

P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075  
 Phone: (920) 994-4852 • Fax: (920) 994-2390

## Building Permit Application

Job Location (identify exact address) <i>509 E. Shore Dr.</i>			Permit#		
Owner's Name <i>Curt &amp; Robin Barclay</i>		Phone Number <i>206-550-6005</i>	Contact's Name (When Relevant) <i>Dan Mondloch</i>		Phone Number <i>920-838-1290</i>
Owners Address (if different from above)			City <i>Random Lake</i>	State <i>WI</i>	Zip Code <i>53075</i>
Contractor's Name <i>Midway Systems Inc</i>		License Number	Contractor's Contact Name <i>Dan Mondloch</i>		Phone Number <i>920-838-1290</i>
Contractor's Address <i>W4876 Midway Lane</i>			City <i>Random Lake</i>	State <i>WI</i>	Zip Code <i>53075</i>
It is the responsibility of the permit holder to arrange for appointment times when entry is available for the required inspections if the inspector cannot access the work site or if the work is not visible, a re-inspection fee will be charged.					
Use of Building	Type of Work	Item	Size/Qty.	Fee	Amount
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> New	Residence (One & Two Family)		.30/sq. ft.	
<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Addition	Residential Additions		.30/sq. ft.	
	<input type="checkbox"/> Alteration/Repair	Attached/Detached Garage <i>10'x24'-1"</i>	<i>241 #</i>	.25/sq. ft.	<i>60.25</i>
		Plan Review: House & Garage	<i>241 #</i>	.12/sq. ft.	
<i>3 Season Porch Attached to Detached Garage</i>		State Permit Seal (\$33.00 (State fee) + \$10.00)		\$43.00	
		Occupancy Permit (House & Garage)		.05/sq. ft.	
		Remodeling (Includes Plan Review)		.20/sq. ft.	
		Erosion Control	<i>N.A.</i>	150.00	
		Decks & Porches		.20/sq. ft.	
		Storage Sheds		30.00	
		Re-Roof		50.00	
		Re-Siding		50.00	
		Swimming Pools (above ground/in ground/spas)		80.00	
		Fence		30.00	
Required for exterior design, appearance and location (fences, accessory buildings, decks, porches, pools, etc.)		Plan Commission/Architectural Review Board Fee		280.00	<i>280.00</i>
		Expedited Meeting Fee (Nonrefundable)		100.00	
		Re-inspection Fee		75.00	
<b>NOTES:</b>					
Separate permits are needed for Electrical, HVAC, & Plumbing					
If any work is commenced before a building permit is obtained, all of the above fees shall be doubled.					
All calculations for square footage area are outside dimensions.					
I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all Village of Random Lake and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any false misinformation may result in penalties prescribed in the Village of Random Lake ordinances.					<b>SUB TOTAL:</b>
<b>BASE FEE (add to subtotal):</b>					<b>\$40.00</b>
Applicants Signature: <i>Dan Mondloch</i>			Applicants Name: <i>Dan Mondloch</i>		Permit Total:
OFFICE USE ONLY Permit Paid By:					Date:

# D & H LAND SURVEYS

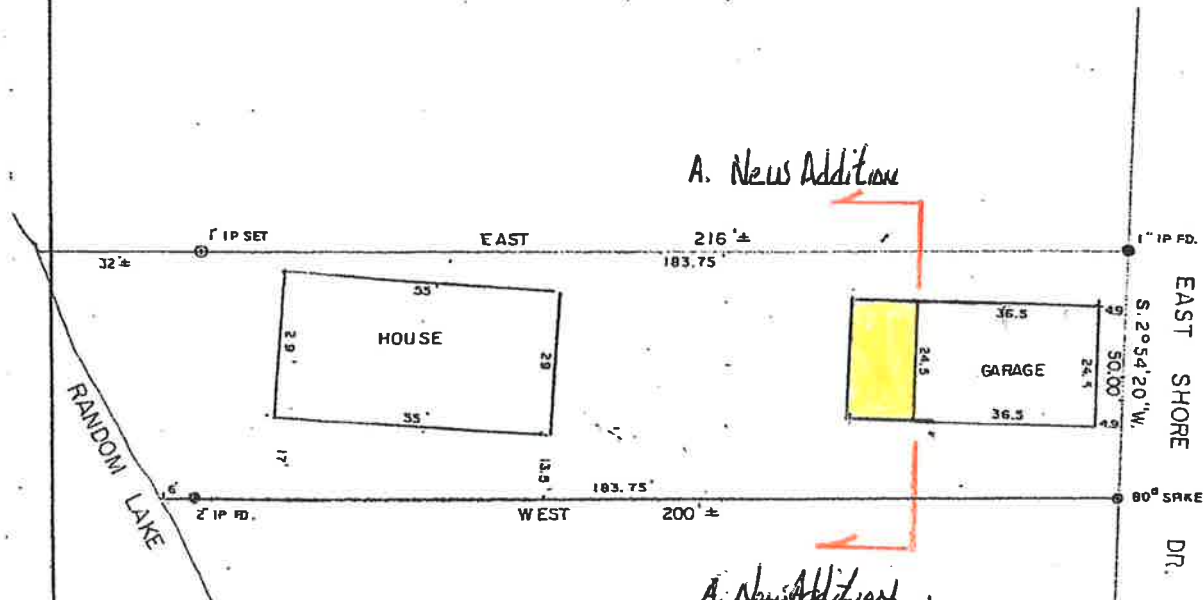
SHEBOYGAN, WISCONSIN

## PLAT OF SURVEY

FOR DENNIS FEYEREISEN

Being a resurvey of lands owned by John Linder as described in Volume 807 on page 897 of records as:

Parcel 1: Comm at a pnt 2,260.00' W of the E line of Sec 35 and 485.75 ft N of the S line of the N $\frac{1}{2}$  of Govt Lot 2, th W 200.00' M/L to the E shore of Random Lake, th Nly alg sd shore line of Random Lake to a pnt 535.75' N of the S line of the N $\frac{1}{2}$  of sd Govt Lot 2, th E 200.00' M/L to a pnt which is 2,260.00' W of the E line of Sec 35, th S 50.00' to the place of beg.



*A. New Addition*

*A. New Addition*

*Curt & Robin Barclay*

### SURVEYOR'S CERTIFICATE

I hereby certify that I have surveyed the above described property and that the above map is a true representation thereof and shows the size and location of the property, its exterior boundaries, the location of all visible structures and dimensions of all principal buildings thereon, boundary fences, apparent easements, roadways and visible encroachments, if any.

This survey is made for the use of the present owners of the property, and also those who purchase, mortgage, or guarantee the title thereto within one (1) year from date hereof.

FILED: 8-10-87  
SHEBOYGAN COUNTY  
PLAT PROPERTY

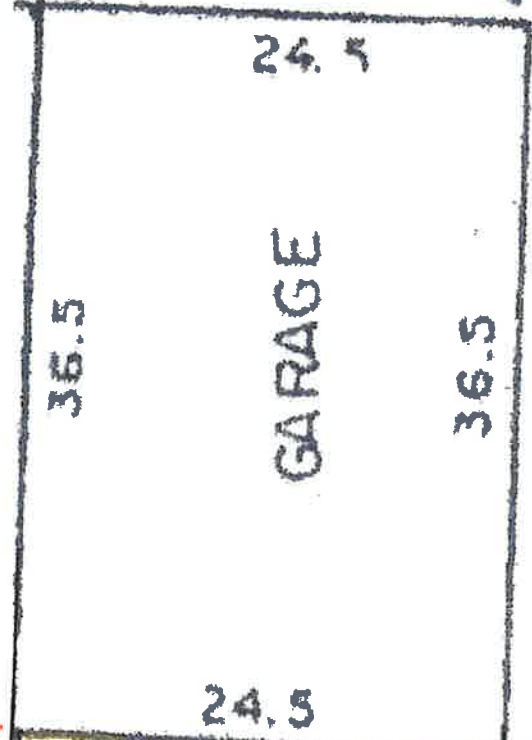


216' ±  
3.75

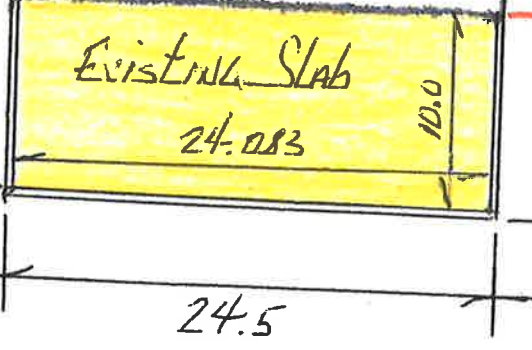
S. 2° 54' 20" W.

80° S

4.9 50.00 4.9



A. New Addition



10.1666

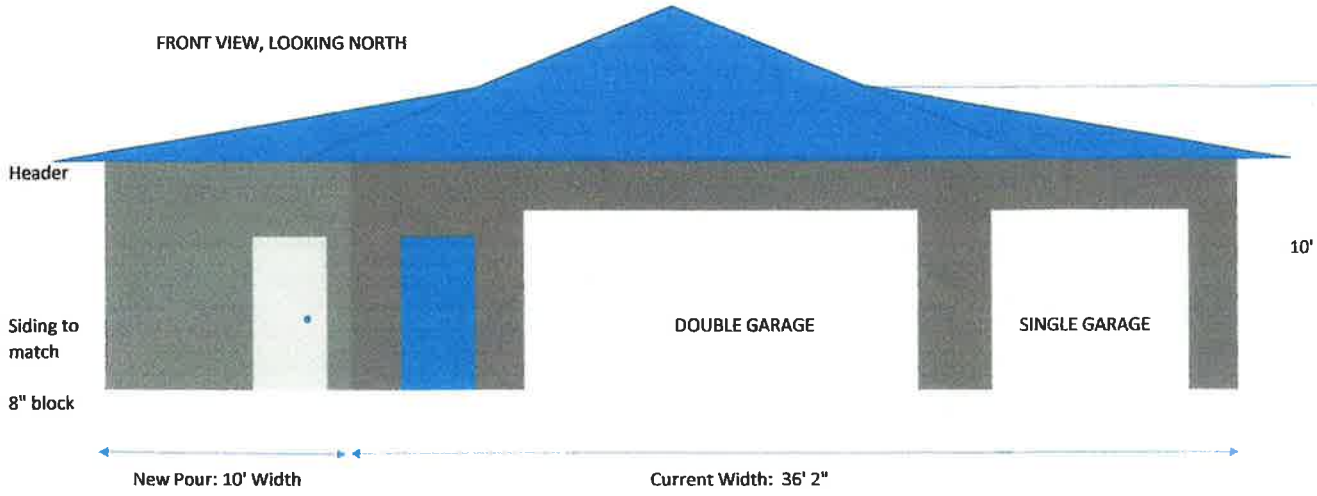
A. New Addition

New 3 Season Porch

0' ±

Current overhead dimensions: 36' 2" wide, 24' 1" deep

FRONT VIEW, LOOKING NORTH

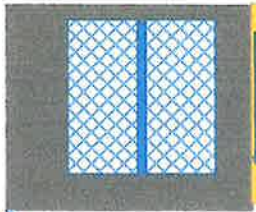


VIEW FROM LAKE SIDE, LOOKING EAST

GUTTER/DOWNSPOUT

NW corner

SW corner



END VIEW, LOOKING SOUTH

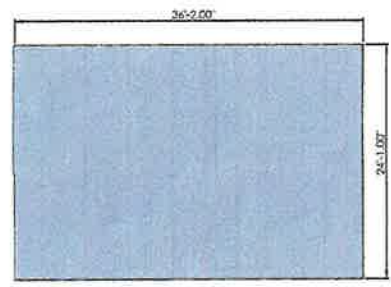
NE CORNER  
where attaches to existing garage

INSIDE: East wall remains as is, exterior siding  
North, south and west walls are 2x4 construction  
- No interior insulation or finish siding/wallboard  
- Concrete floor  
- Ceiling remains open construction also

Existing Garage Area	<u>871.05 sq ft</u>
New Addition Area	<u>240.84 sq ft</u>
Total new garage w/ 3 season porch	<u>1,111.89 sq ft</u>
60% of Home area	1447 sq ft
Home area 2412 sq ft	



SCALE 1:100



EXISTING FOUNDATION

EXISTING GARAGE AREA  
871.05 Sq Ft



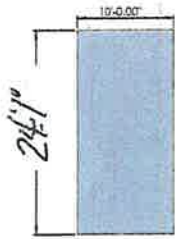
EXISTING BUILD

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CnR-00-2000 A

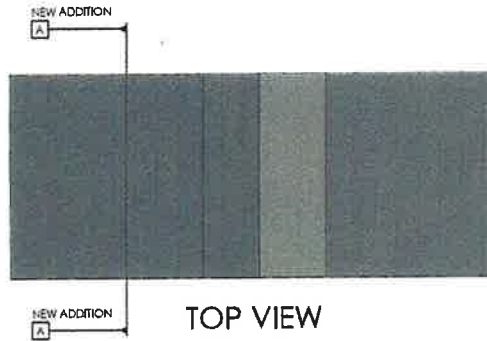
SCALE 1:75 | DO NOT SCALE | SHEET 1 of 2

