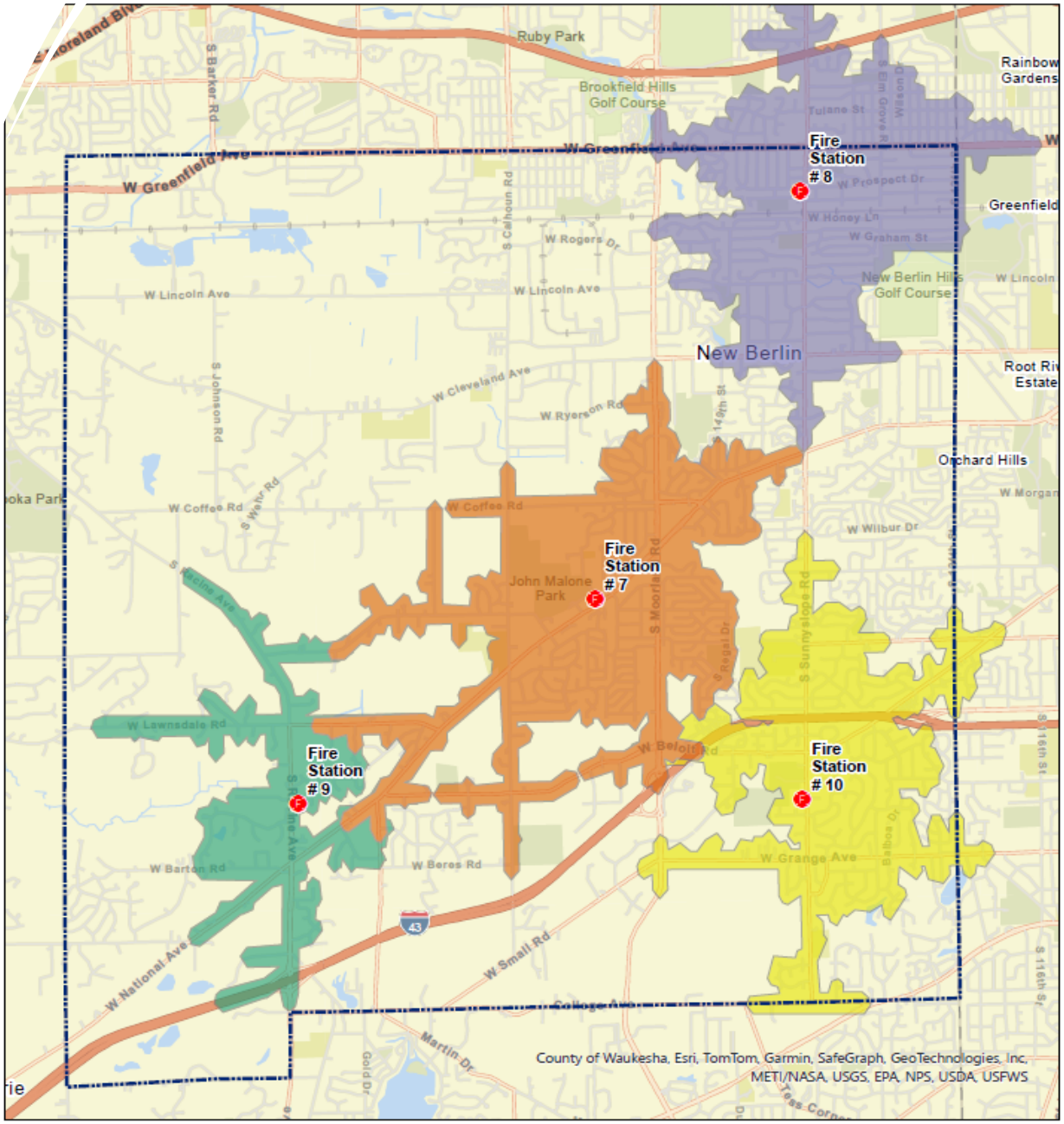
EMS Incident Statistics

The New Berlin Department received **5,201** calls for service in 2024

- Total – **3,848** calls for service that were EMS related **74%**

- (RMS code 321) EMS - **3,168** calls
- (RMS code 322) Vehicle accidents with injuries - **117** calls
- (RMS code 323) Motor vehicle vs pedestrian – **6** calls
- (RMS code 554) Lift Assists - **557** calls

Service Area



Industry Best Practices and Guidance

The Commission on Fire Accreditation International® (CFAI) Accredited agencies are often described as being community-oriented, data-driven, and outcome-focused. They exemplify organizations that are strategic-minded and well-organized, are properly equipped, staffed, and trained.

