

Town Clerk's Office | Town of Brookfield
645 N. Janacek Road | Brookfield, WI 53045
Phone: (262)796-3788 | Fax: (262)796-0339



**MEETING NOTICE
TOWN BOARD
TOWN OF BROOKFIELD, WISCONSIN**

The Town Board of the Town of Brookfield will hold its regular semi-monthly meeting of Utility District No. 1, Sanitary District No. 4 and General Town Business on **Tuesday, SEPTEMBER 6, 2022 at 7:00pm** in the Erich Gnant meeting room of the Town of Brookfield Municipal Building, located at 645 North Janacek Road, Brookfield, Wisconsin.

AGENDA:

- 1) Call to Order.
- 2) Meeting Notices.
- 3) Approval of Agenda.
- 4) Approval of Minutes.
- 5) Citizen comments: Three-minute limit.
- 6) Old Business: None.
- 7) New Business:
 - a. Discussion and possible action regarding an application for Class "B" (Beer) License: Beyond the Board LLC., d/b/a/ Beyond the Board, located at 17800 W. Bluemound Rd., Brookfield, WI. 53045 Agent: Alexander Sharp, 1612 Virginia St., Racine, WI 53405
 - b. Discussion and possible action regarding an application for Class "B" (Beer) and Class "C" (Wine) License: JTE Chicken Brookfield, LLC., d/b/a/ Here Chicky Chicky, located at 20340 W. Lord St., Brookfield, WI. 53045, Agent: Kori Konopka, 4148 Newhall Rd., Shorewood., WI. 53045
 - c. Discussion and possible action regarding updates to the Town's Warning System
 - d. Discussion and possible action regarding purchase approval for Neology Four Camera Mobile ALPR System with funding through the DOA LE Grant
 - e. Discussion and possible action to approve the appointment of John Marose to the Zoning Board of Appeals with term effective immediately and ending in 2025
 - f. Discussion and possible action to approve a fee schedule amendment for the Sign Permit Fee as presented
- 8) Department, Boards, Committee/Commission Reports/Recommendations:
 - a. Plan Commission
 - i. Recommendation to schedule a public hearing for a zoning code text amendment to section 17.02(14)(G)1 related to accessory structures on September 27, 2022

PLEASE NOTE: It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above meetings to gather information. No action will be taken by any governmental body other than that specifically noticed. Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request such services contact the clerk's office at the above.

- ii. Recommendation to schedule a public hearing for a zoning code text amendment to section 17.02(14)(G)1 related to fences on September 27, 2022
- 9) Approval of Vouchers and Checks.
- 10) Communications and Announcements.
- 11) Adjournment.

Posted this 31st day of August, 2022

*Georgia Balcerowski
Interim Town Clerk*

PLEASE NOTE: It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above meetings to gather information. No action will be taken by any governmental body other than that specifically noticed. Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request such services contact the clerk's office at the above.

TOWN OF BROOKFIELD
TOWN BOARD MINUTES
August 16, 2022

A joint meeting of the Town Board was held on Tuesday, August 16, 2022 in the Erich Gnant Room of the Town Hall, 645 N Janacek Road, Brookfield, WI.

1) CALL TO ORDER

The Town Board meeting was called to order at 7:00PM with the following people present: Town Chairman Keith Henderson; Supervisors Steve Kohlmann, Ryan Stanelle, Michael Schmitt, and John Schatzman; Town Administrator Tom Hagie; Town Attorney Michael Van Kleunen; and Interim Town Clerk Georgia Balcerowski.

2) MEETING NOTICES

Clerk Balcerowski confirmed that the meeting agenda was noticed as required by law.

3) APPROVAL OF AGENDA

Motion by Supervisor Schatzman to approve the agenda. Seconded by Supervisor Stanelle.
Motion Passed Unanimously.

4) APPROVAL OF MINUTES

Motion by Supervisor Schatzman to approve the July 19, 2022 Town Board meeting minutes with the revisions as presented. Seconded by Supervisor Kohlmann.

Motion passed unanimously with Chairperson Henderson voting as present.

5) CITIZEN COMMENTS

None.

6) OLD BUSINESS

None.

7) NEW BUSINESS

a) DISCOVER BROOKFIELD – QUARTERLY UPDATE

No action.

b) PRESENTATION OF THE NEW TOWN WEBSITE

No action.

c) DISCUSSION AND POSSIBLE ACTION REGARDING WRAY PARK IMPROVEMENTS

Motion by Supervisor Kohlmann to table this item. Seconded by Supervisor Schmitt.

Motion Passed Unanimously.

d) DISCUSSION REGARDING THE HUD MANDATED REVIEW AND POSSIBLE ACTION OF THE WAUKESHA COUNTY/TOWN OF BROOKFIELD COOPERATION AGREEMENT

Supervisor Schatzman recused himself from the discussion and vote due to a conflict of interest at 7:53PM.

Motion by Chairman Henderson to approve the cooperation agreement between Waukesha County and the Town of Brookfield. Seconded by Supervisor Kohlmann.

Motion Failed 2-2 with Supervisors Schmitt and Stanelle opposing and Supervisor Schatzman recusing.