PRINTED ON 11/16/2022



CONCRETE

NEW ADDITION AREA  
240.84 Sq Ft



TOP VIEW



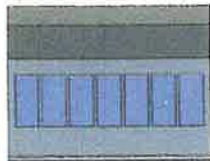
SCALE 1:100

- 16" OC WALLS
- 24" OC TRUSSES X/XX PITCH
- 2"X4" FRAMING
- DOUBLE TOP PLATE
- HURRICANE/SEISMIC RAFTER TO STUD ANCHOR
- 7/16" OSB
- HOUSE WRAP
- ASPHALT SHINGLES
- UNDERLAYMENT, ICE/WATER BARRIER
- GUTTERS/ METAL FLASHING DRIP EDGE
- SILL PLATE/PRESSURE TREATED BOTTOM PLATE

*Perimeter Grade Beam (Photos Included)*  
PROPOSED BUILD



N. SIDE ADDITION



W. SIDE ADDITION



S. SIDE ADDITION WITH EXISTING GARAGE



W. SIDE EXISTING

SCALE THIS DOCUMENT IS PROPRIETARY PROPERTY OF ENGINEERING CONSULTANTS, INC. AND SHALL BE USED ONLY FOR THE PROJECT FOR WHICH IT HAS BEEN ISSUED AND IT IS TO BE RETURNED IMMEDIATELY UPON COMPLETION. THIS DOCUMENT SHALL NOT BE COPIED OR REPRODUCED WITHOUT THE WRITTEN PERMISSION OF ENGINEERING CONSULTANTS, INC.	INSURANCE/LEADS CHEVROLET/BUICK	DRAWN BY MATERIAL	DATE	SHEET NO.
SURFACE MEDIA CHECK LAYER PRINTED	DIMENSIONAL LIMITS APPLY AFTER FINISH	DATE: 11/11/11	SHEET: 2 OF 2	SHEET: 2 OF 2
CnR-00-2000	A	SCALE: 1/75	DO NOT SCALE	PRINTED ON: 8/18/2012



\* Poured Last Fall - Didn't know if 3 season porch  
would be built for a couple years  
(Photos shows) 12" Perimeter Grade Beam (Anchor to Exist)  
2-#5 Co-Rod @ Perimeter  
Hixson WAY Mesh 1/4" - Labak Mix.

Poured by Midway Systems Inc.  
Poured 10-14-22





Sec. 38-68. - R-1 Single-Family Residential District.

The R-1 district is intended to provide a quiet, pleasant and relatively spacious living area for single-family dwellings, protected from traffic hazards and intrusion of incompatible land uses.

(1) *Permitted uses.*

- a. One-family dwellings.
- b. Two- and three-family dwellings existing on the effective date of the ordinance from which this division is derived.

(2) *Conditional uses.*

- a. Churches, synagogues and similar places of worship and instruction, including parsonages.
- b. Municipal buildings, except sewerage disposal plants, garbage incinerators, public warehouses, public garages, public shops and storage yards and penal or correctional institutions and asylums.
- c. Utility offices, provided there is no service garage or storage yard.
- d. Public, parochial and private elementary and secondary schools.
- e. Public parks, recreation areas, playgrounds and village centers.
- f. Home occupations and professional offices.

(3) *Lot, yard and building requirements.*

- a. Lot frontage minimum: 80 feet.
- b. Lot size: 10,000 square feet.
- c. Principal building:
  1. Front yard minimum depth: 25 feet.
  2. Side yards minimum: total, 15 feet; minimum side, seven feet.
  3. Rear yard minimum: 25 feet.
  4. Building height maximum: 35 feet.
  5. Floor area minimum:
    - (i) Single-story dwelling: 1,500 square feet.
    - (ii) Bi-level, tri-level or two-story dwelling: 1,000 square feet, on ground floor, with a total minimum of 1,700 square feet.
    - (iii) Dwellings existing on the effective date of March 1, 2004: 1,200 square feet.
- d. Accessory buildings:
  1. General.
    - (i) Front yard minimum: 25 feet plus depth of principal building.

(ii) Side yards minimum: five feet.

(iii) Rear yard minimum: five feet.

2. Garage.

(i) Maximum area: 1,000 square feet, or 60 percent of building area, whichever is greater.

(ii) Minimum area: 500 square feet.

(iii) Every dwelling unit shall have a garage, which shall be completed before occupancy.

(iv) Detached garages may not have living quarters above. Wall height shall not exceed ten feet, roof pitch cannot exceed the pitch of principal building.

(v) Attached garages may have living quarters above. Total height of attached garages cannot exceed 35 feet.

(vi) No garage shall be constructed with exterior metal walls. However, metal siding is permitted, so long as each horizontal siding panel does not exceed a maximum width of 12 inches.

(vii) Each dwelling unit shall not have more than one garage.

3. Garden shed.

(i) Maximum area: 180 square feet.

(ii) Building height maximum: 15 feet.

(iii) Only one garden shed per dwelling unit. Two garden sheds, one at street level with a five-foot setback and one at lake level, are allowed only on the following properties due to topographical features of the lot: 77 Hwy. 144, 79 Hwy. 144, 75 Hwy. 144, and all properties with lake frontage on Stark Road to the east end as it exists or may be extended.

(iv) Sheds constructed exclusively from metal or plastic materials or constructed with a barn style roof are prohibited.

(v) All sheds must be architecturally compatible with the exterior appearance of the main structure or building.

e. Off-street parking: minimum two spaces per unit.

(4) *Driveways and driveway curb cuts.*

a. All driveways must be hard surfaced and constructed within one year of occupancy. The term "hard surfaced" shall be defined as concrete, asphalt or brick paving. Additionally, a driveway apron, consisting of the first five feet of driveway extending onto the property

from a public roadway shall be constructed from concrete, shall be at least six inches thick and shall be constructed with tapered sides. No property shall have more than one driveway.

- b. Plans for driveways and curb cuts shall be submitted as part of the plot plan for review by the architectural review board. Curb cuts shall be made prior to commencement of any construction. Curb cuts shall be saw cut or full replacement of curb shall be required. No mounding of dirt or gravel in the gutter shall be allowed to provide access to the construction site.

(Ord. No. 1-04, § 1, 3-1-2004; Ord. No. 6-04, § 1, 8-2-2004; Ord. No. 6-2015, 7-6-2015; Ord. No. 06-2016, 7-18-2016; Ord. No. 2021-03, § 1, 4-5-2021; Ord. No. 2022-01, § 1, 8-15-2022)







# Village of Random Lake Audit Results

WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor

# Summary of Audit Results

## Auditors' Report on the Basic Financial Statements

- Unmodified Opinion

## Auditors' Report on Internal Control

- Finding 2022-001 Preparation Of the Annual Financial Report
- Finding 2022-002 Segregation of Duties
- Finding 2022-003 Adjustments to the Village's Financial Records



# Governance Communications

Qualitative aspects  
of accounting  
practices and  
significant estimates

Financial statement  
disclosures

No difficulties

No disagreements  
with management

Audit adjustments

No consultations  
with other  
accountants

Management  
representations





# Fund Balance - General Fund

	December 31, 2022	December 31, 2021
<b>GENERAL FUND</b>		
Nonspendable for:		
Prepaid Supplies and Items	\$ 29,913	\$ 13,357
Long-Term Receivables	132,488	21,084
Restricted for		
Lake Improvements	101,784	100,670
Advanced Emergency Medical Services	43,082	42,886
Capital Improvements	917,617	-
Unassigned	667,029	925,949
Total General Fund Balance	1,891,913	1,103,946



# Tax Incremental Districts

<u>Tax Increment District</u>	<u>Statutory Termination Date</u>	<u>Fund Balance</u>	<u>Outstanding Principal Balance</u>	<u>Costs To Be Recovered</u>
#3	9/2/2034	\$ 76,150	\$ 582,676	\$ 506,526
#4	4/5/2042	\$ (163,124)	\$ 1,311,183	\$ 1,474,307



# Long Term Debt - Governmental

	Beginning Balance	Issued	Retired	Ending Balance	Due Within One Year
<b>Governmental Activities:</b>					
General Obligation Debt					
Bonds	\$ 2,365,000	\$ -	\$ 60,000	\$ 2,305,000	\$ 60,000
Notes from Direct Borrowings	567,165	1,402,429	120,602	1,848,992	44,489
Total General Obligation Debt	2,932,165	1,402,429	180,602	4,153,992	104,489
Revenue Bonds from					
Direct Borrowings	526,545	-	70,050	456,495	71,707
Debt Premium	20,980	-	2,074	18,906	-
Lease - Financed Purchase	58,954	-	28,888	30,066	30,066
Governmental Activities Long-Term Obligations	<u>\$ 3,538,644</u>	<u>\$ 1,402,429</u>	<u>\$ 281,614</u>	<u>\$ 4,659,459</u>	<u>\$ 206,262</u>



# General Obligation Debt – Statutory Limit

Equalized Valuation of the Village	\$ 200,056,100
Statutory Limitation Percentage	<u>(x) 5%</u>
General Obligation Debt Limitation, per Section 67.03 of the Wisconsin Statutes	10,002,805
Net Outstanding General Obligation Debt Applicable to Debt Limitation	<u>6,005,402</u>
Legal Margin for New Debt	<u><u>\$ 3,997,403</u></u>



# Water Utility

	2022	2021
<b>OPERATING REVENUES</b>		
Charges for Services	\$ 471,525	\$ 400,241
Other	35,227	38,936
Total Operating Revenues	<u>506,752</u>	<u>439,177</u>
<b>OPERATING EXPENSES</b>		
Operation and Maintenance	281,537	226,470
Depreciation and Amortization	125,083	122,372
Total Operating Expenses	<u>406,620</u>	<u>348,842</u>
<b>OPERATING INCOME (LOSS)</b>	100,132	90,335
<b>NONOPERATING REVENUES (EXPENSES)</b>		
Interest Income	6,459	1,048
Interest and Fiscal Charges	<u>(33,723)</u>	<u>(36,340)</u>
Total Nonoperating Revenues (Expenses)	<u>(27,264)</u>	<u>(35,292)</u>
<b>INCOME (LOSS) BEFORE CONTRIBUTIONS AND TRANSFER</b>	72,868	55,043
Capital Contributions	-	254,622
Transfers Out	<u>(75,421)</u>	<u>(73,902)</u>
<b>CHANGE IN NET POSITION</b>	<u>\$ (2,553)</u>	<u>\$ 235,763</u>



# Sewer Utility

	<u>2022</u>	<u>2021</u>
<b>OPERATING REVENUES</b>		
Charges for Services	\$ 430,289	\$ 445,025
Other	-	1,034
Total Operating Revenues	<u>430,289</u>	<u>446,059</u>
<b>OPERATING EXPENSES</b>		
Operation and Maintenance	511,558	397,913
Depreciation and Amortization	<u>95,985</u>	<u>84,120</u>
Total Operating Expenses	<u>607,543</u>	<u>482,033</u>
<b>OPERATING INCOME (LOSS)</b>	(177,254)	(35,974)
<b>NONOPERATING REVENUES (EXPENSES)</b>		
General Property Taxes	53,358	49,011
Interest Income	2,173	643
Interest and Fiscal Charges	<u>(10,885)</u>	<u>(20,416)</u>
Total Nonoperating Revenues (Expenses)	<u>44,646</u>	<u>29,238</u>
<b>INCOME (LOSS) BEFORE CONTRIBUTIONS AND TRANSFER</b>	(132,608)	(6,736)
Capital Contributions	<u>289,422</u>	<u>663,113</u>
<b>CHANGE IN NET POSITION</b>	<u>\$ 156,814</u>	<u>\$ 656,377</u>



# Looking Forward...

## New Accounting Standards

- GASB Statement No. 96, “Subscription Based Information Technology Agreements”

## American Recovery and Rescue Plan



**Bryan Grunewald, CPA**

Principal

(920) 803-3147

[Bryan.Grunewald@claconnect.com](mailto:Bryan.Grunewald@claconnect.com)



[CLAconnect.com](https://www.claconnect.com)

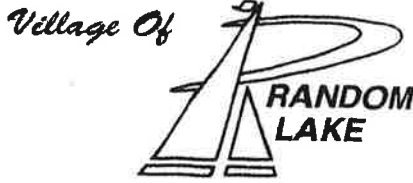


WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

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Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor





**Rental Agreement for LAKEVIEW PARK PAVILION Random Lake, Wisconsin**

It is hereby agreed from Jody Booth (renter) shall be entitled to exclusive use of the Lakeview Park Pavilion and four (4) picnic tables on 9/16/23 (date). This does not include

Check Unlimited 1-800-270-0488 www.etrackonline.com

**JODY BOOTH OR CHERYL BOOTH**  
1622 S. 24TH STREET  
SHEBOYGAN, WI 53081

79-7841/2759  
SECURED BY EZSHIELD

8501

date May 6, 2023 Tinker Bell

Pay to the order of Village of Random Lake \$ 150.00  
One hundred and fifty dollars and 00/100

**KOHLER CREDIT UNION**  
WWW.KOHLERCU.COM  
Lakeview Park Pavilion  
for Vets Outing

Cheryl Booth

ter, if clean up is properly prior to  
y damage is g renter's  
ndant on duty,  
the lock box

Printed Name: (Jody Booth) Before the Muskies  
Address: 1622 S. 24th St.  
City, State, Zip Code: SHEBOYGAN, WI. 53089  
Telephone Number: (920) 627-1744

This is for our Vets outing and run from ABOUT 1:30 PM

Resident fee \$50.00 + \$50.00 deposit fee totaling \$100.00  
 Nonresident fee \$100.00 + \$50.00 deposit fee totaling \$150.00

Return reservation check along with signed Agreement to the address listed below.

