

**CITY OF SPARTA**  
**PUBLIC SAFETY AGENDA**  
**April 1, 2024**

**CITY HALL**

**5:30 P.M.**

- 1. Call Meeting to Order**
- 2. Consent Agenda: Consisting of Minutes from the February 5, 2024 Regular Meeting and the Police Department's Monthly Report and Monthly Bills for January and February**
- 3. Consideration of New and Temporary Operator Licenses:**  
**New:**  
**Kristie Kvalheim    Kylie Brown            Victoria Lasister**  
  
**Temporary:**  
**Charles Weaver    Kimberly Smith    Colin Nugent            Randy Pfaff**  
**Cheryl Isensee    Danielle Peterson    Melanie Hemmersbach**
- 4. Consideration of Appeal of Revoked Taxicab License for Matthew Schnitzler**
- 5. Consideration of Special Event Permit Application for Sparta Wisconsin Farmers Market for the Saturday Farmers Market Events in Mueller Square, Water Street Bridge, and Beaver Creek Park from May 1, 2024 through October 12, 2024**
- 6. Consideration of Special Event Permit Application for Sparta Area Chamber of Commerce's Sparta Concerts in the Park on Wednesday Evenings from 6:00 p.m. to 9:00 p.m. from May 29, 2024 to August 28, 2024**
- 7. Consideration of Temporary Class "B" License for Sparta Area Chamber of Commerce for Sparta Concerts in the Park on Wednesday Evenings from 6:00 p.m. to 9:00 p.m. from May 29, 2024 to August 28, 2024**
- 8. Consideration of Special Event Permit Application for the Sparta Police Department K9 Golf Outing on June 12, 2024**
- 9. Consideration of Special Event Permit Application for VFW Post 2112 for the 2024 Memorial Day Parade**
- 10. Consideration of Special Event Permit Application for Sparta Festivals for Sparta Butterfest on June 6 through June 9, 2024**

- 11. Consideration of Carnival License for Sparta Festivals for June 6, 2024 through June 9, 2024 Located in Memorial Park**
- 12. Consideration of Temporary Class “B” License for Sparta Festivals for Butterfest June 6, 2024 through June 9, 2024**
- 13. Consideration of Special Event Permit Application for Experience Downtown Sparta’s Sparta Downtown Wine Walk on June 13, 2024 from 5:00 p.m. to 8:00 p.m.**
- 14. Consideration of “Class B” / Class “B” Liquor License and Video Game License for the Remaining 2023-2024 Term for Troy Ziegler of TZ Market Investments, LLC dba The Corner Pocket Located at 229 N Black River Street**
- 15. Consideration of “Class B / Class “B” Liquor License for the Remaining 2023-2024 Term for Joshua Schams of Angelo Restaurant Group LLC dba The Venue Located at 211 N Black River Street**
- 16. Items for Future Consideration**
- 17. Adjourn**

**A possible quorum of the Common Council may be in attendance at this meeting; however, no action will be taken by the Council.**

*Posted: 03/29/2024*

**CITY OF SPARTA**  
**PUBLIC SAFETY MINUTES**  
**February 5, 2024**

**PRESENT:** Kevin Brueggeman, Jim Church, Matthew Hoffland, David Kuderer

**ABSENT:** Robert Arnold

**ALSO PRESENT:** Mark Sund, Todd Fahning, Jose Tovar

Jim Church called the meeting to order at 5:30 p.m.

**A motion was made by Kevin Brueggeman and seconded by Matthew Hoffland to approve the consent agenda consisting of the minutes of the January 8, 2024 regular meeting, the Police Department's monthly report for December and monthly bills. Motion carried 4-0.**

**Upon proper payment of fees, the following new Operator License applications were approved on a motion made by Matthew Hoffland and seconded by Kevin Brueggeman. Motion carried 4-0.**

**New:**

Ashli Gilbert

Scott Storandt

**A motion was made by Matthew Hoffland and seconded by Kevin Brueggeman to approve the name change for the "Class B" Liquor / Class "B" Beer License and Cigarette License for Shifty's Shack 2, LLC dba Shifty's Shack located at 110 E Oak Street. Motion carried 4-0.**

There were no items for future consideration.

**A motion was made by Kevin Brueggeman and seconded by Matthew Hoffland to adjourn at 5:32 p.m. Motion carried 4-0.**

Respectfully Submitted,

Jennifer Lydon

City Clerk

# Sparta Police Department

## Monthly Report



January, 2024

During the month of January, the Sparta Police Department responded to 1682 calls for service, issued 107 traffic citations, 27 non-traffic citations, and 163 traffic warnings.

Various calls for service:

911 Call Response: 36

Crashes: 41

Assaults: 3

Burglaries: 3

Child Abuse: 8

Criminal Damage to Property: 6

Disturbances: 82

Chapter 51: 2

Sex Offenses: 7

Suspicious Activities: 33

Theft: 17

Traffic Stops: 347

Welfare Checks: 92

Arrest Data:

Bail Jumping: 43

Disorderly Conduct: 19

Drug-Related: 53

OWI: 6

Resisting/Obstructing: 1

### Training:

- Detective Brey and Officer Obluck attended Instructor Development to earn their certification to become law enforcement instructors.
- Lieutenant Tovar began Leadership in Police Organizations – a 3 week course in leading people, groups and organizations based on material developed for the US Military Academy at West Point.
- Members of the Monroe County Combined Tactical Unit attended monthly training.

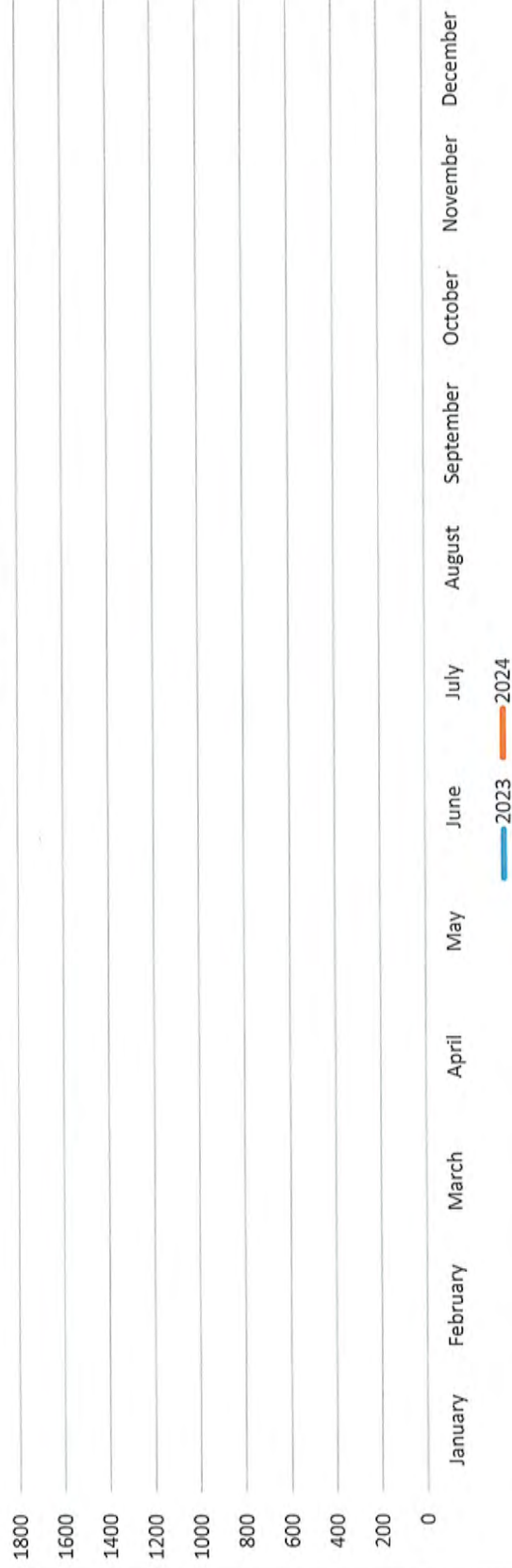
### Personnel:

- Sergeant Fischer was selected as a Team Leader for the Monroe County Combined Tactical Unit.
- Officer Nottestad has the new department K9 (Tyr – pronounced *TEAR*) and begins his K9 handler training March 4<sup>th</sup>.
- Officer J. Brey and Officer Obluck were selected as Field Training Officers.
- Officer Larson completed field training and began solo patrol.
- Officer Olson is in the final phase of field training.
- Officer Sellenga is no longer employed with the department.
- Officer Johnson began the Law Enforcement Academy.
- A hiring process is scheduled for April 6<sup>th</sup>.

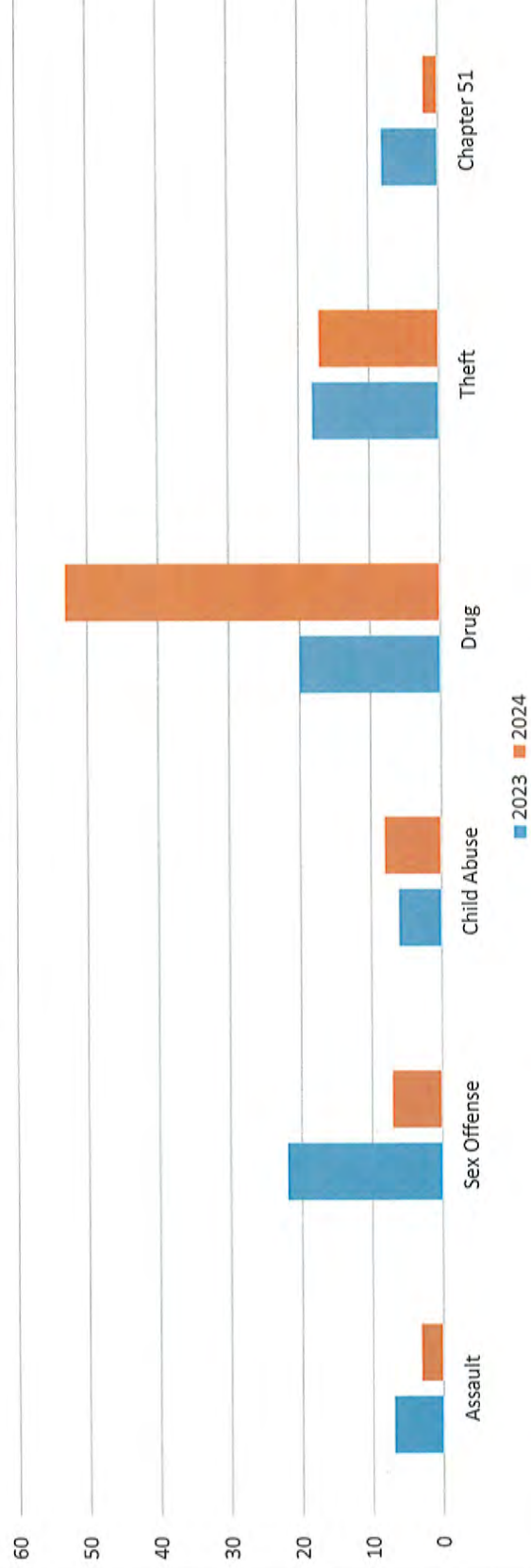
### Chief's Notes:

- The Department awards ceremony was held earlier this month. Several department certificates, pins, and awards were presented. Officers and civilian employees were recognized for years of service and selection to special assignments during 2023. Officer Nottestad and Officer Rheinschmidt received Life Saving Awards.