Known as the trusted source of safety knowledge, the National Fire Protection Association (NFPA) has been helping to solve some of the planet's toughest safety problems for more than 125 years. To remain relevant for over a century as a knowledge and information organization, we've continually evolved our scope of expertise—from fire prevention, wildfire preparedness, and electrical safety to hazardous materials, community risk reduction, and public safety.

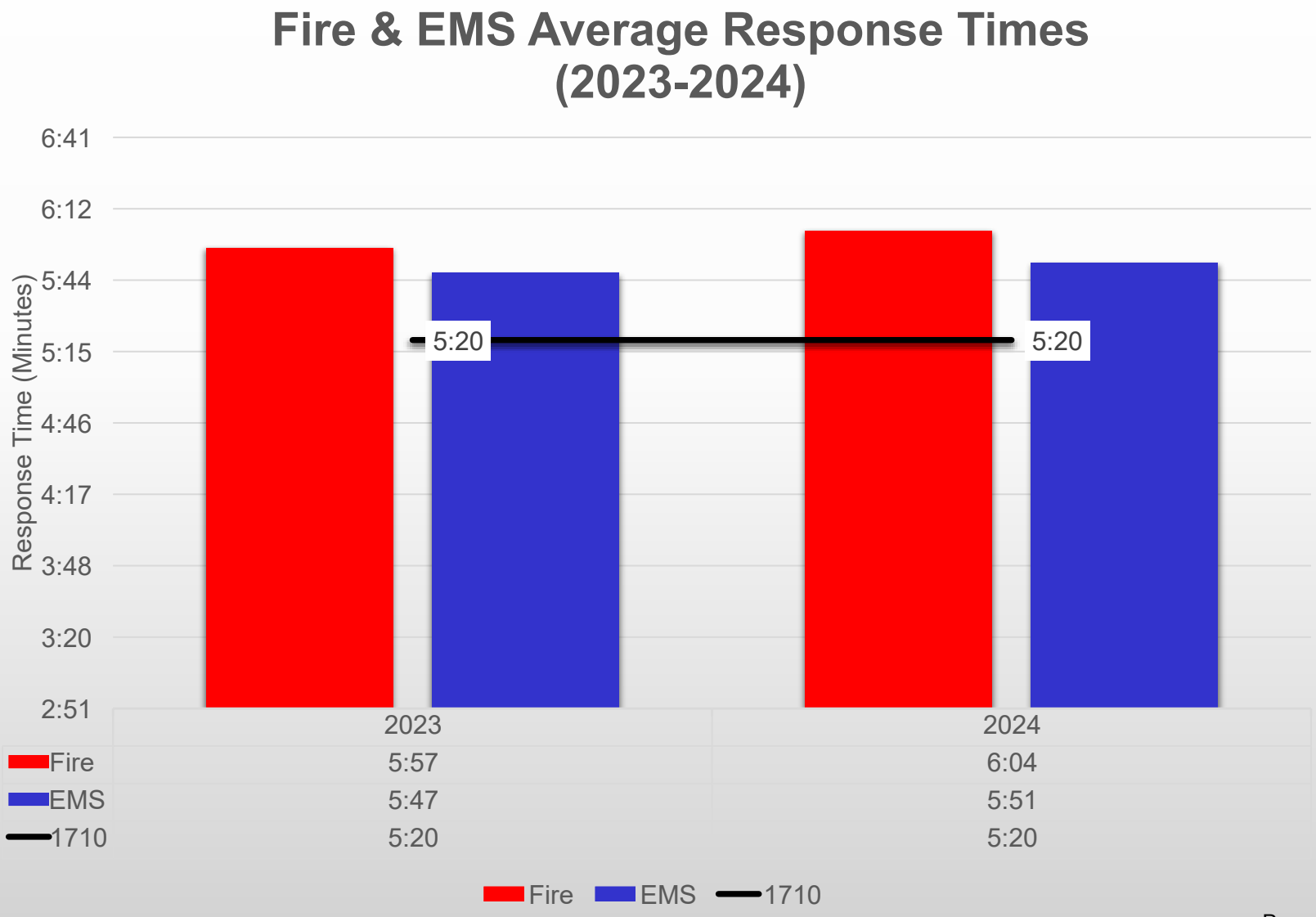
Insurance Services Office (ISO) Rating 3/10