Signatures:  
Cammajayor Clerk/Treasurer Village of Random Lake  
Jody Booth Signature of Renter  
5/4/23 Date  
Paid By: Jody Booth Check #: 8501 Security Deposit return date: 9/18



100-00-53300-230

# Sale Receipt

United-States-Flag.com  
Online Stores PA LLC  
1000 Westinghouse Dr.  
Suite 1  
New Stanton PA 15672  
United States  
330488049

#CS1923855

6/9/2023

**Bill To**  
PETER LEDERER  
VILLAGE OF RANDOM LAKE  
PO BOX 344  
RANDOM LAKE WI 53075  
United States

**Ship To**  
PETER LEDERER  
VILLAGE OF RANDOM LAKE  
96 RUSSELL DR  
RANDOM LAKE WI 53075  
United States

**TOTAL**

**\$85.26**

**Payment Method**  
Visa visa-0537

**Check #**

**Shipping Method**  
Best Way Economy

Quantity	Item	Options	Rate	Amount
6	A7ASP_POLE 7ft Spinner Flagpole - White Aluminum FP-004-7		\$14.21	\$85.26

<b>Subtotal</b>	\$85.26
<b>Shipping</b>	\$0
<b>Handling</b>	\$0.00
<b>Discount Applied</b>	
<b>Total Tax (%)</b>	\$0.00
<b>Total</b>	\$85.26

**Total Paid as of 6/9/2023**  
\$85.26

**Total Due as of 6/9/2023**  
\$0.00



# Sale Receipt

United-States-Flag.com  
 Online Stores PA LLC  
 1000 Westinghouse Dr.  
 Suite 1  
 New Stanton PA 15672  
 United States  
 330488042

#CS1923900

6/9/2023

**Bill To**

PETER LEDERER  
 VILLAGE OF RANDOM LAKE  
 PO BOX 344  
 RANDOM LAKE WI 53075  
 United States

**Ship To**

PETER LEDERER  
 VILLAGE OF RANDOM LAKE  
 96 RUSSELL DR  
 RANDOM LAKE WI 53075  
 United States

**TOTAL**

## \$193.56

**Payment Method**

Visa visa-0537

**Check #**

**Shipping Method**

Best Way Economy

Quantity	Item	Options	Rate	Amount
20	<b>USA35SKP American 3ft x 5ft Flag Super Knit Polyester with Grommets</b> USA35SKP		\$5.91	\$118.20
6	<b>USA46SPP 4ft x 6ft American Flag Super Knit Polyester</b> USA46SPP		\$12.56	\$75.36

<b>Subtotal</b>	\$193.56
<b>Shipping</b>	\$0
<b>Handling</b>	\$0.00
<b>Discount Applied</b>	
<b>Total Tax (%)</b>	\$0.00
<b>Total</b>	\$193.56

**Total Paid as of 6/9/2023**  
 \$193.56

**Total Due as of 6/9/2023**  
 \$0.00

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

**Complete A or B. All must complete C.**

**A. Individual or Partnership:**

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

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Keeggers Pub &amp; Grill LLC</u>	<u>235 Allen St. Random Lake WI 53075</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Arndt</u>	<u>Jason</u>	<u>G</u>	<u>235 Allen St. Random Lake WI 53075</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Keeggers Pub & Grill Business Phone Number (920) 447-8063  
 2. Address of Premises 447 Second St. Post Office & Zip Code Random Lake, WI 53075

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.) Sold, consumed, stored in downstairs of building, basement, front porch, back patio and backyard.

Applicant's Wisconsin Seller's Permit Number <u>456-628862230-02</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
<input checked="" type="checkbox"/> Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 405</b>

5. Legal description (omit if street address is given on previous page): 447 Second St. Random Lake WI 53015
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . .  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** . . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . .  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . .  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <u>Arndt, Jason G.</u>	Title / Member <u>owner</u>	Date <u>5/29/23</u>
Signature <u>Jason Arndt</u>	Phone Number <u>(262) 617-8008</u>	Email Address <u>snake-77301@yahoo.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/31/23</u>	Date reported to council / board <u>06/19/23</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of Random Lake County of Sheboygan  
 City

The undersigned duly authorized officer/member/manager of Keggers Pub & Grill 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  
Keggers Pub & Grill  
(Trade Name)

located at 447 Second St. Random Lake WI

appoints Jason Arndt  
(Name of Appointed Agent)

235 Allen St. Random Lake WI  
(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? Whole life

Place of residence last year 235 Allen St. Random Lake WI

For: Keggers Pub & Grill LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Jason Arndt  
(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, Jason Arndt, 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.

Jason Arndt 5/29/23  
(Signature of Agent) (Date) Agent's age \_\_\_\_\_

235 Allen St. Random Lake WI  
(Home Address of Agent) Date of birth \_\_\_\_\_

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

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

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Arndt</b>		(first name) <b>Jason</b>		(middle name) <b>G.</b>	
Home Address (street/route) <b>235 Allen St.</b>		Post Office <b>Random Lake</b>	City <b>Random Lake</b>	State <b>WI</b>	Zip Code <b>53075</b>
Home Phone Number <b>(262) 617-8008</b>		Age	Date of Birth	Place of Birth <b>Port Washington</b>	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent** of **Keggers Dub & Grill LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 45 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <b>Village of Grafton</b>	Employer's Address <b>1300 Hickory St. Grafton WI 53024</b>	Employed From <b>2006</b>	To <b>Present</b>
Employer's Name <b>Village of Random Lake</b>	Employer's Address <b>900 Russell Dr. Random Lake WI 53075</b>	Employed From <b>2004</b>	To <b>2006</b>

**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)



**STATE OF WISCONSIN  
DEPARTMENT OF REVENUE  
CUSTOMER SERVICE BUREAU**

**2135 RIMROCK RD  
P.O. BOX 8902  
Madison, WI 53708-8902  
FAX NUMBER: (608) 264-6884**

**Legal Name: KEGGER'S PUB & GRILL LLC  
DBA Name:  
BTR Expiration Date: April 30, 2017  
Greeting Letter ID (for registering on My Tax Account): L1560836192**

<b>Tax Account</b>	<b>Tax Account Number</b>	<b>Filing Frequency</b>
Sales & Use Tax	456-1028862230-02	Monthly
Withholding Tax	036-1028862230-04	Monthly





STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 6/12/2023

Report Date: 6/12/2023

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: **ARNDT, JASON**

Date of Birth

Alias Names:

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### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

### NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

**Complete A or B. All must complete C.**

Applicant's Wisconsin Seller's Permit Number <u>39 1799 381</u>	
FEIN Number <u>004-0000374340</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$</b>

**A. Individual or Partnership:**

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

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>RSS Enterprises LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>124 CARROLL ST R.L.</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>PALMER</u>	(First) <u>RANDALL</u>	(Middle Name) <u>JOHN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>107 MEADOW LAKES PI R. L</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>PALMER</u>	(First) <u>RANDALL</u>	(Middle Name) <u>JOHN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>107 MEADOW LAKES R.L.</u>
Vice President / Member Last Name <u>''</u>	(First) <u>''</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>''</u>	(First) <u>''</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>''</u>	(First) <u>''</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>''</u>	(First) <u>''</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>''</u>	(First) <u>''</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name BOOZ'IN Business Phone Number 920 946 7954  
 2. Address of Premises 124 CARROLL ST R.L Post Office & Zip Code R.L 53075

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.)

BAR Kitchen office Beer Garden Basement

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

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

Contact Person's Name (Last, First, M.I.) <i>Rainer RANDALL Joltw</i>	Title / Member <i>President</i>	Date <i>5-31-23</i>
Signature <i>Rainer Rahn</i>	Phone Number <i>920 946-7757</i>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>06/05/2023</i>	Date reported to council / board <i>06/19/2023</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Palmer</b>		(first name) <b>RAWAN</b>		(middle name) <b>JOHN</b>	
Home Address (street/route) <b>107 Meadow Lakes Rd</b>		Post Office <b>R.L</b>	City <b>RAWAN LAKE</b>	State <b>WI</b>	Zip Code <b>53075</b>
Home Phone Number <b>990 946 07754</b>		Age	Date of Birth	Place of Birth <b>SheB</b>	

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

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

which is making application for an alcohol beverage license.

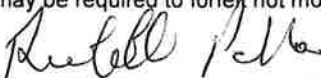
The above named individual provides the following information to the licensing authority:

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

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

Employer's Name <b>Timex</b>	Employer's Address <b>R.L</b>	Employed From <b>81-</b>	To <b>85</b>
Employer's Name <b>QJAD</b>	Employer's Address <b>Sussex</b>	Employed From <b>85</b>	To <b>95</b>

**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)

# 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 R. L. County of Shawano Co

The undersigned duly authorized officer/member/manager of RTS Enterprise Inc.  
(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 BOOZ W SPORTS BAR  
(Trade Name)

located at 124 CARROLL ST BOOZ'N

appoints RANDALL JOHN PALMER  
(Name of Appointed Agent)

107 MEADOW LAKES DR R. L.  
(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? 59 y/c.

Place of residence last year 107 Meadow Lakes Dr R. L.

For: RTS Enterprises Inc  
(Name of Corporation / Organization / Limited Liability Company)

By: Randall Palmer  
(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, RANDALL JOHN PALMER, 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.

Randall John Palmer 5.29.23 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

107 MEADOW LAKES DR R. L. Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

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

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



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 L1777159568

R.J.S. ENTERPRISES, INC.  
PO BOX 187  
CHILTON WI 53014-0187

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** R.J.S. ENTERPRISES, INC.  
**Business name:** BOOZ'IN SPORTS BAR  
124 CARROLL ST  
RANDOM LAKE WI 53075-1791

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

**Tax Type**

**Account Type**

**Account Number**

Sales & Use Tax

Seller's Permit

456-0000374340-03



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **6/13/2023**

Report Date: **6/13/2023**

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: **PALMER, RANDALL J**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

### NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Random Lake  
 Village of }  
 City of }

County of Sheboygan Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 300
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 465.00</b>

**A. Individual or Partnership:**

Full Name (Last) <u>Mondragon</u>	(First) <u>Mario</u>	(Middle Name) <u>—</u>	Home Address (Street, City or Post Office, & Zip Code) <u>417 Second St. Random Lake WI</u>
Full Name (Last) <u>Jaimes</u>	(First) <u>Claudio</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>417 Second St. Random Lake WI</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>El Guero Mexican Restaurant LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Mondragon</u>	(First) <u>Mario</u>	(Middle Name) <u>—</u>	Home Address (Street, City or Post Office, & Zip Code) <u>417 Second Street Random Lake, WI</u>
-------------------------------------	-------------------------	---------------------------	--

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

President / Member Last Name <u>Mondragon</u>	(First) <u>Mario</u>	(Middle Name) <u>—</u>	Home Address (Street, City or Post Office, & Zip Code) <u>Same as above</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information** Lake Front cafe

1. Trade Name El Guero Mexican Restaurant LLC Business Phone Number 920 447-3024  
 2. Address of Premises 417 Second St. Random Lake WI Post Office & Zip Code 53075

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.) Building at 417 2nd St.

Including 2nd store living qtr with office, 1st floor: bar, dining rooms, kitchen, full basement, outside cooler, garage, patio area, parking lot.



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

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

Contact Person's Name (Last, First, M.I.) <i>Marco Mondragon</i>	Title / Member	Date <i>6-14-23</i>
Signature <i>Marco m</i>	Phone Number <i>(262) 6892097</i>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>06/05/2023</i>	Date reported to council / board <i>06/19/2023</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mondragon		Mario			
Home Address (street/route)		Post Office	City	State	Zip Code
417 2nd st			Random Lake	WI	53075
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 689-2097				Mexico	

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.

Mario Mondragon of El Super Mexican Restaurant  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 10-21-2003 19 Yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
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.

Mario Mondragon  
(Signature of Named Individual)

# 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 of Randon Lake County of Sheboygan  
 City

The undersigned duly authorized officer/member/manager of El Guero Mexican Restaurant  
(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 Lakefront cafe  
(Trade Name)

located at 417 2nd st Randon Lake wi 53075

appoints Mario Mondragon  
(Name of Appointed Agent)

417 2nd st Randon Lake wi 53075  
(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? 19 yr

Place of residence last year 902 main st Belgium / 112 N Lar Ann st Belgium

For: El Guero Mexican Restaurant  
(Name of Corporation / Organization / Limited Liability Company)

By: Mario M  
(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, Mario Mondragon, 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.