## 2023/2024 Calls for Service Comparison



## 2023/2024 Comparison by Month



## JANUARY 2024 SCHOOL RESOURCE OFFICER REPORT

In January, I responded to the middle school for a student who brought a Glock BB pistol and gave it to another student during the school day. Luckily, the involved students didn't threaten or display the replica firearm, which easily would have prompted a different response. The two students involved were referred to juvenile justice for possible charges. I worked with the middle and elementary school administrations in the education and enforcement of adults who contributed to truancy of young students.

<b>Total CADs</b>	<b>119</b>
Meadowview	35
High School	23
Herrman	10
Montessori	3
Private Schools	3
Southside	1
<b>School Total</b>	<b>75</b>

<b>Arrest/Referral Cases</b>	<b>2</b>
<i>Charges</i>	
Possess Dangerous Weapon at School	2
Disorderly Conduct	1

<b>Cases Reports</b>	
Sex Offense	4
Drug	3
Trouble w/ Juvenile	2
Child Abuse/Neglect	2
Threats	1
Weapons	1
Property	1
Trouble w/ Party	1
Fight	1
Traffic Crash	1
Battery/Assault	1
<b>Total Cases Primary</b>	<b>18</b>

<b>Citations</b>	
Marijuana/Paraphernalia	3
Truancy	3
Minor Sexting Prohibited	3
Disorderly Conduct	3
Contributing to Truancy	2
Possess Vape on School Property	2
<b>Total Citations</b>	<b>16</b>

# Parking Summary By Ordinance

Sparta Police Department

From 01/01/2024 To 01/31/2024

Date Run: 2/7/2024 10:14AM

Ordinance Description	Current Month			Same Month		
	Fine Total	Year To Date	Prior Year	Last Year		
Alternate Side Parking	\$2,910	194	93	397		
Excess of 48 Hour Parking	\$15	1	0	9		
No 2AM-6AM Parking	\$90	6	1	26		
Totals:	\$3,015	201	94	432		

# Sparta Police Department

## TRANSACTION DETAIL BY ACCOUNT

January 2024

Date	Name	Memo/Description	Amount
<b>2023 Cleaning Services 100-52100-350</b>			
01/02/2024	Serene Clean	23PO060	-1,000.00
<b>Total for 2023 Cleaning Services 100-52100-350</b>			<b>\$ -1,000.00</b>
<b>2023 Equipment - Police Computers 401-54010-539</b>			
01/02/2024	Streamfabs	23PO359	-377.36
<b>Total for 2023 Equipment - Police Computers 401-54010-539</b>			<b>\$ -377.36</b>
<b>2023 Equipment - Police Equip/Radios 401-54010-540</b>			
01/02/2024	Central Square	23PO358	-1,431.36
01/04/2024	Berg Brothers LLC	23PO362	-1,250.00
01/04/2024	Berg Brothers LLC	23PO361	-4,806.00
<b>Total for 2023 Equipment - Police Equip/Radios 401-54010-540</b>			<b>\$ -7,487.36</b>
<b>2023 Gas and Oil 100-52100-371</b>			
01/10/2024	Kwik Trip	23PO027	-3,011.37
<b>Total for 2023 Gas and Oil 100-52100-371</b>			<b>\$ -3,011.37</b>
<b>2023 Operating Supplies 100-52100-340</b>			
01/02/2024	Dalco		-68.12
01/04/2024	Arnold's Service and Towing	23PO363	-373.01
<b>Total for 2023 Operating Supplies 100-52100-340</b>			<b>\$ -441.13</b>
<b>2023 Pubs/Dues/Sems 100-52100-320</b>			
01/04/2024	Hawkes Wellness Solutions	23PO160	-100.00
01/04/2024	Martin McAllister	23PO364	-625.00
01/09/2024	Kalahari Resort	23TR032	-99.00
01/10/2024	Kalahari Resort		-147.00
01/10/2024	Wisconsin Police Leadership		-275.00
01/23/2024	Wisconsin Police Leadership	23TR032	-275.00
<b>Total for 2023 Pubs/Dues/Sems 100-52100-320</b>			<b>\$ -1,521.00</b>

Date	Name	Memo/Description	Amount
<b>2023 Telephone 100-52100-391</b>			
01/04/2024	AT&T FirstNet	23PO019	-1,016.55
<b>Total for 2023 Telephone 100-52100-391</b>			<b>\$ -1,016.55</b>
<b>2023 Time System 100-52100-394</b>			
01/08/2024	Wisconsin Department of Justice	23PO014	-84.00
<b>Total for 2023 Time System 100-52100-394</b>			<b>\$ -84.00</b>
<b>Cleaning Service 100-52100-350</b>			
01/01/2024		Opening Balance	28,000.00
01/18/2024	Serene Clean	24PO055	-600.00
01/24/2024	Serene Clean	24PO055	-1,000.00
<b>Total for Cleaning Service 100-52100-350</b>			<b>\$26,400.00</b>
<b>Crossing Guards 100-52130-340</b>			
01/01/2024		Opening Balance	50.00
<b>Total for Crossing Guards 100-52130-340</b>			<b>\$50.00</b>
<b>CTU 100-52100-396</b>			
01/01/2024		Opening Balance	5,000.00
01/22/2024	National Tactical Officers Association	24TR006	-779.00
01/30/2024	Monroe County Clerk of Courts	Andrew Raymer	62.08
<b>Total for CTU 100-52100-396</b>			<b>\$4,283.08</b>
<b>Equipment - Police 401-54010-531</b>			
01/01/2024		Opening Balance	70,000.00
01/04/2024	Axon	24PO007	-64,977.79
<b>Total for Equipment - Police 401-54010-531</b>			<b>\$5,022.21</b>
<b>Equipment - Police Computers 401-54010-539</b>			
01/01/2024		Opening Balance	33,500.00
01/08/2024	CodeTwo	24PO012	-786.54
01/08/2024	Amazon	24PO013	-981.23
01/31/2024	Nuance	24PO037	-2,880.00
<b>Total for Equipment - Police Computers 401-54010-539</b>			<b>\$28,852.23</b>
<b>Equipment - Police Equip/Radios 401-54010-540</b>			

Date	Name	Memo/Description	Amount
01/01/2024		Opening Balance	50,500.00
01/31/2024	Hero 24/7	24PO067	-221.56
<b>Total for Equipment - Police Equip/Radios 401-54010-540</b>			<b>\$50,278.44</b>
<b>Gas/Oil 100-52100-371</b>			
01/01/2024		Opening Balance	50,000.00
01/04/2024	Kwik Trip	24PO002	-5,000.00
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01/04/2024	Kwik Trip	24PO002	-5,000.00
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01/04/2024	Kwik Trip	24PO002	-5,000.00
01/04/2024	Kwik Trip	24PO002	-5,000.00
01/04/2024	Kwik Trip	24PO002	-5,000.00
01/04/2024	Kwik Trip	24PO002	-5,000.00
<b>Total for Gas/Oil 100-52100-371</b>			<b>\$ -5,000.00</b>
<b>K-9 Donations 208-42000</b>			
01/16/2024	Amazon	24PO046	-17.99
01/16/2024	Ray Allen Manufacturing	24PO045	-389.15
01/16/2024	Ready Warrior LLC	24PO046	-26.94
01/17/2024	Code Blue K9	24PO052	-3,000.00
01/24/2024	Menards	24PO053	-545.59
01/29/2024	Ray Allen Manufacturing	24PO068	-151.62
01/29/2024	Chewy.com	24PO069	-59.84
<b>Total for K-9 Donations 208-42000</b>			<b>\$ -4,191.13</b>
<b>Office Supplies 100-52100-310</b>			
01/01/2024		Opening Balance	7,000.00
01/16/2024	Amazon	24PO048	-115.89
01/29/2024	Amazon	24PO073	-23.82
<b>Total for Office Supplies 100-52100-310</b>			<b>\$6,860.29</b>

Date	Name	Memo/Description	Amount
<b>Operating Supplies 100-52100-340</b>			
01/01/2024		Opening Balance	43,000.00
01/04/2024	Carol Leis	24PO010	-24.00
01/04/2024	Menards	24PO008	-56.91
01/08/2024	United States Postal Service	24PO015	-4.85
01/09/2024	Carol Leis	24PO017	-18.00
01/15/2024	Carol Leis	24PO044	-3.00
01/16/2024	Fire Protection Specialists	24PO025	-512.40
01/18/2024	United States Postal Service	24PO056	-5.50
01/19/2024	AT&T	24PO057	-95.00
01/23/2024	EO Johnson	24PO043	-279.05
01/24/2024	Walmart	24PO063	-27.08
01/25/2024	Department of Transportation		-3.06
01/25/2024	Amazon	24PO065	-20.99
01/29/2024	Siegel's Uniform	24PO072	-183.98
01/29/2024	Davis & Stanton Promotions	24PO064	-187.50
01/29/2024	Davis & Stanton Promotions	24PO066	-159.50
01/31/2024	Walmart	24PO075	-27.92
01/31/2024	Reimbursement	Conner Bernett Rebecca Nichols Jacob Kimpel Antonio Martinez Velazquez	164.00
<b>Total for Operating Supplies 100-52100-340</b>			<b>\$41,555.26</b>
<b>Physical Exams 100-52100-392</b>			
01/01/2024		Opening Balance	3,000.00
<b>Total for Physical Exams 100-52100-392</b>			<b>\$3,000.00</b>
<b>Pubs/Seminars/Dues 100-52100-320</b>			
01/01/2024	Lexipol	24PO001	-13,411.53
01/01/2024		Opening Balance	40,000.00
01/08/2024	Street Cop Training	24TR001	-450.00
01/08/2024	WSSCA	24TR002	-320.00
01/08/2024	Wilderness Resort	24TR002	-90.00
01/10/2024	Law Enforcement Seminars	24TR004	-850.00

Date	Name	Memo/Description	Amount
01/11/2024	Keil Enterprises	24TR005	-249.00
01/16/2024	Mid-State Organized Crime Information Center	24PO050	-150.00
01/17/2024	Wisconsin Association of Women Police	24TR007	-500.00
01/17/2024	Fraternal Order of Police	24PO030	-324.00
01/19/2024	Fraternal Order of Police	24PO030	-324.00
01/22/2024	Walmart	24PO059	-50.00
01/22/2024	Kwik Trip	24PO058	-100.00
01/24/2024	WI Dept of Justice	24TR011	-714.00
01/29/2024	AmericInn	24TR012	-92.62
01/29/2024	Critical Impact Group	24TR012	-225.00

**Total for Pubs/Seminars/Dues 100-52100-320** **\$22,149.85**

**Radio Equipment 100-52100-241**

01/01/2024 Opening Balance 2,700.00

**Total for Radio Equipment 100-52100-241** **\$2,700.00**

**Repairs & Maintenance 100-52100-240**

01/01/2024		Opening Balance	27,000.00
01/11/2024	Goodyear	24PO034	-584.00
01/16/2024	The Hardware Store	24PO049	-97.06
01/29/2024	Auto Value	24PO070	-8.82
01/30/2024	Walmart	24PO074	-10.97
01/31/2024	Arnold's Service and Towing	24PO078	-164.00
01/31/2024	Arnold's Service and Towing	24PO076	-359.01
01/31/2024	Arnold's Service and Towing	24PO077	-556.95