ISO collects and evaluates information from communities on their structure fire suppression capabilities. A community's investment in fire mitigation is a proven and reliable predictor of future fire losses. ISO evaluates communities according to a uniform set of criteria, incorporating nationally recognized standards developed by the National Fire Protection Association and the American Water Works Association.

Fire Suppression Rating Schedule

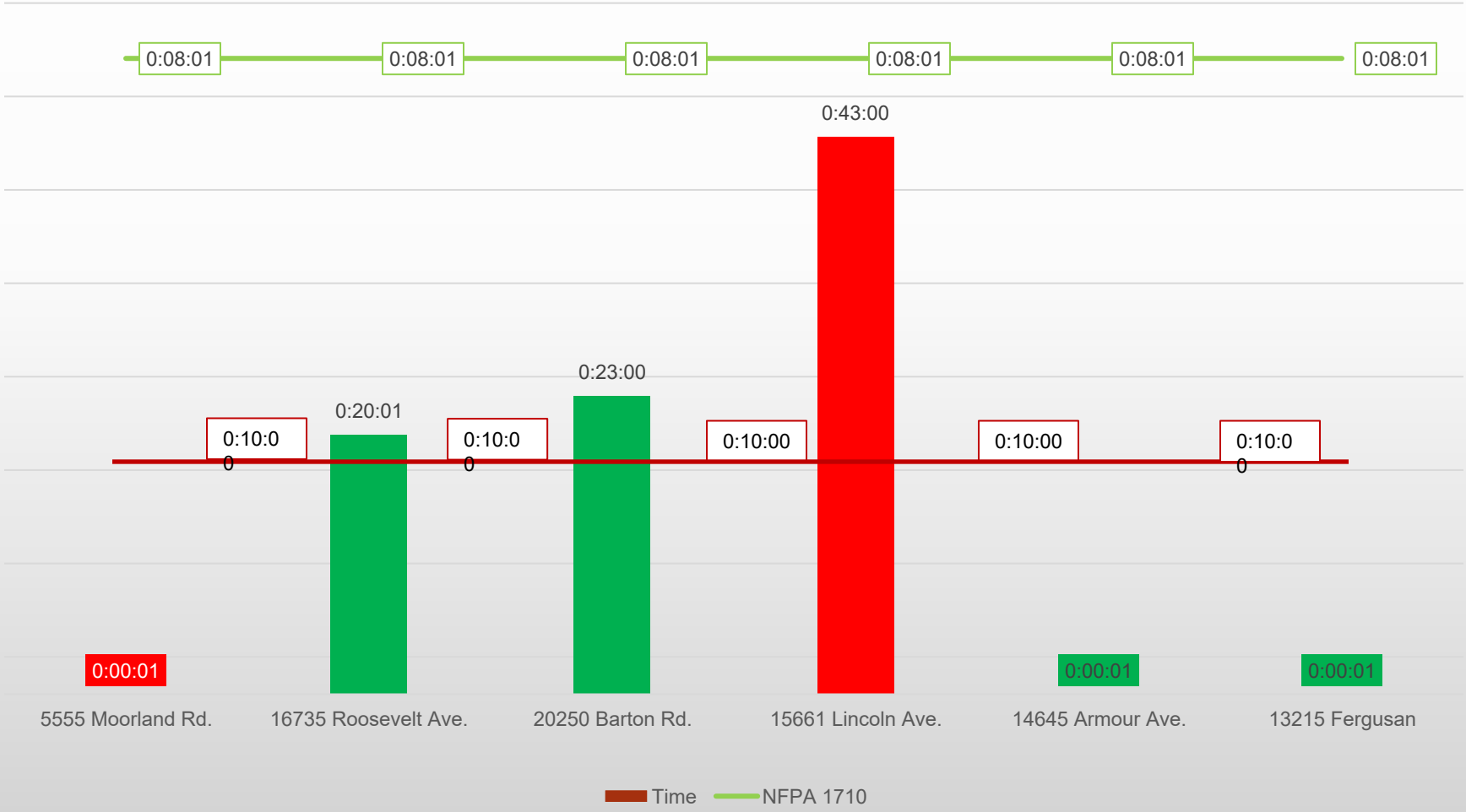
- **Emergency Communications** 10/10
- **Fire Department** 29.73/50
  - Ladder Service 0.97/4
  - Deployment Analysis 4.26/10
  - Company Personnel 6.53/15
  - Training 6.76/9
  - Community Risk Reduction 4.34/5.50
- **Water Supply** 36.16/40