Mario M 6-5-23 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

417 2nd st Randon Lake wi 53075 Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

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

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



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 L1168059664

EL GUERO MEXICAN RESTAURANT LLC  
 W2379 COUNTY ROAD K  
 RANDOM LAKE WI 53075-1511

**Wisconsin Department of Revenue Seller's Permit**

<b>Legal/real name:</b>	EL GUERO MEXICAN RESTAURANT LLC
<b>Business name:</b>	EL GUERO MEXICAN RESTAURANT LLC W2379 COUNTY ROAD K RANDOM LAKE WI 53075-1511

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

**Tax Type**

**Account Type**

**Account Number**

Sales & Use Tax

Seller's Permit

456-1029799885-04



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: **6/14/2023**

Report Date: **6/14/2023**

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: **MONDRAGON, MARIO**

Date of Birth:

Alias Names:

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### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

### NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number <b>BRL + 2022 - 01</b>
Period Covered <b>7-1-2024</b>
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-0000 374 340 03**

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>RJS Enterprises, LLC</b>			Federal Employer Identification No. (FEIN) <b>004 0000 374 340</b>		
Trade or Business Name (if different than Legal Name) <b>BOOC 'N</b>			Telephone Number <b>(920) 946 7754</b>		
Business Address (License Location) <b>124 CARRAW ST</b>		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( ) ' ' "	
Municipality <b>R.</b>	State <b>WI</b>	Zip Code <b>53075</b>	County		
Mailing Address (if different than Business Address) <b>P.O. Box 187 R.L</b>		Municipality <b>R.L</b>		State <b>WI</b>	Zip Code <b>53075</b>

Organization (check one)

- Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: 1994  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?  
 Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)  
 Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?  
 Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)  
 Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?  
 Yes     No    6. Does the applicant understand that they may not sell single cigarettes?  
 Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?  
 Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*[Signature]*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



# APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

1. New  Renewal  Date filing: 06/07/2023  
Prev. Lic. # \_\_\_\_\_

2. Name: Seth Christian Sullivan  
First Middle Last

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: W 206216614 Blackberry Cir. Jackson, WI 53037  
Street City/State Zip Code

5. Phone Number: (262) 388-0713 Ethnicity: White

6. Sex: M  F  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: Taylor County

7. Are you a citizen of the United States Yes  No

8. List all your residences for the past Two years to the date of application:  
6749 Enge Dr., West Bend, WI 53090

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? No  
Wisconsin State Laws? No  
Laws of ANY other State? No  
Ordinances of the Village of Random Lake? No

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
\_\_\_\_\_  
\_\_\_\_\_

11. Where will you be serving/selling alcohol beverages?  
Business Name: Casey's General Store

Clerk/Treasurer \_\_\_\_\_

[Signature]  
Applicant's Signature

<input type="checkbox"/> APPROVED ___/___/___	<input type="checkbox"/> REJECTED ___/___/___	<b>Office Use Only</b>	
		REASON: _____	
<input checked="" type="checkbox"/> \$ 30.00 - OPERATOR LICENSE	<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
<input type="checkbox"/> \$ 15.00 - *PROVISIONAL LICENSE (60 DAYS)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____	LICENSE #: _____
*TRAINING CERTIFICATE RECEIVED ___/___/___			



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 6/9/2023

Report Date: 6/9/2023

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: SULLIVAN, SETH

Date of Birth

Alias Names:

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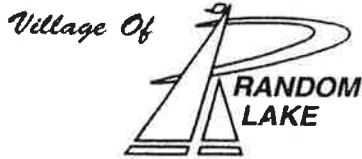
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APPLICATION - OPERATOR/BARTENDER LICENSE

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1. New [ ] Renewal [X] Date filing: 5.15.23
Prev. Lic. # \_\_\_\_\_

2. Name: Tristan Marie Scholler
Middle Last

3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

4. Home Address: N782 Lynn Rd Random Lake WI 53075
Street City/State Zip Code

5. Phone Number: 920-980-5684 Ethnicity: White

6. Sex: M [ ] F [X] Date of Birth: \_\_\_\_\_ Place of Birth: Plymouth

7. Are you a citizen of the United States Yes [X] No [ ]

8. List all your residences for the past Two years to the date of application:

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

- Federal Laws ANYWHERE? [X]
Wisconsin State Laws? [X]
Laws of ANY other State? [X]
Ordinances of the Village of Random Lake? [X]

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?

Business Name: Globe lanes

Clerk/Treasurer

Applicant's Signature

[ ] APPROVED [ ] REJECTED

Office Use Only

REASON:

[X] \$ 30.00 - OPERATOR LICENSE

[ ] CASH

[X] CHECK # 10326

LICENSE #:

[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS)

[ ] CASH

[ ] CHECK #

LICENSE #:

\*TRAINING CERTIFICATE RECEIVED

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852

Facsimile: (920) 994-2390

Website: www.randomlakewi.com



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

Request Date: 6/12/2023

Report Date: 6/12/2023

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: **SCHOLLER, TRISTAN M**

Date of Birth

Alias Names:

---

### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

### NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records



APPLICATION - OPERATOR/BARTENDER LICENSE

License year: July 1, 2023 to June 30, 2024

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, 2024, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

1. New [ ] Renewal [ ] Date filing: 06/14/23
2. Name: Brandi Ann Evans
3. Social Security No.: Driver's License No.:
4. Home Address: 441 W Hillcrest Ct. Saukville, WI 53080
5. Phone Number: 262-217-5051 Ethnicity: White
6. Sex: M [ ] F [x] Date of Birth: Age: Place of Birth: FLORIDA
7. Are you a citizen of the United States Yes [x] No [ ]
8. List all your residences for the past Two years to the date of application: 441 W Hillcrest Ct, Saukville, WI. 53080

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)
Federal Laws ANYWHERE?
Wisconsin State Laws? Traffic Law
Laws of ANY other State?
Ordinances of the Village of Random Lake?

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):
Property Adversely Affected - Hit and Run - Property Adversely Affected to Highway - 10/29/21 - Ozaukee Co. Failure of operator to notify police of accident

11. Where will you be serving/selling alcohol beverages?
Business Name: Criseys General Store - Random Lake

Clerk/Treasurer Brandi Evans Applicant's Signature

Office Use Only
[ ] APPROVED [ ] REJECTED
[x] \$ 30.00 - OPERATOR LICENSE [x] CASH [ ] CHECK # LICENSE #
[ ] \$ 15.00 - \*PROVISIONAL LICENSE (60 DAYS) [ ] CASH [ ] CHECK # LICENSE #
\*TRAINING CERTIFICATE RECEIVED



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

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Request Date: 6/14/2023

Report Date: 6/14/2023

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: EVANS, BRANDI A

Date of Birth:

Alias Names:

---

### NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

### NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 6-13-23

Town  Village  City of RANDOM LAKE

County of SHERBOURNE

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.  
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6/22/23 and ending 6/22/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

**1. Organization** (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name TRUSTEE'S OF THE RANDOM LAKE FIRE DEPT

(b) Address 718 N-SPRING ST RANDOM LAKE WI 53075  
(Street)  Town  Village  City

(c) Date organized 1990

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President PAT DEPIES

Vice President AARON SCHMIT

Secretary SACHA KRATTENBUHL

Treasurer AMY SCHMIT

(g) Name and address of manager or person in charge of affair: PAT DEPIES N7045 KAY-KRD BELGIUM WI 53004

**2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**

(a) Street number 53 RUSSEL DR

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

**3. Name of Event**

(a) List name of the event MUSIC IN THE PARK

(b) Dates of event 6/22/23

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Pat Depies 6-13-23 TRUSTEE'S OF THE RANDOM LAKE FIRE DEPT  
(Signature / Date) (Name of Organization)

Date Filed with Clerk 06/13/2023

Date Reported to Council or Board 06/19/2023

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

## Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00 Application Date: 6/21/23  
 Town  Village  City of RANDOM LAKE County of SHEBOYGAN

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6/29/23 and ending 6/29/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

**1. Organization** (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name TRUSTEES OF THE RANDOM LAKE FIRE DEPT

(b) Address 718 N SPRING ST RANDOM LAKE WI 53075  
(Street)  Town  Village  City

(c) Date organized 1990

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President PAT DEPIES

Vice President AARON SCHMIT

Secretary SACHSEL KRAHENBUHL

Treasurer AMY SCHMIT

(g) Name and address of manager or person in charge of affair: PAT DEPIES N7045 KAY RD BELLEVUE WI 53004

**2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**

(a) Street number 53 RUSSEL DR

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

**3. Name of Event**

(a) List name of the event MUSIC IN THE PARK

(b) Dates of event 6-29-23

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Pat Depies 6/13/23 TRUSTEES OF THE RANDOM LAKE FIRE DEPT  
(Signature / Date) (Name of Organization)

Date Filed with Clerk 06/13/2023

Date Reported to Council or Board 06/19/2023

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00 Application Date: 6-13-23  
 Town  Village  City of RANDOM LAKE County of SHEBOYGAN

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 7/6/23 and ending 7/6/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name TRUSTEES OF THE RANDOM LAKE FIRE DEPT

(b) Address 718 N SPRING ST RANDOM LAKE WI 53075  
(Street)  Town  Village  City

(c) Date organized 1990

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President PAT DEPIES

Vice President AARON SCHMIT

Secretary RACHEL KRAHENBUHL

Treasurer AMY SCHMIT

(g) Name and address of manager or person in charge of affair: PAT DEPIES 17045 KAY-KRD BELGIUM WI 53004

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 53 RUSSEL DR

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? \_\_\_\_\_

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

### 3. Name of Event

(a) List name of the event MUSIC IN THE PARK

(b) Dates of event 7/6/23

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Pat Depies 6-13-23 TRUSTEES OF THE RANDOM LAKE FIRE DEPT  
(Signature / Date) (Name of Organization)

Date Filed with Clerk 06/13/2023

Date Reported to Council or Board 06/19/2023

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

# Bank Rec

6/07/2023 2:30 PM

Check Register - Full Report - Manual

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ALL Checks

ACCT

POOLED CHECKING (COLLINS)

Dated From: 4/28/2023

From Account:

Thru: 4/28/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
ACH042823-1	4/28/2023	GREAT WEST CASUALTY	
	04/03/2023		Manual Check
100-00-21515-000-000		DEFERRED COMP PAYABLE	50.00
		DEFERRED COMP 3/9/23	1077318925
100-00-21515-000-000		DEFERRED COMP PAYABLE	50.00
		DEFERRED COMP 3/23/23	1077319262
		Total	100.00
ACH042823-2	4/28/2023	CARDMEMBER SERVICES	
	03/07/2023		Manual Check
500-00-55110-314-000		Equipment	15.81
		LIBRARY ZOOM	INV188071568
500-00-55110-221-000		Telephone	143.07
		LIBRARY TELEPHONE	0017618020323
500-00-55110-310-000		Office Supplies	40.55
		TABLE CLOTH, THERMAL PAPER	113-6578011-3997804
600-00-54800-331-000		CONTINUING EDUCATION	70.00
		WATER EXAM	5244984
100-00-51420-810-000		CLERKS OFFICE-EQUIPMENT	-45.24
		AMAZON - RETURN	118-8806232-2049803
600-00-51421-390-000		C/T - supplies, expenses	-45.24
		AMAZON RETURN	118-8806232-2049803
660-00-51421-390-000		OFFICE SUPPLIES/EXP	-45.24
		AMAZON RETURN	118-8806232-2049803
100-00-51420-390-000		CLERKS OFFICE-SUPPLIES/EXP	15.50
		STICKER TITAN - DOOR DECALS	108573
100-00-51420-211-000		SUPPORT-SOFTWARE	9.92
		MICROSOFT	E0500M9VT3
600-00-51422-390-000		COMPUTERS. SOFTWARE	9.92
		MICROSOFT	E0500M9VT3
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	9.92
		MICROSOFT	E0500M9VT3
100-00-51420-211-000		SUPPORT-SOFTWARE	5.27
		ADOBE	2384094220
600-00-51422-390-000		COMPUTERS. SOFTWARE	5.27
		ADOBE	2384094220
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	5.27
		ADOBE	2384094220



## ALL Checks

ACCT

## POOLED CHECKING (COLLINS)

Dated From: 4/28/2023

From Account:

Thru: 4/28/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
100-00-51420-211-000		SUPPORT-SOFTWARE	4.92
		GOTOMEETING	345874622
600-00-51422-390-000		COMPUTERS.SOFTWARE	4.92
		GOTOMEETING	345874622
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	4.93
		GOTOMEETING	345874622
100-00-51420-211-000		SUPPORT-SOFTWARE	78.29
		GOOGLE	MAR 23
600-00-51422-390-000		COMPUTERS.SOFTWARE	78.29
		GOOGLE	MAR 23
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	78.29
		GOOGLE	MAR 23
100-00-51420-213-000		PUBLISHING	7.00
		BACKGROUND CHECK	WINWOR022078079
660-00-54600-390-000		WWTP - S,M,R,E	38.99
		AMAZON - LIGHT BULBS	114-9896062-4709858
660-00-54600-390-000		WWTP - S,M,R,E	85.98
		AMAZON - LIGHT BULBS	113-0117138-7301058
600-00-54600-390-000		PLANT - SUPPLIES/EXP	66.42
		FARM AND FLEET - GLOVES	1446
100-00-53240-391-000		GAS & OIL (60%)	27.01
		CASEYS - SKID LOADER FUEL	803252
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	9.00
		CASEYS - SKID LOADER FUEL	803252
660-00-54615-391-000		VEHICLES-GAS 20%	9.00
		CASEYS - SKID LOADER FUEL	803252
660-00-54600-390-000		WWTP - S,M,R,E	24.25
		HARBOR FREIGHT - TOOLS	817232
100-00-53230-230-000		SHOP-S,M,R,E	13.70
		FARM AND FLEET - GLOVES	9890
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	9.35
		VILLAGE HALL SUPPLIES	518261
100-00-51420-311-000		POSTAGE	23.20
		USPS - STAMPS	804105
600-00-51421-311-000		C/T - postage UPS, etc.	23.20
		USPS - STAMPS	804105
660-00-51421-311-000		POSTAGE	23.20
		USPS - STAMPS	804105