**Total for Repairs & Maintenance 100-52100-240** **\$25,219.19**

**Shooting Program 100-52100-341**

01/01/2024		Opening Balance	6,000.00
01/02/2024	Reimbursement	J. Tovar	30.00

**Total for Shooting Program 100-52100-341** **\$6,030.00**

**Telephone 100-52100-391**

01/01/2024 Opening Balance 22,000.00

Date	Name	Memo/Description	Amount
01/08/2024	Lynxx	24PO004	-957.68
01/11/2024	Brightspeed	24PO005	-49.44
<b>Total for Telephone 100-52100-391</b>			<b>\$20,992.88</b>
<b>Time System 100-52100-394</b>			
01/01/2024		Opening Balance	3,000.00
01/16/2024	Wisconsin Department of Justice	24PO003	-435.00
<b>Total for Time System 100-52100-394</b>			<b>\$2,565.00</b>
<b>Uniform Allowance 100-52100-393</b>			
01/01/2024		Opening Balance	26,000.00
01/04/2024	Cloud Defensivce	24PO003	-337.59
01/04/2024	Galls	24UN002	-276.49
01/04/2024	GBRS Group Gear	24UN004	-74.90
01/04/2024	5.11 Tactical	24UN005	-354.16
01/05/2024	Employee Reimbursement	24UNO008	-147.68
01/09/2024	Galls	24UN009	-208.17
01/09/2024	Galls	24UN006	-366.10
01/11/2024	Galls	24UN010	-111.54
01/19/2024	N-Ear	24UN007	-164.99
01/22/2024	Hero 24/7	24UN014	-135.04
01/22/2024	Employee Reimbursement	24UN013	-51.97
01/23/2024	Galls	24UNO02	-164.80
01/23/2024	Galls	24UN010	-27.42
01/23/2024	Agilite	24UN011	-65.81
01/23/2024	Zero9 Holsters	24PO060	-337.93
01/24/2024	Hero 24/7	24UN015	-108.67
01/24/2024	Hero 24/7	24UNO12	-142.44
01/29/2024	Hero 24/7	24UNO17	-105.51
01/29/2024	Hero 24/7	24UNO16	-105.51
01/31/2024	Element Fire	24UNO20	-99.94
<b>Total for Uniform Allowance 100-52100-393</b>			<b>\$22,613.34</b>
<b>Annual City Funding</b>			

**Sparta Police Department**  
**Monthly Report**



**February, 2024**

During the month of February, the Sparta Police Department responded to 1376 calls for service, issued 83 traffic citations, 31 non-traffic citations, and 152 traffic warnings.

Various calls for service:

911 Call Response: 43

Crashes: 43

Assaults: 5

Burglaries: 0

Child Abuse: 9

Criminal Damage to Property: 11

Disturbances: 80

Chapter 51: 0

Sex Offenses: 6

Suspicious Activities: 32

Theft: 22

Traffic Stops: 251

Welfare Checks: 48

Arrest Data:

Bail Jumping: 52

Disorderly Conduct: 19

Drug-Related: 32

OWI: 2

Resisting/Obstructing: 2

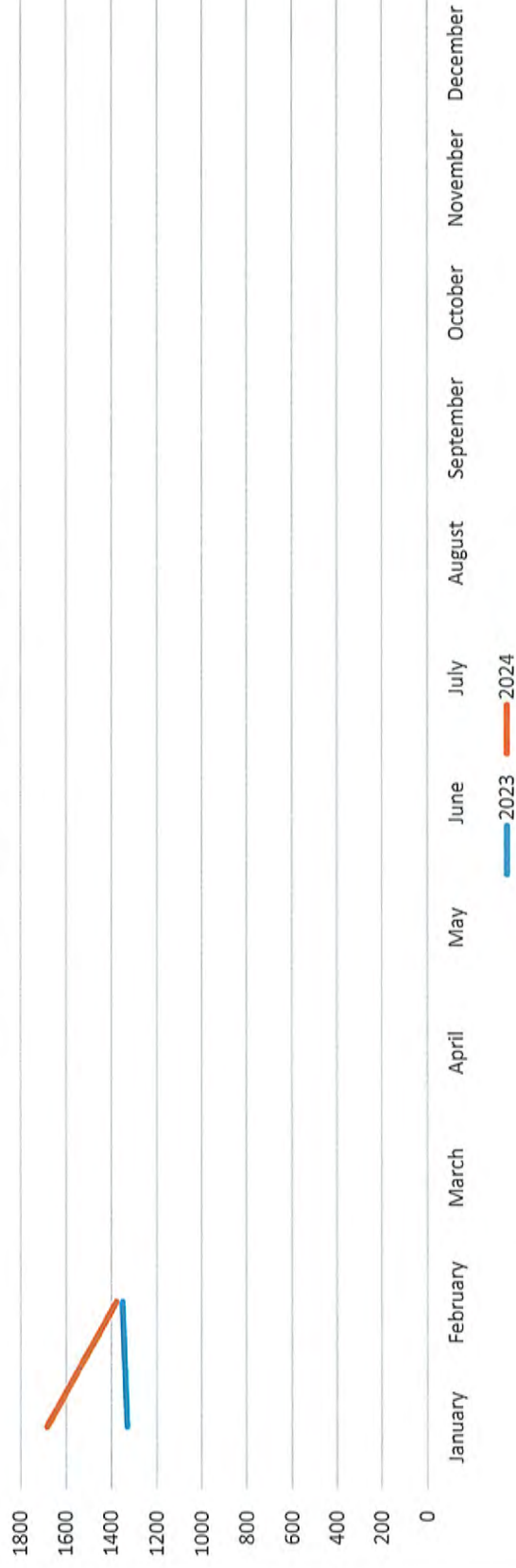
### Training:

- Chief Nottestad and Deputy Chief Ferguson attended the Wisconsin Chiefs of Police Association Winter Conference.
- Officer Rheinschmidt attended Operation RUSH - a training course for criminal interdiction.
- Officer J. Brey attended certification for Taser 10 instructor. He will transition the department to new Taser 10's in the coming months.
- Detective T. Brey attended training for ICAC (Internet Crimes Against Children) undercover operations.
- Chief Nottestad and Lieutenant Lee attended the Wisconsin Association of Women Police Conference.
- Members of the Monroe County Combined Tactical Unit attended monthly training.

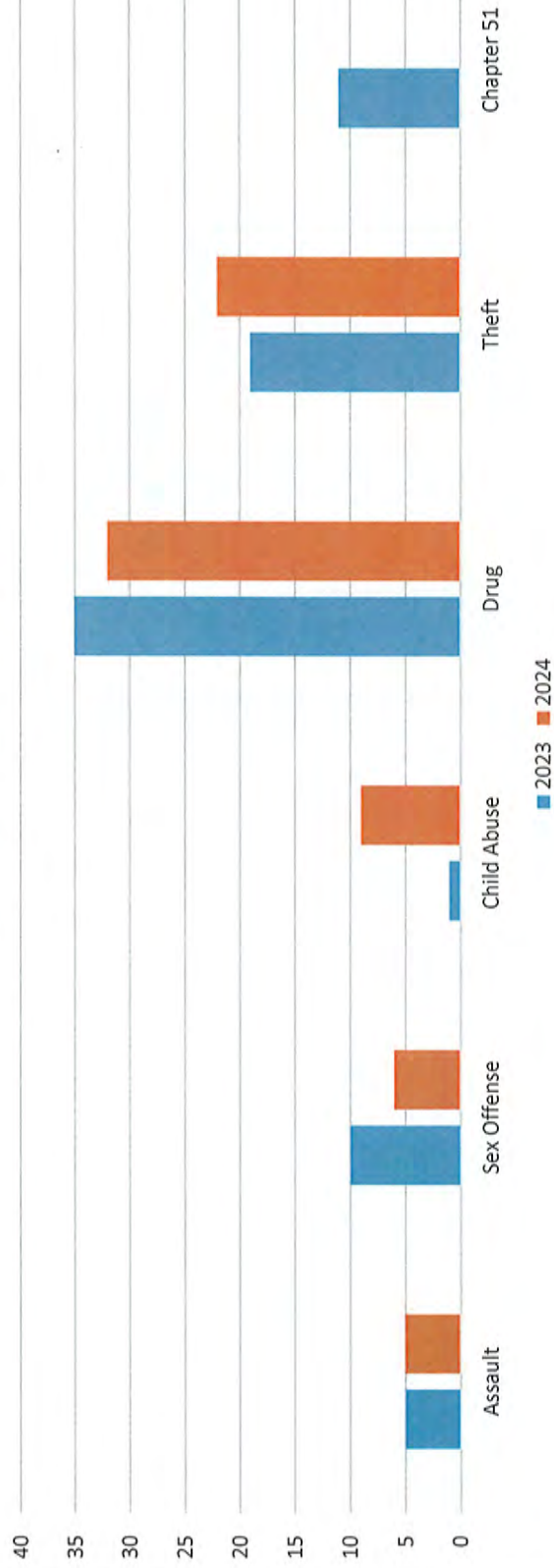
### Personnel:

- Officer Olson successfully completed phase 4 of field training and began solo patrol.
- Officer Rheinschmidt was selected as the department's next K9 handler. We anticipate pairing him with his new K9 partner this fall.
- Officer Malin was selected as the department's next detective. He will move into this role once the patrol positions are adequately backfilled, hopefully this summer.
- Officer Johnson is in phase 2 of the Law Enforcement Academy.
- A hiring process is scheduled for April 6<sup>th</sup>.

### 2023/2024 Calls for Service Comparison



### 2023/2024 Comparison by Month



## FEBRUARY 2024 SCHOOL RESOURCE OFFICER REPORT

The month of February was fairly busy again as I saw an increase in marijuana (THC cartridges) and physical aggression amongst students. I spoke in front of the students, staff, and parents at the Mennonite Fellowship School about police work and school safety. I also presented a CRASE class to 53 employees of a local bank and received positive feedback and engagement from participants.