Average Response Times



Fire Incident Statistics

NFPA 1710:
8 Minutes for Maximum On Scene Staffing Low Risk (17 Personnel)
8 Minutes for Maximum On Scene Staffing Moderate Risk (28 Personnel)
10 minutes for Maximum On Scene Staffing High Risk (43 Personnel)



Fire Incident Statistics

2024							
Alarm Date	**Type**	**Address**	**Incident Number**	**Property Value**	**Property Loss**	**Property Saved**	**Fire Investigated by FI**
1/5/2024	Commercial	5555 S Moorland Rd	63	$ 3,799,200.00	$ 150,000.00	$ 3,649,200.00	Yes
1/13/2024	Residential	16735 W Roosevelt Ave	345	$ 194,500.00	$ 75,000.00	$ 119,500.00	No
5/8/2024	Residential	20250 W Barton Rd	1941	$ 413,100.00	$ 50,000.00	$ 363,100.00	No
7/22/2024	Commercial	15601 W Lincoln Ave	2986	$ 1,481,900.00	$ 150,000.00	$ 1,331,900.00	Yes
8/1/2024	Residential	14645 W Armour Ave	3158	$ 325,000.00	$ 120,000.00	$ 205,000.00	Yes
12/24/2024	Residential	13215 W Ferguson Rd	5089	$ 335,600.00	$ 30,000.00	$ 305,600.00	Yes
			Totals	**$ 6,549,300.00**	**$ 575,000.00**	**$ 5,974,300.00**	

Community Risk Reduction

Core Principles of CRR

- **Education-**Empowering the community with knowledge and skills to prevent emergencies and take preventative actions.
- **Engineering-** Implementing physical or structural modifications to reduce potential incidents and hazards.
- **Enforcement-** Establishing and upholding codes, ordinances, and regulations to ensure safety standards are met.
- **Emergency Response-** Ensuring a well-trained and equipped emergency response system is in place to effectively manage incidents when they occur. Ensuring the community is prepared and equipped to respond effectively when emergencies occur.
- **Economic Incentive-** Building partnerships and fostering collaboration between emergency services, residents, businesses, and community organizations.

CRR Programs in New Berlin

- Hands-Only CPR Training
- Fire Extinguisher Training
- Senior Outreach Programs
- Smoke Alarm Program
- Meet and Greets
- Fire Prevention Education
- Fire Inspections
- Fire Investigation
- Public Education Campaigns
- Public Relations
- Training for Emergency Responders

Our mission is to provide exceptional services while committed to building a safer community

REQUESTED ACTION STATEMENT

MEMO TO: Mayor David Ament
Common Council

CC: Plan Commission (via email)

MEMO FROM: Gregory W. Kessler, AICP - Director

DATE: April 10, 2025

ISSUE: Nicholas Wimmer on behalf of The Conservancy, LLC (Wimmer Communities) has filed a petition to rescind PUD Overlay Ordinance # 2679 – Mandel Neighborhood Development Plan PUD (also amended by Ordinance 2688) and adoption of Planned Unit Development Ordinance # 2701 that approves the rezoning of the properties from B-1/PUD (Shopping Center District), Rm-1/PUD (Multiple-Family Residential District:), I-1/PUD (Institutional District) / C-2/PUD (Shoreland-Wetland Holding District) to Rm-1/PUD and C-2/PUD as The Conservancy Neighborhood Development PUD Ordinance for the parcels located at 1640 S. Moorland Road (includes Tax Keys #'s: 1158.989.001, 1158.989.002 & 1158.989.003).