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## Check Register - Full Report - Manual

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ACCT

POOLED CHECKING (COLLINS)

Dated From: 4/28/2023

From Account:

Thru: 4/28/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
100-00-51420-213-000		PUBLISHING	7.00
		BACKGROUND CHECK	
		WINWOR022014730	
100-00-51440-390-000		ELECTION EXPENSES	108.71
		ELECTION LUNCHES	
		111232	
		Total	920.43
ACH042823-3	4/28/2023	Lincoln National Life Insurance Co.	
	04/11/2023		
		Manual Check	
100-00-21527-000-000		LIFE/DISABILITY INSURANCE	681.63
		Village - May 23 Life Ins	
		4544503129	
100-00-21527-000-000		LIFE/DISABILITY INSURANCE	94.45
		Library - May 23 Life Ins	
		4544503129	
		Total	776.08
ACH042823-4	4/28/2023	EFTPS - ACH	
	04/06/23		
		Manual Check	
100-00-21511-000-000		FICA	2,919.96
		SOCIAL SECURITY	
		04032023	
100-00-21511-000-000		FICA	682.86
		MEDICARE	
		04082023	
100-00-21512-000-000		FEDERAL W/H	1,361.79
		FEDERAL	
		04062023	
		Total	4,964.61
ACH042823-5	4/28/2023	ETF HEALTH	
	04/12/2023		
		Manual Check	
100-00-21525-000-000		HEALTH INS	14,633.54
		VILLAGE	
		MAY 23	
100-00-21525-000-000		HEALTH INS	2,506.80
		LIBRARY	
		MAY 23	
		Total	17,140.34
ACH042823-6	4/28/2023	EMPLOYEE BENEFITS CORPORATION	
	04/13/23		
		Manual Check	
100-00-51420-133-001		CLERKS OFFICE-HEALTH SAVINGS	36.80
		EMPLOYEE HRA	
		3993632	
600-00-51975-000-000		HEALTH SAVINGS ACCOUNT	73.60
		EMPLOYEE HRA	
		3993632	
660-00-51975-000-000		HEALTH SAVINGS ACCOUNT	73.60
		EMPLOYEE HRA	
		3993632	

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## Check Register - Full Report - Manual

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ACCT

POOLED CHECKING (COLLINS)

Dated From: 4/28/2023

From Account:

Thru: 4/28/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
			Total 184.00
ACH042823-7	4/28/2023	AFLAC	
	04/19/2023		Manual Check
100-00-21530-000-000		AFLAC-PRE TAX	406.70
		EMPLOYEE PAYROLL CONTRIBUTIONS	272295
			Total 406.70
ACH042823-8	4/28/2023	MY TAX ACCT-WDOR	
	04/20/2023		Manual Check
100-00-21513-000-000		STATE W/H	791.62
		STATE TAXES	04/20/2023
100-00-21513-000-000		STATE W/H	809.67
		STATE TAXES	04/06/2023
			Total 1,601.29
ACH042823-9	4/28/2023	EFTPS - ACH	
	04/20/23		Manual Check
100-00-21511-000-000		FICA	2,774.78
		SOCIAL SECURITY	04/20/23
100-00-21511-000-000		FICA	648.90
		MEDICARE	04/20/23
100-00-21512-000-000		FEDERAL W/H	1,344.30
		FEDERAL	04/20/23
			Total 4,767.98
ACH042823-10	4/28/2023	Home Depot Credit Services	
	04/24/2023		Manual Check
660-00-54600-390-000		WWTP - S,M,R,E	245.53
		IMPACT SET, LIGHT BULBS	028702
660-00-54600-390-000		WWTP - S,M,R,E	239.84
		LIGHT BULBS	027157
100-00-51440-310-000		ELECTION SUPPLIES	25.37
		PVC PIPING	027157
100-00-53300-230-000		STREET/STREET SIGN MAINT	182.21
		BROOM, SHOVEL, PAINT	027157
100-00-53230-230-000		SHOP-S,M,R,E	81.20
		CLEANING SUPPLIES, MISC HARDWARE	027157
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	327.00
		TOILETS (3)	027157

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ACCT

POOLED CHECKING (COLLINS)

Dated From: 4/28/2023 From Account:

Thru: 4/28/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
660-00-54600-390-000		WWTP - S,M,R,E	-101.15
		LIGHT BULB RETURN	027157
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	47.06
		SALES TAX	027157
<b>Total</b>			<b>1,047.06</b>
<hr/>			
ACH042823-11	4/28/2023	EMPLOYEE BENEFITS CORPORATION	
	04/28/23		Manual Check
100-00-51420-136-000		HRA SERVICE FEES	20.00
		FEES	4005612
600-00-51421-136-000		HRA SERVICE FEES	20.00
		FEES	4005612
660-00-51421-136-000		HRA SERVICE FEES	20.00
		FEES	4005612
<b>Total</b>			<b>60.00</b>
<hr/>			
ACH042823-12	4/28/2023	WRS - ACH	
	04/28/23		Manual Check
100-00-16500-000-000		PREPAYMENTS	5,401.07
		VILLAGE	MAR 23
100-00-16500-000-000		PREPAYMENTS	677.50
		LIBRARY	MAR 23
<b>Total</b>			<b>6,078.57</b>
<b>Grand Total</b>			<b>38,047.06</b>

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ALL Checks

ACCT

POOLED CHECKING (COLLINS)

Dated From: 4/28/2023

From Account:

Thru: 4/28/2023

Thru Account:

Amount

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Total Expenditure from Fund # 100 - GENERAL FUND	36,819.84
Total Expenditure from Fund # 500 - LIBRARY	199.43
Total Expenditure from Fund # 600 - WATER FUND	315.38
Total Expenditure from Fund # 660 - WASTEWATER FUND	712.41
Total Expenditure from all Funds	38,047.06

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ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:  
Thru: 5/31/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
ACH053123-1	5/31/2023	GREAT WEST CASUALTY	
	05/01/2023		Manual Check
100-00-21515-000-000		DEFERRED COMP PAYABLE	50.00
		DEFERRED COMP 4/6/23	1084995765
100-00-21515-000-000		DEFERRED COMP PAYABLE	50.00
		DEFERRED COMP 4/20/23	1084996690
Total			100.00
ACH053123-2	5/31/2023	Lincoln National Life Insurance Co.	
	05/02/2023		Manual Check
100-00-21527-000-000		LIFE/DISABILITY INSURANCE	681.63
		Village - JUN 23 Life Ins	4555635567
100-00-21527-000-000		LIFE/DISABILITY INSURANCE	94.45
		Library - JUN 23 Life Ins	4555635567
Total			776.08
ACH053123-3	5/31/2023	CARDMEMBER SERVICES	
	05/03/2023		Manual Check
500-00-55110-314-000		Equipment	16.87
		LIBRARY ZOOM	INV192456819
500-00-55110-221-000		Telephone	143.07
		LIBRARY TELEPHONE	0017618030323
660-00-54600-390-000		WWTP - S,M,R,E	18.75
		AMAZON - CLEANER	114-4223429-3613059
100-00-51420-311-000		POSTAGE	13.74
		USPS - POSTAGE	217082
100-00-51420-390-000		CLERKS OFFICE-SUPPLIES/EXP	67.83
		OFFICE SUPPLY - LABELS AND PAPER	5357426
600-00-51421-390-000		C/T - supplies, expenses	67.83
		OFFICE SUPPLY - LABELS AND PAPER	5357426
660-00-51421-390-000		OFFICE SUPPLIES/EXP	67.82
		OFFICE SUPPLY - LABELS AND PAPER	5357426
100-00-51600-221-000		TELEPHONE/INTERNET-VILLAGE HAL	49.32
		CHARTER - VH INTERNET & PHONE	0479267426
600-00-54600-221-001		TELEPHONE-ADMIN	49.32
		CHARTER - VH INTERNET & PHONE	0479267426
660-00-54600-221-001		TELEPHONE-ADMIN	49.32
		CHARTER - VH INTERNET & PHONE	0479267426

ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:  
Thru: 5/31/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
100-00-51420-211-000		SUPPORT-SOFTWARE	8.70
		MICROSOFT E0500M06ZC	
600-00-51422-390-000		COMPUTERS.SOFTWARE	8.70
		MICROSOFT E0500M06ZC	
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	8.71
		MICROSOFT E0500M06ZC	
100-00-51420-211-000		SUPPORT-SOFTWARE	5.27
		ADOBE 2407881113	
600-00-51422-390-000		COMPUTERS.SOFTWARE	5.27
		ADOBE 2407881113	
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	5.27
		ADOBE 2407881113	
100-00-51100-321-000		VILLAGE BOARD TRAINING/DUES	155.00
		LEAGUE OF WI - TRAINING MATERIALS 218764081	
100-00-51420-211-000		SUPPORT-SOFTWARE	4.92
		GOTOMEETING 346908327	
600-00-51422-390-000		COMPUTERS.SOFTWARE	4.92
		GOTOMEETING 346908327	
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	4.93
		GOTOMEETING 346908327	
100-00-51420-390-000		CLERKS OFFICE-SUPPLIES/EXP	21.83
		COSTCO - TOILET PAPER 628205239705	
100-00-51420-390-000		CLERKS OFFICE-SUPPLIES/EXP	104.84
		LAKEFRONT - EMPLOYEE LUNCH 7879720141	
100-00-51420-211-000		SUPPORT-SOFTWARE	80.00
		GOOGLE 4693376179	
600-00-51422-390-000		COMPUTERS.SOFTWARE	80.00
		GOOGLE 4693376179	
660-00-51422-390-000		COMPUTER/SOFTWARE-S,M,R,E	80.00
		GOOGLE 4693376179	
100-00-51420-311-000		POSTAGE	420.00
		USPS - STAMPS 515031	
600-00-51421-311-000		C/T - postage UPS, etc.	420.00
		USPS - STAMPS 515031	
660-00-51421-311-000		POSTAGE	420.00
		USPS - STAMPS 515031	
660-00-54600-390-000		WWTP - S,M,R,E	59.99
		AMAZON - GREASE GUN 114-9935551-4192218	

ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:

Thru: 5/31/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
100-00-53240-391-000		GAS & OIL (60%)	25.96
		CASEYS - SKID LOADER FUEL	010164
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	8.65
		CASEYS - SKID LOADER FUEL	010164
660-00-54615-391-000		VEHICLES-GAS 20%	8.65
		CASEYS - SKID LOADER FUEL	010164
600-00-54800-331-000		CONTINUING EDUCATION	14.96
		KFC - TRAINING MEAL	810251
600-00-54800-331-000		CONTINUING EDUCATION	12.12
		BURGER KING - TRAINING MEAL	110262
600-00-54800-331-000		CONTINUING EDUCATION	6.33
		BURGER KING - TRAINING MEAL	700251
600-00-54800-331-000		CONTINUING EDUCATION	8.55
		AMOCO - TRAINING MEAL	700250
600-00-54800-331-000		CONTINUING EDUCATION	9.44
		BP - TRAINING MEAL	702283
600-00-54800-331-000		CONTINUING EDUCATION	21.50
		WALMART - TRAINING MEAL	611244
600-00-54800-331-000		CONTINUING EDUCATION	16.44
		ARBYS - TRAINING MEAL	111241
600-00-54800-331-000		CONTINUING EDUCATION	21.91
		CULVERS - TRAINING MEAL	612205
600-00-54800-331-000		CONTINUING EDUCATION	12.97
		BURGER KING - TRAINING MEAL	112214
600-00-54800-331-000		CONTINUING EDUCATION	9.44
		BP - MISSING RECEIPT	5968
100-00-53100-320-000		EDUCATION/TRAINING	165.35
		MPTC - DAHM TRAINING	69336
100-00-53100-320-000		EDUCATION/TRAINING	4.55
		MPTC - DAHM TRAINING	69336
100-00-53100-320-000		EDUCATION/TRAINING	165.35
		MPTC - SIEGEL TRAINING	69329
100-00-53100-320-000		EDUCATION/TRAINING	4.55
		MPTC - SIEGEL TRAINING	69329
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	63.00
		EIS IMPLEMENT - BLOWER MOTOR	246799
600-00-54800-331-000		CONTINUING EDUCATION	9.44
		BP - TRAINING MEAL	703213



ALL Checks

ACCT

GENERAL FUND

Dated From: 5/31/2023

From Account:

Thru: 5/31/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
600-00-54800-331-000		CONTINUING EDUCATION	10.99
		KWIK TRIP - TRAINING MEAL	8180754
600-00-54800-331-000		CONTINUING EDUCATION	457.45
		COMFORT INN - TRAINING LODGING	853211603
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	134.39
		FIRST SUPPLY - URINAL FLUSH VALVE	3435582-00
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	116.53
		EIS IMPLEMENT - FREIGHT	246799
600-00-54800-331-000		CONTINUING EDUCATION	16.74
		TACO BELL - TRAINING MEAL	218221
600-00-54800-331-000		CONTINUING EDUCATION	10.10
		KWIK TRIP - TRAINING MEAL	1756322
100-00-53230-230-000		SHOP-S,M,R,E	132.08
		AMAZON - CLEANING SUPPLIES	114-699417-5673800
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	508.58
		ULINE - CLEANER AND PAPER PRODUCTS	161818451
100-00-55211-230-000		BERTRAM PARK-S,M,R,E	508.58
		ULINE - CLEANER AND PAPER PRODUCTS	161818451
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	508.57
		ULINE - CLEANER AND PAPER PRODUCTS	161818451
600-00-54900-230-000		WELL HOUSE-M,R	37.34
		AMAZON - FOOD GRADE LUBRICANT	114-5625821-4317058
660-00-54600-390-000		WWTP - S,M,R,E	70.63
		ALL PADLOCKS - PADLOCKS	409109
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	9.96
		AMAZON - TOILET BOWL CLEANER	114-8013770-6297068
100-00-55211-230-000		BERTRAM PARK-S,M,R,E	9.96
		AMAZON - TOILET BOWL CLEANER	114-8013770-6297068
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	9.96
		AMAZON - TOILET BOWL CLEANER	114-8013770-6297068
600-00-54900-230-000		WELL HOUSE-M,R	19.99
		AMAZON - GREASE GUN	114-5673478-0228229
100-00-53230-230-000		SHOP-S,M,R,E	58.00
		HARBOR FREIGHT - WRENCHES	012802
100-00-51420-213-000		PUBLISHING	7.00
		BACKGROUND CHECKS	WINWOR022121914
100-00-51420-311-000		POSTAGE	76.80
		USPS - STAMPS	418074

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GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:  
Thru: 5/31/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
600-00-51421-311-000		C/T - postage UPS, etc.	76.80
		USPS - STAMPS	418074
660-00-51421-311-000		POSTAGE	76.80
		USPS - STAMPS	418074
100-00-51420-213-000		PUBLISHING	7.00
		BACKGROUND CHECKS	WINWOR022134123
100-00-51420-213-000		PUBLISHING	7.00
		BACKGROUND CHECKS	WINWOR022149268
100-00-51420-320-000		EDUCATION/TRAINING	499.00
		CLERKS INSTITUTE	030823
100-00-51420-311-000		POSTAGE	6.38
		USPS - POSTAGE	510330
600-00-51421-311-000		C/T - postage UPS, etc.	6.38
		USPS - POSTAGE	510330
660-00-51421-311-000		POSTAGE	6.38
		USPS - POSTAGE	510330
100-00-51440-390-000		ELECTION EXPENSES	162.45
		COUSINS SUBS - ELECTION LUNCHE	AABDELF9QAS
100-00-51440-390-000		ELECTION EXPENSES	24.78
		PIGGLY WIGGLY - ELECTION LUNCHE	014044
Total			6,608.00

ACH053123-4 5/31/2023 EFTPS - ACH  
05/04/2023

Manual Check

100-00-21511-000-000		FICA	2,751.32
		SOCIAL SECURITY	05/04/23
100-00-21511-000-000		FICA	643.46
		MEDICARE	05/04/23
100-00-21512-000-000		FEDERAL W/H	1,323.05
		FEDERAL	05/04/23
Total			4,717.83

ACH053123-5 5/31/2023 EMPLOYEE BENEFITS CORPORATION  
05/11/2023

Manual Check

100-00-51420-133-001		CLERKS OFFICE-HEALTH SAVINGS	36.80
		EMPLOYEE HRA	4027591
600-00-51975-000-000		HEALTH SAVINGS ACCOUNT	73.60
		EMPLOYEE HRA	4027591

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ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:  
Thru: 5/31/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
660-00-51975-000-000		HEALTH SAVINGS ACCOUNT	73.60
		EMPLOYEE HRA	4027591
			Total 184.00
ACH053123-6	5/31/2023	FRANCOTYP-POSTALIA, INC	
	05/11/2023		Manual Check
100-00-51420-311-000		POSTAGE	666.66
		POSTAGE	41736688
600-00-51421-311-000		C/T - postage UPS, etc.	666.67
		POSTAGE	41736688
660-00-51421-311-000		POSTAGE	666.67
		POSTAGE	41736688
			Total 2,000.00
ACH053123-7	5/31/2023	ETF HEALTH	
	05/16/2023		Manual Check
100-00-21525-000-000		HEALTH INS	14,633.54
		VILLAGE	JUN 23
100-00-21525-000-000		HEALTH INS	2,506.80
		LIBRARY	JUN 23
			Total 17,140.34
ACH053123-8	5/31/2023	AFLAC	
	05/17/2023		Manual Check
100-00-21530-000-000		AFLAC-PRE TAX	406.70
		EMPLOYEE PAYROLL CONTRIBUTIONS	673744
			Total 406.70
ACH053123-9	5/31/2023	MY TAX ACCT-WDOR	
	05/18/2023		Manual Check
100-00-21513-000-000		STATE W/H	775.00
		STATE TAXES	05/04/2023
100-00-21513-000-000		STATE W/H	763.90
		STATE TAXES	05/18/2023
			Total 1,538.90
ACH053123-10	5/31/2023	EFTPS - ACH	
	05/18/2023		Manual Check
100-00-21511-000-000		FICA	2,714.60
		SOCIAL SECURITY	05/18/23

ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023

From Account:

Thru: 5/31/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
100-00-21511-000-000		FICA	634.88
		MEDICARE	06/18/23
100-00-21512-000-000		FEDERAL W/H	1,296.45
		FEDERAL	5/18/23
Total			4,645.93

ACH053123-11 5/31/2023 WEX BANK  
05/22/2023

Manual Check

100-00-53240-391-000		GAS & OIL (60%)	48.33
		3/23/23 FORD PICKUP	071955-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	16.11
		3/23/23 FORD PICKUP	071955-1
660-00-54615-391-000		VEHICLES-GAS 20%	16.11
		3/23/23 FORD PICKUP	071955-1
100-00-53240-391-000		GAS & OIL (60%)	76.78
		3/23/23 TANDOM	071956-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	25.60
		3/23/23 TANDOM	071956-1
660-00-54615-391-000		VEHICLES-GAS 20%	25.60
		3/23/23 TANDOM	071956-1
100-00-53240-391-000		GAS & OIL (60%)	50.09
		3/27/23 RED TRUCK	072535-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	16.69
		3/27/23 RED TRUCK	072535-1
660-00-54615-391-000		VEHICLES-GAS 20%	16.69
		3/27/23 RED TRUCK	072535-1
100-00-53240-391-000		GAS & OIL (60%)	54.43
		4/3/23 FORD PICKUP	073497-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	18.15
		4/3/23 FORD PICKUP	073497-1
660-00-54615-391-000		VEHICLES-GAS 20%	18.14
		4/3/23 FORD PICKUP	073497-1
100-00-53240-391-000		GAS & OIL (60%)	45.78
		4/5/23 BLUE TRUCK	073901-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	15.26
		4/5/23 BLUE TRUCK	073901-1
660-00-54615-391-000		VEHICLES-GAS 20%	15.26
		4/5/23 BLUE TRUCK	073901-1

ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023

From Account:

Thru: 5/31/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
100-00-53240-391-000		GAS & OIL (60%)	58.68
	4/11/23	RED TRUCK	074963-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	19.56
	4/11/23	RED TRUCK	074963-1
660-00-54615-391-000		VEHICLES-GAS 20%	19.56
	4/11/23	RED TRUCK	074963-1
100-00-53240-391-000		GAS & OIL (60%)	56.32
	4/11/23	FORD PICKUP	074984-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	18.78
	4/11/23	FORD PICKUP	074984-1
660-00-54615-391-000		VEHICLES-GAS 20%	18.77
	4/11/23	FORD PICKUP	074984-1
100-00-53240-391-000		GAS & OIL (60%)	37.26
	4/12/23	JERIOD	075191-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	12.42
	4/12/23	JERIOD	075191-1
660-00-54615-391-000		VEHICLES-GAS 20%	12.42
	4/12/23	JERIOD	075191-1
100-00-53240-391-000		GAS & OIL (60%)	58.28
	4/13/23	3500 CHEVY	075373-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	19.42
	4/13/23	3500 CHEVY	075373-1
660-00-54615-391-000		VEHICLES-GAS 20%	19.42
	4/13/23	3500 CHEVY	075373-1
100-00-53240-391-000		GAS & OIL (60%)	54.35
	4/18/23	FORD PICKUP	076241-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	18.12
	4/18/23	FORD PICKUP	076241-1
660-00-54615-391-000		VEHICLES-GAS 20%	18.12
	4/18/23	FORD PICKUP	076241-1
100-00-53240-391-000		GAS & OIL (60%)	51.38
	4/20/23	RED TRUCK	076576-1
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	17.13
	4/20/23	RED TRUCK	076576-1
660-00-54615-391-000		VEHICLES-GAS 20%	17.13
	4/20/23	RED TRUCK	076576-1
100-00-53240-391-000		GAS & OIL (60%)	-32.85
		REBATE	04/23/23-1

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GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:  
Thru: 5/31/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
600-00-54615-391-000		VEHICLES-GAS/OIL 20%	-10.95
REBATE	4/23/23-1		
660-00-54615-391-000		VEHICLES-GAS 20%	-10.95
REBATE	4/23/23-1		
		Total	931.39

ACH053123-12	5/31/2023	EMPLOYEE BENEFITS CORPORATION		
05/31/23			Manual Check	
100-00-51420-136-000		HRA SERVICE FEES		20.00
FEE	4039650			
600-00-51421-136-000		HRA SERVICE FEES		20.00
FEE	4039650			
660-00-51421-136-000		HRA SERVICE FEES		20.00
FEE	4039650			
		Total		60.00

ACH053123-13	5/31/2023	WRS - ACH		
05/31/2023			Manual Check	
100-00-16500-000-000		PREPAYMENTS		5,175.46
VILLAGE	APR 23			
100-00-16500-000-000		PREPAYMENTS		788.01
LIBRARY	APR 23			
		Total		5,963.47
		Grand Total		45,072.64

ALL Checks  
GENERAL FUND

ACCT

Dated From: 5/31/2023 From Account:  
Thru: 5/31/2023 Thru Account:

Amount

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Total Expenditure from Fund # 100 - GENERAL FUND	40,718.77
Total Expenditure from Fund # 500 - LIBRARY	159.94
Total Expenditure from Fund # 600 - WATER FUND	2,370.14
Total Expenditure from Fund # 660 - WASTEWATER FUND	1,823.79
Total Expenditure from all Funds	45,072.64

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ACCT

FIRE/AMBULANCE CHECKING

Dated From: 5/31/2023

From Account:

Thru: 5/31/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
ACH053123-1	5/31/2023	CARDMEMBER SERVICES	
	03/09/2023		Manual Check
700-00-52660-007-000		TRAINING	174.00
		KALHARI - TRAINING LODGING	050523
700-00-52640-001-000		MISCELLANEOUS	10.54
		COSTCO - SCISSORS	419163
700-00-52640-001-000		MISCELLANEOUS	44.00
		TOTAL COST - WEBSITE	1083960
700-00-52660-007-000		TRAINING	35.86
		NCTC - MISSING RECEIPT	7266
700-00-52640-011-000		TRUSTEE PURCHASES	74.48
		TRUSTEE PURCHASE	9040
700-00-52640-011-000		TRUSTEE PURCHASES	37.78
		TRUSTEE PURCHASE	0060
700-00-52640-011-000		TRUSTEE PURCHASES	31.52
		TRUSTEE PURCHASE	5102
700-00-52640-011-000		TRUSTEE PURCHASES	309.47
		TRUSTEE PURCHASE	8894
700-00-52640-011-000		TRUSTEE PURCHASES	39.96
		TRUSTEE PURCHASE	8910
700-00-52640-011-000		TRUSTEE PURCHASES	144.90
		TRUSTEE PURCHASE	0535
700-00-52640-011-000		TRUSTEE PURCHASES	189.90
		TRUSTEE PURCHASE	1677
700-00-52610-001-000		MISCELLANEOUS	28.41
		HOME DEPOT - PAINTERS TAPE	015021
700-00-52640-011-000		TRUSTEE PURCHASES	87.42
		TRUSTEE PURCHASE	4485
700-00-52640-011-000		TRUSTEE PURCHASES	125.15
		TRUSTEE PURCHASE	3033
700-00-52660-007-000		TRAINING	174.00
		KALAHARI - TRAINING LODGING	04252023
700-00-52640-011-000		TRUSTEE PURCHASES	23.92
		TRUSTEE PURCHASE	5088
700-00-52640-011-000		TRUSTEE PURCHASES	23.92
		TRUSTEE PURCHASE	5963
700-00-52600-009-000		MEDICAL SUPPLIES	49.45
		EMP - MISSING RECEIPT	2417



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ALL Checks

FIRE/AMBULANCE CHECKING

Dated From: 5/31/2023

From Account:

Thru: 5/31/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
700-00-52600-009-000		MEDICAL SUPPLIES	251.94
		EMP - MISSING RECEIPT	4129
700-00-52660-007-000		TRAINING	568.48
		BEST WESTERN - TRAINING LODGING	4962
700-00-52660-007-000		TRAINING	500.00
		RADISSON - TRAINING LODGING	458932
700-00-52600-009-000		MEDICAL SUPPLIES	539.49
		EMP - MISSING RECEIPT	4145
700-00-52640-001-000		MISCELLANEOUS	75.00
		CSM CLASSES - MISSING RECEIPT	5908
700-00-52690-013-000		1783 CHASE VEHICLE	159.84
		ZWILLINGE - TRANSMISSION FLUID	3235
700-00-52610-002-000		BUILDING REPAIR	272.95
		AMAZON - RADION CHARGER, LOCK	112-5135893-9258643
700-00-52620-001-000		MISCELLANEOUS	8.59
		AMAZON - RADIO CHARGER	112-3092477-8024269
700-00-52600-009-000		MEDICAL SUPPLIES	26.58
		WALMART - CONTOUR NEX	910312
700-00-52640-001-000		MISCELLANEOUS	152.00
		CSM - TRAINING	2023-03-31
700-00-52660-001-000		ASSOCIATION DUES	99.99
		NFPA - YEARLY SUBSCRIPTION	1038755
700-00-52640-011-000		TRUSTEE PURCHASES	84.48
		TRUSTEE PURCHASE	5905
700-00-48875-000-000		REFUND OF EXPENDITURES	-155.54
		PRIOR STATEMENT OVERPAYMENT	05012023
Total			4,188.48