-Presenting a Civilian Response class 2/13

<b>Total CADs</b>	<b>110</b>
Meadowview	24
High School	24
Herrman	10
Southside	3
SAILS/District Office	2
Montessori	1
Private Schools	1
<b>School Total</b>	<b>64</b>

<b>Cases Reports</b>	
Trouble w/ Juvenile	6
Drug	5
Sex Offense	2
Fight	2
Traffic Crash	2
Property	1
Threats	1
Battery/Assault	1
Welfare Check	1
Child Abuse/Neglect	1
Theft	1
<b>Total Cases Primary</b>	<b>23</b>

<b>Citations</b>	
Marijuana/Paraphernalia	6
Possess Vape on School Property	5
Truancy	3
Minor Sexting Prohibited	1
Disorderly Conduct	1
Minor Possession of Tobacco	1
<b>Total Citations</b>	<b>17</b>

<b>Arrest/Referral Cases</b>	<b>8</b>
<i>Charges</i>	
Disorderly Conduct	6
Battery to School Employee	1
Criminal Damage to Property	1
Battery	1

# Parking Summary By Ordinance

Sparta Police Department

From 02/01/2024 To 02/29/2024

Date Run: 3/8/2024 12:24PM

Ordinance Description	Current Month		Fine Total	Year To Date	Same Month	
					Prior Year	Last Year
Alternate Side Parking	5		\$75	199	80	397
Excess of 48 Hour Parking	1		\$15	2	0	9
Handicapped Parking Violation	1		\$100	1	0	0
No 2AM-6AM Parking	7		\$105	13	8	26
Overnight Parking	1		\$15	1	0	0
Totals:	15		\$310	216	88	432

# Sparta Police Department

## TRANSACTION DETAIL BY ACCOUNT

February 2024

Date	Name	Memo/Description	Amount
<b>2023 Operating Supplies 100-52100-340</b>			
02/01/2024	Mayo Clinic	23PO070	-25.00
02/13/2024	Employee Reimbursement		-39.00
<b>Total for 2023 Operating Supplies 100-52100-340</b>			<b>\$ -64.00</b>
<b>2023 SRO Wages</b>			
02/05/2024	Sparta Area School District		22,260.13
<b>Total for 2023 SRO Wages</b>			<b>\$22,260.13</b>
<b>Cleaning Service 100-52100-350</b>			
02/07/2024	Serene Clean	24PO055	-1,000.00
02/27/2024	Serene Clean	24PO055	-1,000.00
<b>Total for Cleaning Service 100-52100-350</b>			<b>\$ -2,000.00</b>
<b>Equipment - Police 401-54010-531</b>			
02/13/2024	Intoximeters	24PO071	-150.00
<b>Total for Equipment - Police 401-54010-531</b>			<b>\$ -150.00</b>
<b>Equipment - Police Computers 401-54010-539</b>			
02/19/2024	Amazon	24PO089	-375.16
<b>Total for Equipment - Police Computers 401-54010-539</b>			<b>\$ -375.16</b>
<b>Equipment - Police Equip/Radios 401-54010-540</b>			
02/21/2024	Airbnb	24PO091	-2,558.38
<b>Total for Equipment - Police Equip/Radios 401-54010-540</b>			<b>\$ -2,558.38</b>
<b>Gas/Oil 100-52100-371</b>			
02/05/2024	Kwik Trip	24PO002	-3,236.32
<b>Total for Gas/Oil 100-52100-371</b>			<b>\$ -3,236.32</b>
<b>K-9 Donations 208-42000</b>			
02/12/2024	Performance Kennels	24PO086	-12,000.00
02/21/2024	Etsy	24PO092	-56.96

Date	Name	Memo/Description	Amount
02/24/2024	Chewy.com		-59.84
02/26/2024	Ray Allen Manufacturing	24PO096	-63.28
02/26/2024	Gofromm.com	24PO098	-236.28
02/27/2024	Ray Allen Manufacturing	24PO045	-26.35
02/27/2024	K9 Storm	24PO045	-358.00
<b>Total for K-9 Donations 208-42000</b>			<b>\$ -12,800.71</b>
<b>Office Supplies 100-52100-310</b>			
02/26/2024	Amazon	24PO094	-95.84
<b>Total for Office Supplies 100-52100-310</b>			<b>\$ -95.84</b>
<b>Operating Supplies 100-52100-340</b>			
02/01/2024	Dalco		-353.18
02/05/2024	Symbol Arts	23PO321	-380.00
02/07/2024	United States Postal Service		-6.60
02/07/2024	Archangel Device	23PO251	-659.94
02/08/2024	Dalco		-166.16
02/08/2024	Mayo Clinic	24PO016	-100.00
02/08/2024	Schumacher Elevator Co	24PO027	-264.96
02/12/2024	United States Postal Service		-6.72
02/19/2024	Amazon	24PO087	-27.98
02/19/2024	EO Johnson	24PO043	-378.86
02/20/2024	Amazon	24PO047	-113.95
02/26/2024	Dalco		-60.90
02/28/2024	United States Postal Service		-5.10
02/29/2024	Evident	24PO099	-270.00
02/29/2024	iWorQ	24PO022	-2,067.00
02/29/2024	Fire Protection Specialists	24PO026	-583.50
02/29/2024	Evident	24PO099	-38.09
<b>Total for Operating Supplies 100-52100-340</b>			<b>\$ -5,482.94</b>
<b>Physical Exams 100-52100-392</b>			
02/05/2024	Martin McAllister	24PO082	-1,250.00
02/08/2024	Mayo Clinic	24PO084	-248.00

Date	Name	Memo/Description	Amount
<b>Total for Physical Exams 100-52100-392</b>			<b>\$ -1,498.00</b>
<b>Pubs/Seminars/Dues 100-52100-320</b>			
02/08/2024	Kalahari Resort	23TR030	-331.90
02/08/2024	Kalahari Resort	24TR032	-75.00
02/12/2024	Employee Per Diem	24TR005	-25.08
02/13/2024	Employee Per Diem	23TR032	-13.86
02/13/2024	The Del Bar	23TR032	-51.72
02/13/2024	Kalahari Resort	23TR032	-230.00
02/16/2024	West Hill Bar & Grill		-16.28
02/21/2024	Culvers	23TR30	-13.33
02/21/2024	The Del Bar	23TR30	-61.92
02/21/2024	Western Technical College	24TR008	-450.00
02/25/2024	Texas Roadhouse	24TR010	-14.76
02/25/2024	Kwik Trip	24TR010	-8.21
02/25/2024	Milwaukee Burger Co.	24TR010	-14.02
02/26/2024	Chipotle	24TR010	-11.76
02/26/2024	Glock Professional	24TR013	-250.00
02/26/2024	Kwik Trip	24TR010	-3.37
02/27/2024	Buffalo Wild Wings	24TR010	-16.34
02/27/2024	Erbert & Gerberts	24TR010	-10.01
02/27/2024	Shell	24TR010	-6.41
02/28/2024	Shell	24TR010	-4.20
02/28/2024	Fazoli	24TR010	-12.38
02/28/2024	Sbarro	24TR010	-10.53
02/29/2024	Texas Roadhouse	24TR010	-22.13
02/29/2024	Kwik Trip	24TR010	-11.58
<b>Total for Pubs/Seminars/Dues 100-52100-320</b>			<b>\$ -1,664.79</b>
<b>Repairs &amp; Maintenance 100-52100-240</b>			
02/07/2024	Rush Hour Towing	24PO083	-130.00
02/12/2024	Rush Hour Towing	24PO085	-217.25
02/14/2024	Reimbursement	24-0123 22-0796	424.30

Date	Name	Memo/Description	Amount
02/26/2024	Arnold's Service and Towing	24PO097	-275.00
<b>Total for Repairs &amp; Maintenance 100-52100-240</b>			<b>\$ -197.95</b>
<b>Shooting Program 100-52100-341</b>			
02/08/2024	Kiesler Police Supply	23PO053	-572.00
<b>Total for Shooting Program 100-52100-341</b>			<b>\$ -572.00</b>
<b>Telephone 100-52100-391</b>			
02/02/2024	Lynxx	24PO004	-968.42
02/05/2024	AT&T	24PO006	-1,016.83
02/13/2024	Brightspeed	24PO005	-49.44
<b>Total for Telephone 100-52100-391</b>			<b>\$ -2,034.69</b>
<b>Time System 100-52100-394</b>			
02/05/2024	Wisconsin Department of Justice	24PO003	-105.00
<b>Total for Time System 100-52100-394</b>			<b>\$ -105.00</b>
<b>Uniform Allowance 100-52100-393</b>			
02/01/2024	Bigfoot Holsters, LLC	24UNO21	-181.50
02/01/2024	Bigfoot Holsters, LLC	24UNO18	-61.50
02/01/2024	Hero 24/7	24UNO19	-100.23
02/05/2024	Carol Leis	24PO080/24UNO09	-9.00
02/05/2024	We The People Holsters	24UNO22	-63.30
02/05/2024	Streichers	24UNO01	-403.00
02/06/2024	Galls	24UNO02	-131.07
02/06/2024	Condor Outdoor	24UNO23	-40.93
02/12/2024	Galls	24PO054	-506.37
02/13/2024	Top Pack Defense	24UNO25	-66.45
02/13/2024	Galls	24PO061	-316.07
02/19/2024	Carol Leis	24UNO09/24UNO06/24PO088	-49.50
02/20/2024	United States Postal Service	24UNO23	-11.84
02/20/2024	Employee Reimbursement	24UNO26	-318.09
02/21/2024	Galls	24PO061	-120.00
02/23/2024	Galls	24PO054	-36.68
02/23/2024	Employee Reimbursement	24UNO24	-39.00

Date	Name	Memo/Description	Amount
02/26/2024	Carol Leis	24UNO001	-80.00
02/27/2024	Galls	24PO054	-9.53
02/27/2024	Galls	24PO061	-9.65
02/28/2024	Galls	24PO061	-66.02
02/29/2024	Spiritus Systems	24UNO28	-296.98
02/29/2024	Nexbelt	24UNO29	-79.99
02/29/2024	Blauer	24UNO27	-214.97
02/29/2024	Galls	24UNO10	-71.40
02/29/2024	Condor Outdoor Refund	24UNO23	34.03
<b>Total for Uniform Allowance 100-52100-393</b>			<b>\$ -3,249.04</b>



# SPARTA POLICE DEPARTMENT

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**Emilee Nottestad**  
Chief of Police

711 Pine St.  
Sparta, WI 54656  
Tel. 608-269-3122  
Fax. 608-269-2156  
[www.spartawisconsin.org](http://www.spartawisconsin.org)

March 5, 2024

Mathhew Schnitzler  
7867 Iband Ave. #34  
Sparta, WI 54656

Mr. Schnitzler,

Due to your conduct with Sparta Officers on February 20, 2024 I am revoking your Sparta Cab license, effective immediately. You no longer hold a valid license to operate a cab within the City of Sparta. If you are found operating a cab, you will be cited for the violation.

You may contact me at the police department if you have any questions. If you wish to dispute my decision, you may contact a member of the Sparta Public Safety Committee or a City Administrator to appear before the Sparta Public Safety Committee.

Respectfully,

Chief Emilee Nottestad

CC: Jeff Klein

*Committed to Excellence*



OFFICE USE ONLY  
MC ☒  
PD ☒  
ST ☒  
PK ☒

## City of Sparta Special Event Permit Application

Permit Application, Location Diagram, and a **\$50.00 Application Fee** must be submitted **At Least 60 Days Prior To Event.** Completion of this form **DOES NOT** authorize the event.

All applications will be reviewed by the City Clerk, Police Department, Street Department, and Parks Department. The Public Safety Committee will make the final decision at their monthly meeting (1st Monday of 1st full week.) The contact person listed below will be notified of the decision.