REQUESTED: Recommend to the Common Council that a public hearing be set for June 2, 2025 at 6:00 p.m. to be held before the Plan Commission to rescind PUD Overlay Ordinance # 2679 – Mandel Neighborhood Development Plan PUD (also amended by Ordinance # 2688) and adoption of Planned Unit Development Ordinance # 2701 that approves the rezoning of the properties from B-1/PUD (Shopping Center District), Rm-1/PUD (Multiple-Family Residential District:), I-1/PUD (Institutional District) / C-2/PUD (Shoreland-Wetland Holding District) to Rm-1/PUD and C-2/PUD as The Conservancy Neighborhood Development PUD Ordinance for the parcels located at 1640 S. Moorland Road (includes Tax Keys #'s 1158.989.001, 1158.989.002 & 1158.989.003).

RATIONALE: Per Chapter 275-22 of the City's Zoning Code, this applicant has filed a completed application and petitioned the City to rezone these properties. In addition, per State Statute 62.23(7), the Common Council may refer to the Plan Commission all petitions to rezone a property and require that a public hearing be held to obtain public input and that the Plan Commission formulate a recommendation. These recommendations shall be forwarded to the Common Council for final action.

Per Zoning Code Section 275-20I, Mr. Wimmer has simultaneously filed the following applications: a Land Division, Comprehensive Plan Amendment & Use Approval.

Note:
Initial Public Hearing was held on 3/3/2025. The applicant is requesting an amendment to their proposed PUD.

REQUESTED ACTION STATEMENT

MEMO TO: Mayor David Ament
Common Council

CC: Plan Commission (via email)

MEMO FROM: Gregory W. Kessler, AICP - Director

DATE: April 22, 2025

ISSUE: Colin Carr on behalf of Hawthorne Hill Farm LLC has filed a petition to rezone from B-2 and R-3 to B-2/PUD and to amend the Future Land Use Map within the City's Comprehensive Plan (Chapter 10 – Land Use and Chapter 19 – "Neighborhood I" National Avenue West) from Residential Estate to Suburban Commercial with a PUD Overlay the properties located at 16370 W. Small Road (Tax Key #: 1285.994.003) and 16380 W. Small Road (Tax Key #: 1285.994.002)

REQUESTED: Recommend to Common Council that a joint public hearing be set for June 2, 2025 at 6:01 p.m. to be held before the Plan Commission to amend the Future Land Use Map within the City's Comprehensive Plan Chapter 10 – Land Use and Chapter 19 – "Neighborhood I" National Avenue West) from Residential Estate to Suburban Commercial with a PUD Overlay the properties located at 16370 W. Small Road (Tax Key #: 1285.994.003) and 16380 W. Small Road (Tax Key #: 1285.994.002).

AND

Recommend to Common Council that a joint public hearing be set for June 2, 2025 at 6:01 p.m. to be held before the Plan Commission to rezone approximately 1.36 acres for the parcels located at 16370 W. Small Road (Tax Key #: 1285.994.003) and 16380 W. Small Road (Tax Key #: 1285.994.002) B-2 and R-3 to B-2/PUD.

RATIONALE: Per Chapter 275-21.1 of the City's Zoning Code, this applicant has filed a completed application and petitioned the City to amend the Comprehensive Plan / Future Land Use Map for this property. Per this section, the applicant submits the application to the Common Council for initial review. DCD staff prepares a requested action statement to refer the request to the Plan Commission to hold a public hearing and take action via a resolution. A report shall be forwarded to the Common Council for final action.

Per Chapter 275-22 of the City's Zoning Code, this applicant has filed a completed application and petitioned the City to rezone these properties. In addition, per State Statute 62.23(7), the Common Council may refer to the Plan Commission all petitions to rezone a property and require that a public hearing be held to obtain public input and that the Plan Commission formulate a recommendation. These recommendations shall be forwarded to the Common Council for final action.

Note: Staff is continuing to prepare the 2030 Comprehensive Plan Updates as time permits. Please note this request will include other basic changes to these chapters. This will represent a public hearing for the 2030 Comprehensive Plan updates. Additional public hearings will be set up to handle the remaining chapters at a future date.