ACH053123-2 5/31/2023 WEX BANK  
05/17/2023

Manual Check

700-00-52690-003-000		FUEL-TRUCKS	77.74
		DIESEL - MISSING RECEIPT	032623
700-00-52690-003-000		FUEL-TRUCKS	133.10
		DIESEL - MISSING RECEIPT	040323
700-00-52690-002-000		FUEL-EMS	21.23
		GAS - MISSING RECEIPT	040723
700-00-52690-003-000		FUEL-TRUCKS	155.60
		DIESEL - MISSING RECEIPT	041423



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ALL Checks

ACCT

FIRE/AMBULANCE CHECKING

Dated From: 5/31/2023

From Account:

Thru: 5/31/2023

Thru Account:

Amount

---

Total Expenditure from Fund # 700 - AMBULANCE FUND

4,594.19

Total Expenditure from all Funds

4,594.19

# Village Financial Balances

5/31/2023

General Checking	\$ 197,821.39
General Savings	\$ 2,876.91
Restricted Savings	
Savings Public Funds	\$ 218.53
Maps	\$ 4,339.36
Office Building	\$ 33,167.49
Communications	\$ 5,356.80
Storm Sewer	\$ 719.44
Streets	\$ 57,300.03
Kircher Park	\$ 13,140.33
BM-Lakeview Park	\$ 35,274.74
BMLP - Music in the Park	\$ 8,404.79
Lake Weed Treatment	\$ 72,194.49
Equipment	\$ 259,832.70
Community Betterment	\$ 40,705.28
Office Equipment	\$ 12,687.65
Ins Deductible	\$ 10,327.32
Fishing Pier	\$ 1,545.11
Burr Oak Park	\$ 108.00
ARPA Funds	\$ 151,854.11
AEMT Remaining Funds	\$ 32,874.22
BMLP Concessions	\$ 20,149.57
Ice Rink	\$ 747.07
Lake Trust CD ending 01/28/2024	\$ 102,040.62
Savings CD ending 10/25/2023	\$ 600,000.00
Sewer Operations	\$ 5,441.88
Sewer Depreciation	\$ 87,367.58
Sewer Depreciation 2	\$ 194,033.25
Water Depreciation	\$ 366,430.40
Water Operations	\$ 90,307.14
LGIP Sewer Depreciation	\$ 71,023.04
Fire/Ambulance Checking	\$ 41,704.77
Library Checking	\$ 220,601.12
Library CD ending 04/05/2024	\$ 11,477.09

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GENERAL FUND

ALL Checks

Posted From: 6/13/2023 From Account:  
Thru: 6/13/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount	
32912	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-53420-220-000		STREET LIGHTS	4,229.35	
		STREET LIGHTS	4600336721	
			Total	4,229.35
32913	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-51600-220-000		ELECTRIC/GAS-VILLAGE HALL	15.33	
		110A BUTLER ST	4598654588	
			Total	15.33
32914	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-53230-221-000		UTILITIES-SHOP	314.79	
		800 KRIER LN	4600098021	
			Total	314.79
32915	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-55213-220-000		JESSE BAY PARK-CARROLL ST	16.76	
		CARROLL ST	4598410564	
			Total	16.76
32916	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-51600-220-000		ELECTRIC/GAS-VILLAGE HALL	152.83	
		96 RUSSELL DR	4598343794	
			Total	152.83
32917	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-55170-220-000		MEMORIAL PLOT-ELECTRICITY	28.04	
		431 1ST ST	4600015992	
			Total	28.04
32918	6/13/2023	WE ENERGIES		
5/30/23 INVOICE				
100-00-55220-220-000		LAKEVIEW PARK-ELECTRICITY	61.21	
		66 RUSSELL DR	4600138268	

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GENERAL FUND

ALL Checks

Posted From: 6/13/2023 From Account:  
Thru: 6/13/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
<b>Total</b>			<b>61.21</b>
32919	6/13/2023	WE ENERGIES	
	5/30/23	INVOICE	
100-00-55210-220-000		KIRCHER PARK-ELECTRICTY	167.77
		598 GRAND AVE	4598668679
<b>Total</b>			<b>167.77</b>
32920	6/13/2023	WE ENERGIES	
	5/30/23	INVOICE	
100-00-55210-220-000		KIRCHER PARK-ELECTRICTY	34.38
		590 GRAND AVE	4598758594
<b>Total</b>			<b>34.38</b>
32921	6/13/2023	WE ENERGIES	
	5/30/23	INVOICE	
100-00-55211-220-000		BERTRAM PARK-ELECTRICITY	294.90
		529 1ST ST	4598681582
<b>Total</b>			<b>294.90</b>
32922	6/13/2023	WE ENERGIES	
	5/30/23	INVOICE	
100-00-56321-220-000		ENTRY SIGNS VILLAGE-ELECTRIC	20.72
		890 CARROLL ST	4598557272
<b>Total</b>			<b>20.72</b>
32923	6/13/2023	WE Energies - work requests	
	5/18/23	INVOICE	
100-00-55220-220-000		LAKEVIEW PARK-ELECTRICITY	719.70
		WORK REQUEST #4863352	5/18/23
<b>Total</b>			<b>719.70</b>
<b>Grand Total</b>			<b>6,055.78</b>

GENERAL FUND

ALL Checks

Posted From: 6/13/2023 From Account:  
Thru: 6/13/2023 Thru Account:

Amount

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Total Expenditure from Fund # 100 - GENERAL FUND 6,055.78

Total Expenditure from all Funds 6,055.78

## UTILITY CHECKING

ALL Checks

Posted From: 6/13/2023 From Account:  
Thru: 6/13/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
1028	6/13/2023	FRONTIER COMMUNICATIONS	
5/28/23 STATEMENT			
660-00-54600-221-000		WWTP - TELEPHONE/INTERNET	171.59
		TELEPHONE & INTERNET WWTP	5/28/23
			Total
			171.59
1029	6/13/2023	WE ENERGIES	
5/31/23 INVOICE			
600-00-54600-220-000		PLANT - ELECTRIC	1,641.90
		WELL #2	4601745742
			Total
			1,641.90
1030	6/13/2023	WE ENERGIES	
5/30/23 INVOICE			
600-00-54600-223-000		PLANT - GAS	44.97
		100 LAKE DR	4599359754
			Total
			44.97
1031	6/13/2023	WE ENERGIES	
5/30/23 INVOICE			
660-00-54600-223-000		WWTP-GAS	58.12
		690A WOLF RD	4599000296
			Total
			58.12
1032	6/13/2023	WE ENERGIES	
5/30/23 INVOICE			
660-00-54600-220-000		WWTP - ELECTRICITY	85.35
		83 E SHORE DR	4600138170
			Total
			85.35
1033	6/13/2023	WE ENERGIES	
5/30/23 INVOICE			
660-00-54600-220-000		WWTP - ELECTRICITY	114.09
		2698 STATE RD 144	4599346730
			Total
			114.09
1034	6/13/2023	WE ENERGIES	
5/30/23 INVOICE			
600-00-54600-223-000		PLANT - GAS	13.68
		701 NORTH ST	4599796805



## UTILITY CHECKING

ALL Checks

Posted From: 6/13/2023 From Account:  
Thru: 6/13/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
			Total
			13.68
1035	6/13/2023	WE ENERGIES	
	5/30/23	INVOICE	
600-00-54600-220-000		PLANT - ELECTRIC	22.16
		536 BUTLER ST	
		4599123276	
			Total
			22.16
1036	6/13/2023	WE ENERGIES	
	5/31/23	INVOICE	
600-00-54600-223-000		WWTP-GAS	135.35
		690 WOLF RD	
		4601373903	
			Total
			135.35
1037	6/13/2023	WE ENERGIES	
	5/31/23	INVOICE	
600-00-54600-220-000		PLANT - ELECTRIC	1,609.81
		701 NORTH ST	
		4601500530	
			Total
			1,609.81
1038	6/13/2023	WE ENERGIES	
	5/30/23	INVOICE	
600-00-54600-220-000		WWTP - ELECTRICITY	30.25
		27B HICKORY DR	
		4598673651	
			Total
			30.25
1039	6/13/2023	WE ENERGIES	
	5/31/23	INVOICE	
600-00-54600-220-000		WWTP - ELECTRICITY	7,711.27
		690 WOLF RD	
		4600830454	
			Total
			7,711.27
			Grand Total
			11,638.54

UTILITY CHECKING

ALL Checks

Posted From: 6/13/2023 From Account:  
Thru: 6/13/2023 Thru Account:

	Amount
Total Expenditure from Fund # 600 - WATER FUND	3,332.52
Total Expenditure from Fund # 660 - WASTEWATER FUND	8,306.02
Total Expenditure from all Funds	11,638.54

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2939 LAKEVIEW LIBRARY (COLLINS)

ALL Checks

Posted From: 6/14/2023 From Account:  
Thru: 6/14/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
2379	6/14/2023	ARCHER MAT RENTAL & SALES LLC	
	6/6/23	INVOICE	
500-00-55110-360-000		Janitorial Supplies	197.52
		Janitorial Supplies	37757
		Total	197.52
2380	6/14/2023	Baker & Taylor	
	6/5/23	INVOICE	
500-00-55110-341-000		AV Materials	17.99
		AV MATERIALS	H65247490
		Total	17.99
2381	6/14/2023	Baker & Taylor	
	5/16/23	INVOICE	
500-00-55110-341-000		AV Materials	61.87
		AV MATERIALS	H65128930
		Total	61.87
2382	6/14/2023	Baker & Taylor	
	5/8/23	INVOICE	
500-00-55110-341-000		AV Materials	18.71
		AV MATERIALS	H64993400
		Total	18.71
2383	6/14/2023	Baker & Taylor	
	5/16/23	INVOICE	
500-00-55110-342-000		Books	156.52
		BOOKS	2037535876
		Total	156.52
2384	6/14/2023	Baker & Taylor	
	5/16/23	INVOICE	
500-00-55110-342-000		Books	246.48
		BOOKS	2037535936
		Total	246.48
2385	6/14/2023	Baker & Taylor	
	5/16/23	INVOICE	
500-00-55110-342-000		Books	148.32
		BOOKS	2037530708

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2939 LAKEVIEW LIBRARY (COLLINS)

ALL Checks

Posted From: 6/14/2023 From Account:  
Thru: 6/14/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
<b>Total</b>			148.32
2386	6/14/2023	Baker & Taylor	
5/2/23 INVOICE			
500-00-55110-342-000		Books	166.22
BOOKS		2037501582	
<b>Total</b>			166.22
2387	6/14/2023	CANON FINANCIAL SERVICES INC	
5/13/23 INVOICE			
500-00-55110-241-000		Copy Machine	204.91
COPY MACHINE		30520240	
<b>Total</b>			204.91
2388	6/14/2023	CENGAGE LEARNING	
5/4/23 INVOICE			
500-00-55110-342-000		Books	63.98
BOOKS		81130625	
<b>Total</b>			63.98
2389	6/14/2023	Center Point Large Print	
5/3/23 INVOICE			
500-00-55110-342-000		Books	99.33
BOOKS		2014435	
<b>Total</b>			99.33
2390	6/14/2023	Quill Corporation	
5/23/23 INVOICE			
500-00-55110-310-000		Office Supplies	56.66
OFFICE SUPPLIES		32647951	
<b>Total</b>			56.66
2391	6/14/2023	Village of Random Lake	
5/26/23 INVOICE			
500-00-55110-222-000		Sewer, Water	111.10
000-2540-00		000-2540-00	
<b>Total</b>			111.10
2392	6/14/2023	WE ENERGIES	
5/30/23 INVOICE			

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2939 LAKEVIEW LIBRARY (COLLINS)

ALL Checks

Posted From: 6/14/2023

From Account:

Thru: 6/14/2023

Thru Account:

Check Nbr	Check Date	Payee	Amount
500-00-55110-220-000		Electricity	538.06
		ELECTRIC SERVICE	4599180806
500-00-55110-223-000		Gas	28.52
		GAS SERVICE	4599180806
Total			566.58
Grand Total			2,116.19

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2939 LAKEVIEW LIBRARY (COLLINS)

ALL Checks

Posted From:	6/14/2023	From Account:
Thru:	6/14/2023	Thru Account:

Amount

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Total Expenditure from Fund # 500 - LIBRARY

2,116.19

Total Expenditure from all Funds

2,116.19

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ACCT

2822 GENERAL FUND

Dated From: 6/20/2023

From Account:

Thru: 6/20/2023

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/20/2023	AGNES BOWE	
	6/11/23	PAVILLION DEPOSIT REFUND	
100-00-46135-000-000		PAVILLION RENTAL	50.00
	6/11/23	PAVILLION DEPOSIT REFUND	061123
		Total	50.00
	6/20/2023	ANN AVERILL	
	6/5/23	PAVILLION DEPOSIT REFUND	
100-00-46135-000-000		PAVILLION RENTAL	50.00
	6/5/23	PAVILLION DEPOSIT REFUND	060523
		Total	50.00
	6/20/2023	ARCHER MAT RENTAL & SALES LLC	
	6/6/23	INVOICE	
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	4.70
		1-3'X5' BLACK MINK MAT	37751
100-00-51600-230-000		VILLAGE HALL - S.M.R.E	18.74
		2-3'X10' BLACK MINK MATS	37751
		Total	23.44
	6/20/2023	BIANCA N SANCHEZ-ESTRADA	
	6/17/23	PAVILLION DEPOSIT REFUND	
100-00-46135-000-000		PAVILLION RENTAL	50.00
	6/17/23	PAVILLION DEPOSIT REFUND	061723
		Total	50.00
	6/20/2023	Computer Service Specialists, Inc.	
		SERVER JUNE 23	
100-00-51422-390-000		TECHNOLOGY - S, M, R, E	100.00
		SERVER JUNE 23	202688
100-00-51422-390-000		TECHNOLOGY - S, M, R, E	151.67
		WORKSTATION JUNE 23	202688
100-00-51422-390-000		TECHNOLOGY - S, M, R, E	16.67
		NETWORK EQUIPMENT JUNE 23	202688
		Total	268.34
	6/20/2023	DOEGNITZ ACE HARDWARE	
	6/4/23	INVOICE	
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	35.98
		2 QT BLEACH	18545

ALL Checks by Payee

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2822 GENERAL FUND

Dated From: 6/20/2023 From Account:  
 Thru: 6/20/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	13.98
2 PAINT		18632	
100-00-53300-230-000		STREET/STREET SIGN MAINT	1.84
SIGN POSTS		18644	
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	4.80
12 3/8X2 1/2 CANS		18712	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	20.97
3 BLACK SPRAY PAINT		18674	
100-00-55240-230-000		PARKS-S,M,R,E	6.99
SPRAY PAINT		18689	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	1.99
1 CHAIN CONNECTOR		18696	
<b>Total</b>			<b>86.55</b>
<hr/>			
6/20/2023		FRANCOTYP-POSTALIA, INC	
5/26/23 INVOICE			
100-00-51420-390-000		CLERKS OFFICE-SUPPLIES/EXP	44.66
POSTAGE MACHINE SUPPLIES		105785828	
<b>Total</b>			<b>44.66</b>
<hr/>			
6/20/2023		Gibbsville Implement Inc.	
6/5/23 INVOICE			
100-00-53240-360-000		VEHICLE-S.M.R.E	32.35
FILTER OIL		15704	
<b>Total</b>			<b>32.35</b>
<hr/>			
6/20/2023		HAWLEY KAUFMAN & KAUTZER S.C.	
5/25/23 INVOICE			
100-00-51300-210-000		LEGAL-PROFESSIONAL SERVICES	370.22
TRAFFIC COURT LEGAL		69	
<b>Total</b>			<b>370.22</b>
<hr/>			
6/20/2023		Home Depot Credit Services	
5/28/23 INVOICE			
100-00-55210-230-000		KIRCHER PARK-S,M,R,E	21.88
5/18/23		4615364	
100-00-55220-230-000		LAKEVIEW PARK-S,M,R,E	21.88
5/18/23		4615365	



Dated From: 6/20/2023 From Account:  
 Thru: 6/20/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
100-00-55110-230-000	5/18/23	LIBRARY-S,M,R,E	18.37
		4615365	
Total			62.13

6/20/2023 Horst Distributing Inc.  
 6/1/23 INVOICE

100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	245.32
		ELEMENT-10 MICRON ABSOLUTE	
		102785-000	
Total			245.32

6/20/2023 MCCLONE AGENCY  
 6/1/23 INVOICE

100-00-51931-000-000		WORKERS COMP	2,686.77
		WORKERS COMP	8719
100-00-51930-510-000		INSURANCE-LIABILITY/PROP	2,025.80
		GENERAL LIABILITY	8719
100-00-51930-520-000		INSURANCE-VEHICLE	3,365.16
		VEHICLE	8719
Total			8,077.73

6/20/2023 NAPA AUTO PARTS  
 6/1/23 INVOICE

100-00-53240-360-000		VEHICLE-S.M.R.E	8.98
		BALL JOINT STUD	784529
Total			8.98

6/20/2023 NAPA AUTO PARTS  
 6/8/23 INVOICE

100-00-53240-360-000		VEHICLE-S.M.R.E	72.74
		6/8/23 INVOICE	784891
Total			72.74

6/20/2023 NAPA AUTO PARTS  
 6/8/23 INVOICE

100-00-53240-360-000		VEHICLE-S.M.R.E	41.29
		6/8/23 INVOICE	784910
Total			41.29

6/20/2023 NEUENS FREDONIA LUMBER  
 6/6/23 INVOICE

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ACCT

2822 GENERAL FUND

Dated From: 6/20/2023 From Account:

Thru: 6/20/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
100-00-55210-230-000	6/6/23	KIRCHER PARK-S,M,R,E	67.22
		INVOICE 2306-657271	
<b>Total</b>			<b>67.22</b>
<hr/>			
	6/20/2023	NEUENS FREDONIA LUMBER	
	6/7/23	INVOICE	
100-00-55210-230-000	6/7/23	KIRCHER PARK-S,M,R,E	33.88
		INVOICE 2306-657348	
100-00-55220-230-000	6/7/23	LAKEVIEW PARK-S,M,R,E	33.87
		INVOICE 2306-657348	
<b>Total</b>			<b>67.75</b>
<hr/>			
	6/20/2023	RANDOM LAKE FIRE DEPT AMBULANCE FUND	
	6/13/23	INVOICE	
100-00-51420-320-000		EDUCATION/TRAINING	126.00
		HEARTSAVER CPR AED COURSE & CARD	
<b>Total</b>			<b>126.00</b>
<hr/>			
	6/20/2023	RANDOM LAKE INVESTMENTS LLC	
	6/12/23	INVOICE	
100-00-53230-240-000		SHOP RENTAL SPACE	500.00
		DPW RENTAL SPACE APRIL 2023 1021	
100-00-53230-240-000		SHOP RENTAL SPACE	500.00
		DPW RENTAL SPACE MAY 2023 1021	
100-00-53230-240-000		SHOP RENTAL SPACE	500.00
		DPW RENTAL SPACE JUNE 2023 1021	
<b>Total</b>			<b>1,500.00</b>
<hr/>			
	6/20/2023	RANDOM LAKE INVESTMENTS LLC	
	6/12/23	INVOICE	
100-00-53230-240-000		SHOP RENTAL SPACE	500.00
		DPW RENTAL SPACE JULY 2023 1022	
<b>Total</b>			<b>500.00</b>
<hr/>			
	6/20/2023	SHEBOYGAN COUNTY HIGHWAY DEPT	
	5/31/23	INVOICE	
100-00-53300-230-000		STREET/STREET SIGN MAINT	8,997.97
		SPOT REPAIS, CRACK FILLING, BLKTP PATCH 128774	
<b>Total</b>			<b>8,997.97</b>

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2822 GENERAL FUND

Dated From: 6/20/2023 From Account:

Thru: 6/20/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/20/2023	Waldo Implement Inc.	
	6/2/23	INVOICE	
100-00-53240-350-000		EQUIPMENT/STREET MACH-S,M,R,E	98.99
		BELT DRIVE 78420	
		Total	98.99
	6/20/2023	WM CORPORATE SERVICES INC	
	6/2/23	INVOICE	
100-00-53620-390-000		GARBAGE-CONTRACT	6,021.71
		96 Gallon Cart Service 0085220-4172-5	
100-00-53620-390-001		RECYCLING-CONTRACT	2,042.49
		96 Gallon Cart Service - Recycle 0085220-4172-5	
		Total	8,064.20
		Grand Total	28,905.88

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2822 GENERAL FUND

Dated From: 6/20/2023

From Account:

Thru: 6/20/2023

Thru Account:

Amount

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Total Expenditure from Fund # 100 - GENERAL FUND

28,905.88

Total Expenditure from all Funds

28,905.88

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ALL Checks by Payee  
3655 UTILITY CHECKING

ACCT

Dated From: 6/20/2023 From Account:  
Thru: 6/20/2023 Thru Account:

Voucher Nbr	Check Date	Payee	Amount
<hr/>			
	6/20/2023	AGSOURCE	
5/30/23 INVOICE			
660-00-54610-397-000		TEST LAB-OUTSIDE SERVICES	2,173.96
		WWTP	
		MAS000006594	
		Total	2,173.96
<hr/>			
	6/20/2023	Computer Service Specialists, Inc.	
6/1/23 INVOICE			
600-00-51422-391-000		TECHNOLOGY	100.00
		SERVER JUNE 23	
		202688	
660-00-51422-391-000		TECHNOLOGY	100.00
		SERVER JUNE 23	
		202688	
600-00-51422-390-000		COMPUTERS.SOFTWARE	151.67
		WORKSTATION JUNE 23	
		202688	
660-00-51422-391-000		TECHNOLOGY	151.66
		WORKSTATION JUNE 23	
		202688	
600-00-51422-391-000		TECHNOLOGY	16.67
		NETWORK EQUIP JUNE 23	
		202688	
660-00-51422-391-000		TECHNOLOGY	16.66
		NETWORK EQUIP JUNE 23	
		202688	
		Total	536.66
<hr/>			
	6/20/2023	FRANCOTYP-POSTALIA, INC	
5/26/23 INVOICE			
600-00-51421-311-000		C/T - postage UPS, etc.	44.67
		POSTAGE MACHINE SUPPLIES	
		105785828	
660-00-51421-311-000		POSTAGE	44.67
		POSTAGE MACHINE SUPPLIES	
		105785828	
		Total	89.34
<hr/>			
	6/20/2023	HAWKINS INC	
5/15/23 INVOICE			
600-00-54600-390-000		PLANT - SUPPLIES/EXP	10.00
		5/15/23 INVOICE	
		6471097	
		Total	10.00
<hr/>			
	6/20/2023	HAWKINS INC	
6/1/23 INVOICE			

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3655 UTILITY CHECKING

ACCT

Dated From: 6/20/2023

From Account:

Thru: 6/20/2023

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
660-00-54600-390-000	6/1/23	WWTP - S,M,R,E	709.00
		INVOICE	
		6485777	
<b>Total</b>			<b>709.00</b>

	6/20/2023	HYDRO CORP	
	5/30/23	INVOICE	
600-00-52410-390-000		CROSS CONNECTION CONTROL	128.00
		CROSS CONNECTION MAY 2023	
		0072542-IN	
<b>Total</b>			<b>128.00</b>

	6/20/2023	MCCLONE AGENCY	
	6/1/23	INVOICE	
600-00-51931-390-000		INSURANCE-WORKERS COMP	1,545.62
		WORKERS COMP	
		8719	
660-00-51931-390-000		INSURANCE-WORKERS COMP	1,545.61
		WORKERS COMP	
		8719	
600-00-51540-390-000		INSURANCE-LIABILITY/PROPERTY	434.10
		GENERAL LIABILITY	
		8719	
660-00-51540-390-000		INSURANCE-LIABILITY/PROPERTY	434.10
		GENERAL LIABILITY	
		8719	
600-00-51931-520-000		INSURANCE-VEHICLE	251.42
		VEHICLE	
		8719	
660-00-51931-520-000		INSURANCE-VEHICLE	251.42
		VEHICLE	
		8719	
<b>Total</b>			<b>4,462.27</b>

	6/20/2023	MIDWEST METER INC	
	5/31/23	INVOICE	
600-00-54630-390-000		METERS-SUPPLIES/EXP	3,064.00
		DEDUCT METERS	
		0156046-IN	
<b>Total</b>			<b>3,064.00</b>

	6/20/2023	OPERATION & MANAGEMENT SERVICE LLC	
	6/1/23	INVOICE	
660-00-57400-200-000		CONTRACTED SERVICES	1,000.00
		CERTIFIED WASTEWATER OPERATOR IN CHARGE	
		6/1/23	
600-00-57400-200-000		CONTRACTED SERVICES	1,000.00
		CERTIFIED WATER OPERATOR IN CHARGE	
		6/1/23	
<b>Total</b>			<b>2,000.00</b>

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3655 UTILITY CHECKING

ACCT

Dated From: 6/20/2023

From Account:

Thru: 6/20/2023

Thru Account:

Voucher Nbr	Check Date	Payee	Amount
	6/20/2023	SHEBOYGAN COUNTY HIGHWAY DEPT	
	5/31/23	INVOICE	
600-00-54640-390-000		WATER MAIN BREAKS	4,498.99
		REPAIRS, CRACK FILLING, BLKTP PATCHES	128774
		Total	4,498.99
		Grand Total	17,672.22

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3655 UTILITY CHECKING

Dated From: 6/20/2023  
Thru: 6/20/2023

From Account:  
Thru Account:

Amount

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Total Expenditure from Fund # 600 - WATER FUND

11,245.14

Total Expenditure from Fund # 660 - WASTEWATER FUND

6,427.08

Total Expenditure from all Funds

17,672.22