☐ New Event ☒ Repeat Event ☐ Repeat Event with Changes (explain changes in description)

Application Date: 02-29-2024

Date Application Received: 3/01/2024

EVENT ORGANIZER/CONTACT PERSON			
Legal/Real Name: <b>Joey Esterline</b>			
Address: Street	City	State	Zip Code
17551 Independence Rd.	Norwalk	WI	54648
Phone: 608-633-3471		Email: joeyesterline@gmail.com	
Name of Associated Organization: <b>Sparta, WI Farmers Market</b>			

EVENT INFORMATION	
Event Name: <b>Sparta, WI Farmers Market - Saturday Markets</b>	
Event Location: (*attach location diagram if simple location description is not adequate or other permits require) <b>Mueller Square, Creekside, and Water Street Bridge</b>	
Event Date(s): <b>May 11 - October 12, 2024</b>	Event Times: <b>Saturdays only 8:00 AM to 1:00 PM</b>
Total Anticipated Attendance: <b>Customers can vary approx. 10 to 50 per hour</b>	Admission Requirements: <b>None</b>
Event Description: A Farmers Market consisting of vendors who are required to only sell locally grown fresh produce, processed and baked products, and crafts. The Stage will offer a variety of events such as children's activities, nutrition, health, environmental education, and local musicians.	
List at least two event coordinators who will be on site during event:	Contact phone number(s) during event:
Contact #1: Curt Wells, Jr. 608-386-3910	Phone #: 715-577-5634
Contact #2: Cheryl Nelson 715-577-5634	Phone #: 715-577-5634

If you have multiple activities at your event that include closure or use of right-of-way (i.e. two parades or a combination of a parade and a run/walk, etc.) a separate activity summary describing each event is required and must be submitted with this application.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Multiple permits may be required for one event.

**Answer all questions regardless the size of the event. Incomplete applications will not be processed.**

<b>POLICE DEPARTMENT</b>		<b>608-269-3122</b>	<i>Emailed 3/4/24</i>
Do you require any road closures?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Do you require a police escort?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Does your event include a run/walk/bike tour/parade/other similar?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Submit a legible route map and turn-by-turn list. Include assembly area, starting point, and ending point.	
Do you require additional security at your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Applicant may request the use of the Police Reserve Unit. Reserve Officer scheduling is subject to availability and may include a fee to the organization. The City retains the right to require the event organizer(s) to hire additional security.	
<b>CITY CLERK</b>		<b>608-269-4340 Ext 5150</b>	<b>Contact for the following additional licenses, permits, and necessary information.</b>
Will there be food served at the event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	All mobile food vendors are required to obtain a Mobile Food Vendor License annually. (Ord. 12-400) ✓	
Will alcohol beverages be sold/served/consumed?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A Temporary Class B Retail License is required to sell or serve alcohol beverages. Eligibility requirements apply. (Ord. 12-27)	
Will there be live amplified outdoor music?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Noise is regulated by Ord. 9-8. Event coordinators are responsible for notifying nearby properties so they are aware of the event.	
<b>STREET DEPARTMENT</b>		<b>608-269-7873</b>	<i>Emailed 3/4/24</i>
Do you need barricades for your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Barricades may be provided by the City. A cost estimate based on event needs will be provided with your permit. Actual costs will be invoiced at the conclusion of the event.	
Do you need/have a traffic control plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Do you need/have a parking plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
<b>PARKS DEPARTMENT</b>		<b>608-269-6322</b>	<i>Emailed 3/4/24</i>
Is your event taking place at a City park?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must reserve park shelters and applicant agrees to abide by all park rules/City Ordinances.	

Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the City. This may include overtime costs incurred as a result of the event.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice.
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<b>Reviewed by City Clerk</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials: <u>  <i>AC</i>  </u> Date: <u>  3/04/2024  </u>
<b>Application Fee Received</b> <u>  N/A  </u>	<input checked="" type="checkbox"/> Yes Date: <u>          </u> Receipt #: <u>  1.155964  </u>	Initials: <u>          </u> Date: <u>          </u>
<b>Reviewed by Police Chief</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: <u>          </u> Date: <u>  3/6/24  </u>	<b>Reviewed by Street Department</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: <u>          </u> Date: <u>          </u>	<b>Reviewed by Parks Department</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: <u>          </u> Date: <u>          </u>
<b>Reviewed by Public Safety</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: <u>          </u>	Notes



## City of Sparta Special Event Permit Application

PERMIT APPLICATION ALONG WITH A **\$50.00 APPLICATION FEE** MUST BE SUBMITTED **AT LEAST 60 DAYS PRIOR TO EVENT**. PLEASE REMEMBER THAT COMPLETION OF THIS FORM **DOES NOT** AUTHORIZE THE EVENT. ALL APPLICATIONS WILL BE REVIEWED BY THE PUBLIC SAFETY COMMITTEE. CONTACT PERSON LISTED BELOW WILL BE NOTIFIED OF THE COMMITTEE'S DECISION.

☐ New Event ☒ Repeat Event ☐ Repeat Event with Changes (explain changes in description)

Date Received: 3/04/2024 Fee Received: \_\_\_\_\_

EVENT ORGANIZER/CONTACT PERSON			
Legal/Real Name: <u>Heidi Prestwood-Funkhouser</u>			
Address: Street <u>111 Milwaukee St</u>	City <u>Sparta</u>	State <u>WI</u>	Zip Code <u>54656</u>
Phone: <u>608-269-4123</u>		Email: <u>ceo@bike-sparta.com</u>	
Name of Associated Organization: <u>Sparta Area Chamber of Commerce</u>			

EVENT INFORMATION	
Event Name: <u>Sparta Concerts in the Park</u>	
Event Location: (please attach a diagram if simple location description is not adequate or other permits require) <u>Evans-Bosshard Park</u>	
Event Date(s): <u>May 29 - Aug 27 - Wednesday evenings</u>	Event Times: <u>6-9 pm</u>
Total Anticipated Attendance: <u>300 - 1700</u>	Admission Requirements: <u>No</u>
Event Description: <u>Annual Concert Series</u>	
List at least 2 event coordinators that will be on-site during the event: <u>JP PF</u> <u>Hilary Putman</u>	Contact phone numbers during event: <u>219-363-2470</u> <u>715-896-3225</u>

If you have multiple activities in your event that include closure or use of right-of-way (i.e. 2 parades or a combination of a parade and a run/walk, etc.) a separate activity summary describing each event is required and must be submitted with this application.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Multiple permits may be required for one event.

**Answer all questions regardless the size of the event; incomplete applications will not be processed.**

<b>POLICE DEPARTMENT</b>		<b>608-269-3122</b>
Do you require any road closures?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
Do you require a police escort?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
Does your event include a run/walk/bike tour/parade/other similar?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Submit a legible route map and turn-by-turn list; include assembly area, starting point, and ending point.
Do you require additional security at your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Applicant may request the use of the Police Reserve Unit. Reserve Officer scheduling is subject to availability and may include a fee to the organization. The City retains the right to require the event organizer(s) to hire additional security.
<b>CITY CLERK</b>		<b>608-269-4340</b>
<b>Contact for the following additional licenses, permits, and necessary information</b>		
Will there be food served at the event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Any mobile food vendor will require an additional license application from the City Clerk (Ord. 12-400)
Will alcohol beverages be sold/served/consumed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A Temporary Class B Retail License is required to sell or serve alcohol beverages. Eligibility requirements apply. (Ord. 12-27)
Will there be live amplified outdoor music?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Noise is regulated by Ord. 9-8. Event coordinators are responsible for notifying nearby properties so they are aware of the event.
<b>STREET DEPARTMENT</b>		<b>608-269-7873</b>
Do you need barricades for your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Barricades may be provided by the City. A cost estimate based on your needs will be provided with your permit and actual costs will be invoiced at the conclusion of the event.
Do you need/have a traffic control plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
Do you need/have a parking plan?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
<b>PARKS DEPARTMENT</b>		<b>608-269-6322</b>
Is your event taking place at a City park?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must reserve park shelters and applicant agrees to abide by all park rules/City Ordinances.

Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the City. This may include overtime costs incurred as a result of the event.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice.
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<b>Reviewed by City Clerk and all fees received</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: 3/04/2024
<b>Reviewed by Police Chief</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: 3/20/2024
<b>Reviewed by Public Safety</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:

## 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: 2/26/2024

☐ Town ☐ Village ☒ City of Sparta

County of Monroe

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 May 29, 2024 and ending Aug 27, 2024 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 Sparta Area Chamber of Commerce

(b) Address 111 Milwaukee St. Sparta  
(Street)

☐ Town ☐ Village ☒ City

(c) Date organized 1957

(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 Trent Ziegler, Coulee Real Estate

Vice President Lance Hauser, Park Bank

Secretary \_\_\_\_\_

Treasurer Eric Solberg, Sparta Floral and Greenhouses

(g) Name and address of manager or person in charge of affair: Heidi Prestwood-Funkhouser, 111 Milwaukee St., Sparta

### 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 Evans-Bosshard Park

(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 Sparta Concerts in the Park

(b) Dates of event May 29, June 5, 12, 19, 26, July 3, 10, 17, 24, 31. Aug 7, 14, 21, and 28

### 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 \_\_\_\_\_

(Signature / Date)

(Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

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

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



OFFICE USE ONLY

MC \_\_\_\_\_  
PD \_\_\_\_\_  
ST \_\_\_\_\_  
PK \_\_\_\_\_

## City of Sparta Special Event Permit Application

Permit Application, Location Diagram, and a **\$50.00 Application Fee** must be submitted **At Least 60 Days Prior To Event**. Completion of this form **DOES NOT** authorize the event.

All applications will be reviewed by the City Clerk, Police Department, Street Department, and Parks Department.

The Public Safety Committee will make the final decision at their monthly meeting (1st Monday of 1st full week.)

The contact person listed below will be notified of the decision.

☐ New Event   ☒ Repeat Event   ☐ Repeat Event with Changes (explain changes in description)

Application Date: 03/04/2024

Date Application Received: 3/04/2024

EVENT ORGANIZER/CONTACT PERSON	
Legal/Real Name: <b>Emilee Nottestad</b>	
Address: Street	City State Zip Code
711 Pine St Sparta WI 54656	
Phone: 608-269-3122	Email: enottestad@spartawisconsin.org
Name of Associated Organization: <b>Sparta Police Department K9 Unit</b>	

EVENT INFORMATION	
Event Name: <b>Sparta Police Department K9 Golf Outing</b>	
Event Location: (*attach location diagram if simple location description is not adequate or other permits require) <b>River Run Golf Course</b>	
Event Date(s): <b>06/12/2024</b>	Event Times: <b>0800 - 1800</b>
Total Anticipated Attendance: <b>150</b>	Admission Requirements:
Event Description: Golf outing to fund-raise for department K9 unit. Possible other vendors on site - still working with The Greens regarding meals, etc.	
List at least two event coordinators who will be on site during event: <b>Contact #1: Chase Nottestad</b> <b>Contact #2: Bryce Rheinschmidt</b>	Contact phone number(s) during event: <b>Phone #: 608-269-6333</b> <b>Phone #: 608-269-6333</b>

If you have multiple activities at your event that include closure or use of right-of-way (i.e. two parades or a combination of a parade and a run/walk, etc.) a separate activity summary describing each event is required and must be submitted with this application.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Multiple permits may be required for one event.

**Answer all questions regardless the size of the event. Incomplete applications will not be processed.**

<b>POLICE DEPARTMENT</b>		<b>608-269-3122</b>	<i>Emailed 3/4/24</i>
Do you require any road closures?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Do you require a police escort?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Does your event include a run/walk/bike tour/parade/other similar?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Submit a legible route map and turn-by-turn list. Include assembly area, starting point, and ending point.	
Do you require additional security at your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Applicant may request the use of the Police Reserve Unit. Reserve Officer scheduling is subject to availability and may include a fee to the organization. The City retains the right to require the event organizer(s) to hire additional security.	
<b>CITY CLERK</b>		<b>608-269-4340 Ext 5150</b>	<b>Contact for the following additional licenses, permits, and necessary information.</b>
Will there be food served at the event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	All mobile food vendors are required to obtain a Mobile Food Vendor License annually. (Ord. 12-400)	
Will alcohol beverages be sold/served/consumed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A Temporary Class B Retail License is required to sell or serve alcohol beverages. Eligibility requirements apply. (Ord. 12-27)	
Will there be live amplified outdoor music?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Noise is regulated by Ord. 9-8. Event coordinators are responsible for notifying nearby properties so they are aware of the event.	
<b>STREET DEPARTMENT</b>		<b>608-269-7873</b>	<i>Emailed 3/4/24</i>
Do you need barricades for your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Barricades may be provided by the City. A cost estimate based on event needs will be provided with your permit. Actual costs will be invoiced at the conclusion of the event.	
Do you need/have a traffic control plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Do you need/have a parking plan?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe:  Will provide any necessary parking plan/access control	
<b>PARKS DEPARTMENT</b>		<b>608-269-6322</b>	<i>Emailed 3/4/24</i>
Is your event taking place at a City park?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must reserve park shelters and applicant agrees to abide by all park rules/City Ordinances.	

Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the City. This may include overtime costs incurred as a result of the event.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice.
---	---	---

<b>Reviewed by City Clerk</b> <b>Application Fee Received</b> <i>N/A</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Receipt #: <i>N/A</i>	Initials: <i>JK</i> Date: <i>3/04/2024</i> Initials: _____ Date: _____
<b>Reviewed by Police Chief</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: <i>3/4/24</i>	<b>Reviewed by Street Department</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Initials: _____ Date: _____	<b>Reviewed by Parks Department</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: <i>Be/a</i> Date: <i>3/5/24</i>
<b>Reviewed by Public Safety</b>	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____	Notes



Bicycling Capital of America

OFFICE USE ONLY

MC \_\_\_\_\_  
PD \_\_\_\_\_  
ST \_\_\_\_\_  
PK \_\_\_\_\_

## City of Sparta Special Event Permit Application

Permit Application, Location Diagram, and a <sup>N/A</sup> ~~\$50.00~~ **Application Fee** must be submitted **At Least 60 Days Prior To Event.** Completion of this form **DOES NOT** authorize the event.

All applications will be reviewed by the City Clerk, Police Department, Street Department, and Parks Department. The Public Safety Committee will make the final decision at their monthly meeting (1st Monday of 1st full week.) The contact person listed below will be notified of the decision.

☒ New Event ☐ Repeat Event ☐ Repeat Event with Changes (explain changes in description)

Application Date: 3/7/2024

Date Application Received: 3/07/2024 *az*

EVENT ORGANIZER/CONTACT PERSON			
Legal/Real Name: <b>Sara M. Fischer</b>			
Address: Street 2020 River Rd	City Sparta	State WI	Zip Code 54656
Phone: 608-228-3474		Email: saraf.vfw2112@gmail.com	
Name of Associated Organization: <b>VFW Post 2112</b>			

EVENT INFORMATION	
Event Name: 2024 Memorial Day Parade	
Event Location: (*attach location diagram if simple location description is not adequate or other permits require)	
Event Date(s): May 27th, 2024	Event Times: 10:00
Total Anticipated Attendance:	Admission Requirements:
Event Description: Memorial Day Parade	
List at least two event coordinators who will be on site during event:	Contact phone number(s) during event:
Contact #1: Sara Fischer 608-228-3474	Phone #:
Contact #2: Mark Kauffman 608-487-9248	Phone #:

If you have multiple activities at your event that include closure or use of right-of-way (i.e. two parades or a combination of a parade and a run/walk, etc.) a separate activity summary describing each event is required and must be submitted with this application.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Multiple permits may be required for one event.

**Answer all questions regardless the size of the event. Incomplete applications will not be processed.**

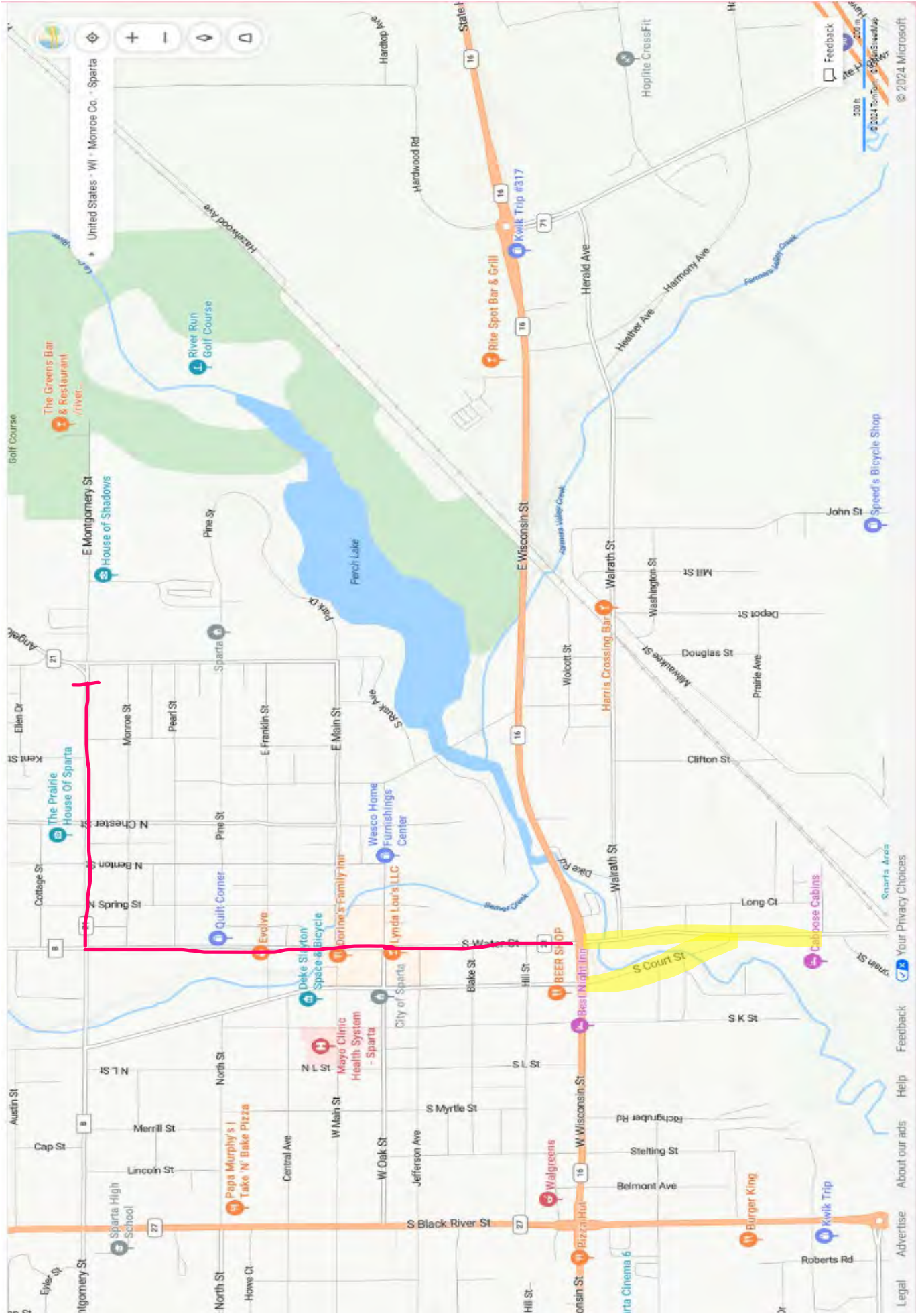
<b>POLICE DEPARTMENT</b>		<b>608-269-3122</b>	<i>Emailed 3/7/24</i>
Do you require any road closures?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe: Staging area, water st downtown	
Do you require a police escort?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe: Police at front and end of parade	
Does your event include a run/walk/bike tour/parade/other similar?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Submit a legible route map and turn-by-turn list. Include assembly area, starting point, and ending point.	
Do you require additional security at your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Applicant may request the use of the Police Reserve Unit. Reserve Officer scheduling is subject to availability and may include a fee to the organization. The City retains the right to require the event organizer(s) to hire additional security.	
<b>CITY CLERK</b>		<b>608-269-4340 Ext 5150</b>	<b>Contact for the following additional licenses, permits, and necessary information.</b>
Will there be food served at the event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	All mobile food vendors are required to obtain a Mobile Food Vendor License annually. (Ord. 12-400)	
Will alcohol beverages be sold/served/consumed?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A Temporary Class B Retail License is required to sell or serve alcohol beverages. Eligibility requirements apply. (Ord. 12-27)	
Will there be live amplified outdoor music?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Noise is regulated by Ord. 9-8. Event coordinators are responsible for notifying nearby properties so they are aware of the event.	
<b>STREET DEPARTMENT</b>		<b>608-269-7873</b>	<i>Emailed 3/7/24</i>
Do you need barricades for your event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Barricades may be provided by the City. A cost estimate based on event needs will be provided with your permit. Actual costs will be invoiced at the conclusion of the event.	
Do you need/have a traffic control plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:	
Do you need/have a parking plan?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe:  no parking on parade route or in the staging area	
<b>PARKS DEPARTMENT</b>		<b>608-269-6322</b>	<i>Emailed 3/7/24</i>
Is your event taking place at a City park?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must reserve park shelters and applicant agrees to abide by all park rules/City Ordinances.	

Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the City. This may include overtime costs incurred as a result of the event.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice.
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<b>Reviewed by City Clerk</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials: <u>  <i>OC</i>  </u> Date: <u>  3/07/2024  </u>
<b>Application Fee Received</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <u>  3/7/24  </u> Receipt #: <u>  N/A  </u>	Initials: _____ Date: _____
<b>Reviewed by Police Chief</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: <u>  <i>✓</i>  </u> Date: <u>  3/13/24  </u>	<b>Reviewed by Street Department</b>
	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Initials: _____ Date: _____	<b>Reviewed by Parks Department</b>
	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Initials: _____ Date: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Initials: _____ Date: _____
<b>Reviewed by Public Safety</b>	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____	Notes

2024 Memorial Day Parade Route

Yellow Highlighted area = Staging area  
Pink line= Parade Route





## City of Sparta Special Event Permit Application

PERMIT APPLICATION ALONG WITH A **\$50.00 APPLICATION FEE** MUST BE SUBMITTED **AT LEAST 60 DAYS PRIOR TO EVENT**. PLEASE REMEMBER THAT COMPLETION OF THIS FORM **DOES NOT** AUTHORIZE THE EVENT. ALL APPLICATIONS WILL BE REVIEWED BY THE PUBLIC SAFETY COMMITTEE. CONTACT PERSON LISTED BELOW WILL BE NOTIFIED OF THE COMMITTEE'S DECISION.

☐ New Event   ☐ Repeat Event   ☒ Repeat Event with Changes (explain changes in description)

Date Received: 3/20/2024   Fee Received: 3/21/2024

EVENT ORGANIZER/CONTACT PERSON			
Legal/Real Name: <b>Charles E. Weaver Jr.</b>			
Address: Street <b>9638 Halo Ave</b>	City <b>Sparta</b>	State <b>WI</b>	Zip Code <b>54656</b>
Phone: <b>608.633.3142</b>		Email: <b>soldier11c4o@gmail.com</b>	
Name of Associated Organization: <b>Sparta Festivals</b>			

EVENT INFORMATION	
Event Name: <b>Sparta Butterfest</b>	
Event Location: (please attach a diagram if simple location description is not adequate or other permits require) <b>Memorial Park Grounds corner of Rusk and Montgomery</b>	
Event Date(s): <b>6-9 June 2024</b>	Event Times: <b>Begin 6 June @ 5:00pm and ending on 9 June @ 9:00pm</b>
Total Anticipated Attendance: <b>Unknown</b>	Admission Requirements: <b>Open to the public</b>
Event Description: <b>2024 Sparta Butterfest-Fest Tent, Carnival, Craft Vendors, Food Vendors, Car Show, and Parade</b>	
List at least 2 event coordinators that will be on-site during the event: <b>Charles Weaver-Vice President Kim Smith-President</b>	Contact phone numbers during event: <b>608.633.3142 608.343.9493</b>

If you have multiple activities in your event that include closure or use of right-of-way (i.e. 2 parades or a combination of a parade and a run/walk, etc.) a separate activity summary describing each event is required and must be submitted with this application.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Multiple permits may be required for one event.

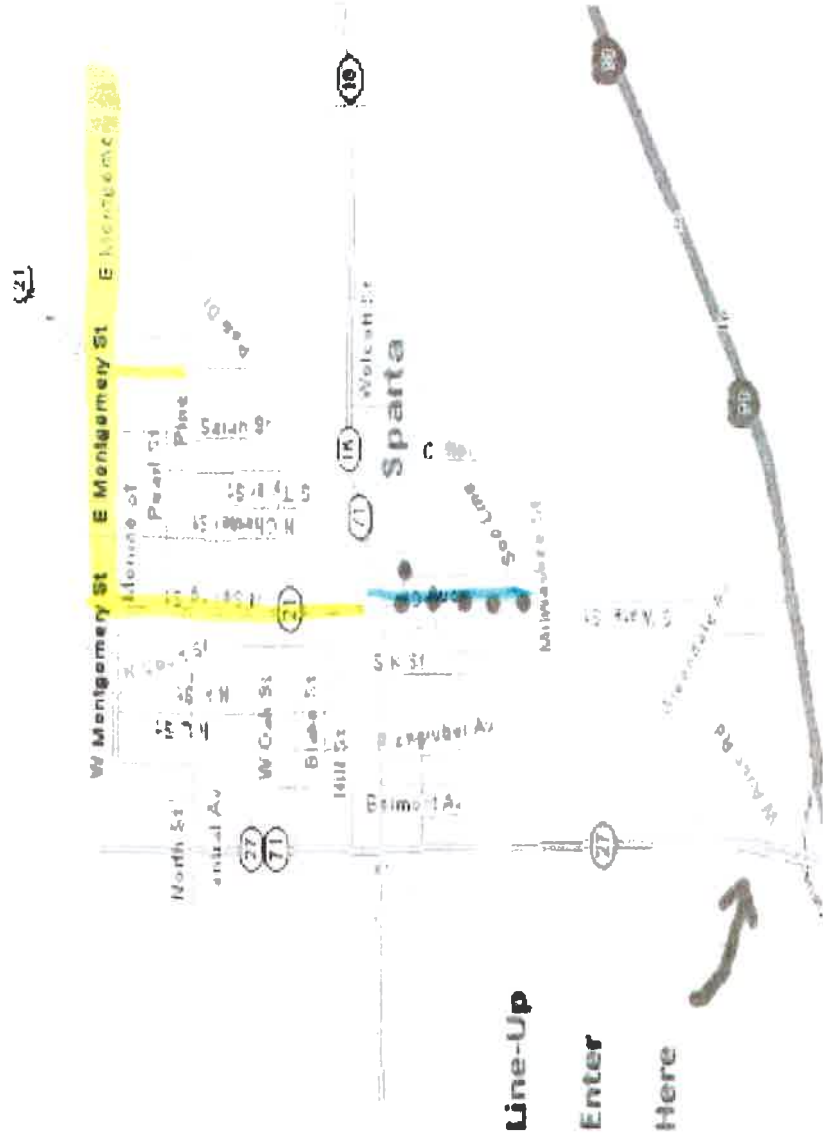
**Answer all questions regardless the size of the event; incomplete applications will not be processed.**

<b>POLICE DEPARTMENT</b>		<b>608-269-3122</b>
Do you require any road closures?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe: Closures along parade route 9 June 2024
Do you require a police escort?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe: Parade Escort
Does your event include a run/walk/bike tour/parade/other similar?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Submit a legible route map and turn-by-turn list; include assembly area, starting point, and ending point.
Do you require additional security at your event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Applicant may request the use of the Police Reserve Unit. Reserve Officer scheduling is subject to availability and may include a fee to the organization. The City retains the right to require the event organizer(s) to hire additional security.
<b>Only if required</b>		
<b>CITY CLERK</b>		<b>608-269-4340</b>
<b>Contact for the following additional licenses, permits, and necessary information</b>		
Will there be food served at the event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Any mobile food vendor will require an additional license application from the City Clerk (Ord. 12-400)
Will alcohol beverages be sold/served/consumed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A Temporary Class B Retail License is required to sell or serve alcohol beverages. Eligibility requirements apply. (Ord. 12-27)
Will there be live amplified outdoor music?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Noise is regulated by Ord. 9-8. Event coordinators are responsible for notifying nearby properties so they are aware of the event.
<b>STREET DEPARTMENT</b>		<b>608-269-7873</b>
Do you need barricades for your event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Barricades may be provided by the City. A cost estimate based on your needs will be provided with your permit and actual costs will be invoiced at the conclusion of the event.
Do you need/have a traffic control plan?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Describe: Butterfest Parade on 9th of June
Do you need/have a parking plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
<b>PARKS DEPARTMENT</b>		<b>608-269-6322</b>
Is your event taking place at a City park?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must reserve park shelters and applicant agrees to abide by all park rules/City Ordinances.

Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the City. This may include overtime costs incurred as a result of the event.	<input type="checkbox"/> YES <input type="checkbox"/> NO	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice.
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<b>Reviewed by City Clerk and all fees received</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Date:</b> 3/21/2024
<b>Reviewed by Police Chief</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Date:</b>
<b>Reviewed by Public Safety</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Date:</b>

**Yellow Dots – Parade Route  
Blue Dots – Staging Area Before Parade  
Enter at Hwy 27 and W. Avon Rd  
Your cooperation during line-up is  
appreciated.**



**CITY OF SPARTA**  
**APPLICATION FOR MISCELLANEOUS LICENSE**  
(Please fill out information that applies to your license request)

NAME: Charles Weaver - VICE PRESIDENT

ADDRESS: \_\_\_\_\_

BUSINESS NAME: SPARTA FESTIVALS (A&P CARNIVALS)

BUSINESS ADDRESS: PO BOX 89, SPARTA, WI 54656

PHONE NO. (HOME): 608 633 3142 (BUSINESS) \_\_\_\_\_

MOBILE HOME PARK MANAGER NAME: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ADDRESS: \_\_\_\_\_

I, Charles E Weaver Jr, THE UNDERSIGNED HEREBY APPLY

FOR THE FOLLOWING LICENSE, OR LICENSES: PLEASE CIRCLE WHAT YOU ARE APPLYING FOR.  
(MOBILE HOME, VIDEO GAMES, CIGARETTE, AUTO SALVAGE) ON FEE SHEET

CARNIVAL - \$35.00

CIRCUS - See ordinance

DATES OF EVENT: 6-7-8-9 June 2024

UNDER ALL PROVISIONS OF FEDERAL LAW, WISCONSIN STATE STATUTES, AND THE  
ORDINANCES OF THE CITY OF SPARTA, MONROE COUNTY, GOVERNING THE ISSUANCE OF  
SUCH LICENSE OR LICENSES.

DATED AT SPARTA, WISCONSIN 21<sup>st</sup> November 2023

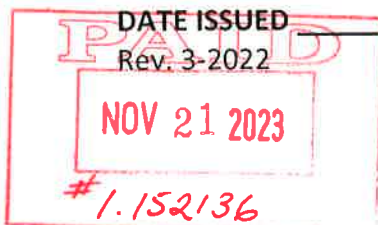
C E Weaver Jr  
(SIGNATURE OF APPLICANT)

RECEIPT # 1.152136

AMT. PAID. \$35.00

DATE ISSUED \_\_\_\_\_  
Rev. 3-2022

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: 18 MARCH 2024

☐ Town ☐ Village ☒ City of Sparta

County of Monroe

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 06/06/2024 and ending 06/09/2024 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 Sparta Festivals

(b) Address PO Box 89, Sparta, WI 54656

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 02/17/1984

(d) If corporation, give date of incorporation 02/17/1984

(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 Kim Smith

Vice President Charles Weaver

Secretary Colin Nugent

Treasurer Garlynn Brookshaw

(g) Name and address of manager or person in charge of affair: Charles Weaver 9638 Halo Avenue, Sparta, WI 54656

### 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 917 E Montgomery Street

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

(c) Do premises occupy all or part of building? No

(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: Park grounds - Butterfest tent and fenced area with supervised entrance and exit

### 3. Name of Event

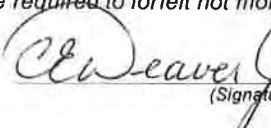
(a) List name of the event 40th Annual Sparta Butterfest

(b) Dates of event June 6, 7, 8 and 9, 2024

### 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



(Signature / Date)

17 MARCH 2024

Sparta Festivals

(Name of Organization)

Date Filed with Clerk

3/21/2024

Date Reported to Council or Board

Date Granted by Council

License No.



Bicycling Capital of America

OFFICE USE ONLY

MC \_\_\_\_\_  
PD \_\_\_\_\_  
ST \_\_\_\_\_  
PK \_\_\_\_\_

## City of Sparta Special Event Permit Application

Permit Application, Location Diagram, and a **\$50.00 Application Fee** must be submitted **At Least 60 Days Prior To Event**. Completion of this form **DOES NOT** authorize the event.

All applications will be reviewed by the City Clerk, Police Department, Street Department, and Parks Department.

The Public Safety Committee will make the final decision at their monthly meeting (1st Monday of 1st full week.)

The contact person listed below will be notified of the decision.

☐ New Event ☒ Repeat Event ☐ Repeat Event with Changes (explain changes in description)

Application Date: 3/21/24 Date Application Received: 3/21/24

EVENT ORGANIZER/CONTACT PERSON			
Legal/Real Name: <u>Marilyn Witmer</u>			
Address: Street	City	State	Zip Code
<u>7490 Canine Rd</u>	<u>Sparta</u>	<u>WI</u>	<u>54656</u>
Phone: <u>608-487-0509</u>		Email: <u>Witmer@centurytel.net</u>	
Name of Associated Organization: <u>Experience Downtown Sparta</u>			

EVENT INFORMATION	
Event Name: <u>Sparta Downtown Wine Walk</u>	
Event Location: (*attach location diagram if simple location description is not adequate or other permits require)	
Event Date(s): <u>Thursday June 13, 2024</u>	Event Times: <u>5:00pm - 8:00p.m.</u>
Total Anticipated Attendance: <u>50 - 75</u>	Admission Requirements: <u>ID / Wristband will be issued</u>
Event Description: <u>Downtown Sparta businesses will have a set time - approx 2 hrs, when customers can shop their stores and sample wine</u>	
List at least two event coordinators who will be on site during event:	Contact phone number(s) during event:
Contact #1: <u>Terry Oswald</u>	Phone #: <u>608-633-8515</u>
Contact #2: <u>Connie Bakken</u>	Phone #: <u>608-487-1951</u>

If you have multiple activities at your event that include closure or use of right-of-way (i.e. two parades or a combination of a parade and a run/walk, etc.) a separate activity summary describing each event is required and must be submitted with this application.

Applicant is responsible for assuring they have all necessary reservations, permits, and licenses prior to hosting the special event. Multiple permits may be required for one event.

**Answer all questions regardless the size of the event. Incomplete applications will not be processed.**

<b>POLICE DEPARTMENT</b>		<b>608-269-3122</b>
Do you require any road closures?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
Do you require a police escort?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
Does your event include a run/walk/bike tour/parade/other similar?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Submit a legible route map and turn-by-turn list. Include assembly area, starting point, and ending point.
Do you require additional security at your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Applicant may request the use of the Police Reserve Unit. Reserve Officer scheduling is subject to availability and may include a fee to the organization. The City retains the right to require the event organizer(s) to hire additional security.
<b>CITY CLERK</b>		<b>608-269-4340 Ext 5150</b>
<b>Contact for the following additional licenses, permits, and necessary information.</b>		
Will there be food served at the event?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	All mobile food vendors are required to obtain a Mobile Food Vendor License annually. (Ord. 12-400)
Will alcohol beverages be sold/served/consumed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	A Temporary Class B Retail License is required to sell or serve alcohol beverages. Eligibility requirements apply. (Ord. 12-27)
Will there be live amplified outdoor music?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Noise is regulated by Ord. 9-8. Event coordinators are responsible for notifying nearby properties so they are aware of the event.
<b>STREET DEPARTMENT</b>		<b>608-269-7873</b>
Do you need barricades for your event?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Barricades may be provided by the City. A cost estimate based on event needs will be provided with your permit. Actual costs will be invoiced at the conclusion of the event.
Do you need/have a traffic control plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
Do you need/have a parking plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe:
<b>PARKS DEPARTMENT</b>		<b>608-269-6322</b>
Is your event taking place at a City park?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, you must reserve park shelters and applicant agrees to abide by all park rules/City Ordinances.

Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the City. This may include overtime costs incurred as a result of the event.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	The City will invoice the event organizer after the conclusion of the event. Payment shall be made within thirty (30) days of the invoice.
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<b>Reviewed by City Clerk</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials: <u>JL</u> Date: <u>3/21/2024</u>
<b>Application Fee Received \$ 50.00</b>	<input checked="" type="checkbox"/> Yes Date: <u>3/21/24</u> Receipt #: _____	Initials: <u>JL</u> Date: <u>3/21/2024</u>
<b>Reviewed by Police Chief</b>	<b>Reviewed by Street Department</b>	<b>Reviewed by Parks Department</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____
<b>Reviewed by Public Safety</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Notes

Form  
AT-106

Original Alcohol Beverage  
License Application

FOR CLERKS ONLY	
Municipality	SPARTA
License Period	Thru 6/30/2024

License(s) Requested

- ☐ Class "A" Beer ..... \$ ..... ☐ "Class A" Liquor ..... \$ .....
- ☒ Class "B" Beer ..... \$ ..... ☒ "Class B" Liquor ..... \$ .....
- ☐ "Class C" Wine ..... \$ ..... ☐ "Class A" Liquor (Cider Only) \$ 0
- ☐ Reserve "Class B" Liquor \$ ..... ☐ "Class B" (Wine Only) Winery \$ .....

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

T2 MARKET INVESTMENTS, LLC

2. Trade Name or DBA

THE CORNER POCKET

3. Premises Address

229 N BLACK RIVER ST.

4. County

MONROE

5. Municipality

CITY OF SPARTA

6. Aldermanic District

7. Mailing Address (if different from premises address)

24488 CTY HWY X CASHTON, WI 54619

8. FEIN

87-0827481

9. Wisconsin Seller's Permit Number

456-1030754611-02

10. Premises Phone

608-487-4997

11. Premises Email

t2marketinvestments@gmail.com

12. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

POOL HALL LOCATED AT 229 N BLACK RIVER ST. ONE FLOOR INCLUDING POOL TABLES, DINING AREA, KITCHEN, BAR AND STORAGE WITH 2 BATHROOMS. SQUARE FOOTAGE APPROXIMATELY 3000 SQUARE FT.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. .... ☐ Yes ☒ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? .... ☐ Yes ☒ No  
If yes, please explain using the space below. Attach additional sheets if necessary.

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration WISCONSIN		2. Date of Registration 5/24/21
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name	Agent's First Name	Phone

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

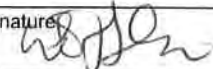
Last Name	First Name	Title	Phone

**Part E: Attestation**

Who must sign this application?

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 3/21/24
Name (Last, First, M.I.) ZIEBLER TROY E.	
Title OWNER	Email TZIEBLER@GMAIL.COM
Phone 608-487-4999	

**Part F: For Clerk Use Only**

Date application was filed with clerk 3/21/2024	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Date 3/21/24

Form  
AT-103

## Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

<b>Part A: Premises/Business Information</b>	
1. Registered Entity Name (or individual name if sole proprietor) <u>T2MARKETINVESTMENTS, LLC</u>	
2. Trade Name or DBA <u>THE CORNER POCKET</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Name (Last, First, M.I.) <u>ZIEGLER TROY E</u>			
2. Relationship to Registered Entity (Title) <u>OWNER</u>		3. Email <u>T2MARKETINVESTMENTS@GMAIL.COM</u>	
4. Phone <u>608-487-4997</u>			
5. Home Address <u>2448 CTY HWY X CA</u>			
6. City <u>CADRON,</u>		7. State <u>WI</u>	8. Zip Code <u>54619</u>
9. Date of Birth <u>10/7/1973</u>			
10. Drivers License/State ID Number <u>2246-8057-3367-01</u>		11. Drivers License/State ID State of Issuance <u>WISCONSIN</u>	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name <u>BRENNEN AUTO GROUP</u>	
Employer's Address <u>6155 BLACK RIVER ST SPARTA, WI 54656</u>	Dates Employed (MM/YYYY - MM/YYYY) <u>05/2004 - 06/2021</u>
Employer's Name <u>T2MARKETINVESTMENTS, LLC</u>	
Employer's Address <u>2448 CTY HWY X CADRON, WI 54619</u>	Dates Employed (MM/YYYY - MM/YYYY) <u>05/2021 - PRESENT</u>



201 W Oak Street | Sparta, WI 54656  
(608) 269-4340 Ext 5150  
[clerk@spartawisconsin.org](mailto:clerk@spartawisconsin.org)

### VIDEO GAME LICENSE APPLICATION

Business Name: 2 MARKET INVESTMENT, LLC DBA: THE CORNER POCKET

Address of Business: 229 N BLACK RIVER ST.

Contact Name: TROY RIEGLER Phone #(s): 608-487-4997

Mailing Address: 24488 CTY HWY X CASHA RD, WI 54619

QTY: 5 @ \$10.00/each Total \$: 50<sup>00</sup>

The undersigned hereby requests a Video Game License for the City of Sparta.

Owner/Applicant Signature:  Date: 3/21/24

#### OFFICE USE ONLY

Date Received: 3/21/2024 Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date Granted: \_\_\_\_\_ License #: \_\_\_\_\_

Chief of Police Recommendation Yes \_\_\_\_\_ No \_\_\_\_\_

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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 ☐ Village of ☒ City of Spauld

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1026734332-02</u>	
FEIN Number <u>26-2691693</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Angelo Restaurant Group LLC DBA The Venue

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Schams</u>	(First) <u>Joshua</u>	(Middle Name) <u>Michael</u>	Home Address (Street, City or Post Office, & Zip Code) <u>11345 State Hwy 21 Spauld 54680</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)
Agent 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)

1. Trade Name The Venue Business Phone Number 608 633-0438

2. Address of Premises 211 North Parkview St Post Office & Zip Code Spauld 54680

3. 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.)

Banquet / Catering Hall - Wedding Venue

Live Music Hall - Food Catered in from Club Oasis

and/or Local Restaurants

locked storage room and behind bar area

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☐ Yes ☒ No

(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 07/2008 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☒ Yes ☐ No  
Angelo Restaurant Group DBA Club Oasis  
Angelo Restaurant Group DBA The Venue
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☒ Yes ☐ No  
Club Oasis 11345 State Hwy 21 Sparta WI
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No

**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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <u>Schans Joshua M</u>	Title/Member <u>Owner/Agent</u>	Date <u>03/08/2024</u>
Signature <u>[Signature]</u>	Phone Number <u>608.653-0438</u>	Email Address <u>thevenueofsparta@</u>

6 MAIL - COM

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3/18/2024</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>
Date license granted	Date license issued	License number issued	

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Individual's Full Name (please print) (last name) <b>Schams</b>		(first name) <b>Joshua</b>		(middle name) <b>Michael</b>	
Home Address (street/route) <b>11345 State Hwy 21</b>		Post Office <b>Spauld</b>		City <b>Spauld</b>	State <b>WI</b>
Home Phone Number <b>608 633-0438</b>		Age <b>45</b>	Date of Birth <b>07261918</b>		Zip Code <b>54656</b>
Place of Birth <b>LuxCrosse</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 **Angelo Restaurant Group LLC**  
(Office / 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 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. **CLUB OASIS 11345 State Hwy 21 Spauld - CLASS B**  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify.

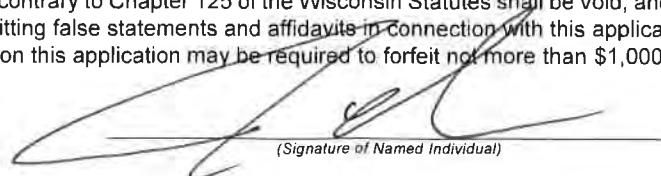
(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name <b>Angelo Restaurant Group</b>	Employer's Address <b>11345 State Hwy 21</b>	Employed From <b>07-08</b>	To <b>Present</b>
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.

  
(Signature of Named Individual)