8) APPROVAL OF VOUCHERS AND CHECKS

Motion by Supervisor Schatzmann to approve the vouchers and checks as presented in the amount of \$551,728.21. Seconded by Supervisor Stanelle.

Motion Passed Unanimously.

9) COMMUNICATIONS AND ANNOUNCEMENTS

None.

10) ADJOURN

With no further business, motion by Supervisor Schmitt to adjourn at 8:35PM. Seconded by Supervisor Kohlmann.

Motion Passed Unanimously.

Respectfully submitted,
Georgia Balcerowski
Interim Town Clerk

TOWN OF BROOKFIELD
SPECIAL TOWN BOARD MINUTES
August 18, 2022

A special meeting of the Town Board was held on Thursday, August 18, 2022 in the Erich Gnant Room of the Town Hall, 645 N Janacek Road, Brookfield, WI.

1) CALL TO ORDER

The Special Town Board meeting was called to order at 7:02PM with the following people present: Town Chairman Keith Henderson; Supervisors Steve Kohlmann, Ryan Stanelle and Michael Schmitt. Supervisor John Schatzman was excused.

Chairman Henderson stated that good cause exists to hold this meeting without 24-hour notice as there is an immediate deadline for the Board's possible approval of the Cooperation Agreement with the County.

2) MEETING NOTICES

Chairman Henderson confirmed that the meeting agenda was noticed as required by law, including posting to the website and Town Hall legal board, and faxed to the newspaper. The meeting notices were posted and published at least two hours prior to the meeting.

3) APPROVAL OF AGENDA

Motion by Supervisor Kohlmann to approve the agenda. Seconded by Supervisor Schmitt.
Motion Passed Unanimously.

4) CITIZEN COMMENTS

None.

5) OLD BUSINESS

a) DISCUSSION REGARDING THE HUD MANDATED REVIEW AND POSSIBLE ACTION OF THE WAUKESHA COUNTY/TOWN OF BROOKFIELD COOPERATION AGREEMENT

Motion by Supervisor Stanelle to reconsider the motion that was made at the 8/16/22 meeting. Seconded by Supervisor Schmitt.

Motion Passed Unanimously.

Motion by Supervisor Schmitt to approve with the selection of impediments number 3 and 4 in section 4 of the agreement. Seconded by Supervisor Stanelle.

Motion Passed Unanimously.

6) ADJOURN

With no further business, motion by Supervisor Kohlmann to adjourn at 7:16PM. Seconded by Supervisor Schmitt.

Motion Passed Unanimously.

Respectfully submitted,
Georgia Balcerowski
Interim Town Clerk

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: apr issue ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Brookfield
 Village of }
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031067515-02</u>	
FEIN Number <u>87-4315372</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Beyond The Board LLC

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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sharp	Alexander	Nathaniel	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Lewis	Justin	Christopher	
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 Beyond The Board Business Phone Number 262-207-4358

2. Address of Premises 17800 W Bluemound RD Post Office & Zip Code 53045

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.)

To be stored in back room and fridges to serve cold. Will be served to patrons in the main hall area who are seated playing games. Place is located in strip at 17800 W Bluemound Rd.


4. Legal description (omit if street address is given above): 17800 W Bluemound RD

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
As employees serving beers they are required to possess training.
-
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
This is an application for Beyond The Board LLC
-
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 01/07/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
-
- (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
When our food retailer sellers permit is filled. We would like to aquire a class C wine license.
-
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.) Sharp Alexander N	Title/Member Member	Date 08/01/22
Signature 	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

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 Brookfield County of Waukesha
 City

The undersigned duly authorized officer/member/manager of Beyond The Board 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 Beyond The Board
(Trade Name)

located at 17800 w Bluemound Rd Suite 4

appoints Alexander Sharp
(Name of Appointed Agent)
1612 Virgina St Racine WI 53405
(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? 33 Years

Place of residence last year 1612 Virgina St Racine WI 53405

For: Beyond The Board LLC
(Name of Corporation / Organization / Limited Liability Company)

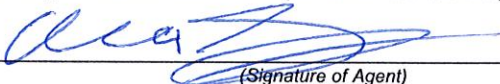
By: Member
(Signature of Officer / Member / Manager)

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, Alexander Sharp, 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.

 8/4/22 Agent's age
(Signature of Agent) (Date)
1612 Virgina St Racine WI 53405 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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Sharp		Alexander		N	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date of Birth	Place of Birth	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Member** _____ of **Beyond The Board 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? 33 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. Beyond The Board LLC, 17800 W Bluemound Rd, Class B Beer
(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
Revela Foods	2770S 171st New Berlin52151	01/15/2017	03/31/2022
Summit Packaging	3441S Memorial Dr Racine	12/01/2012	01/03/2017

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)



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Alexander Sharp

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
01/14/2022



Expiration Date
01/14/2024



Certificate #
WI-00598487

Official Signature

This certificate is non-transferable and represents the successful completion of an approved

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
Lewis		Justin	C	
Home Address (street/route)	Post Office	City	State	Zip Code
Home Phone Number	Age	Date of Birth	Place of Birth	

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

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

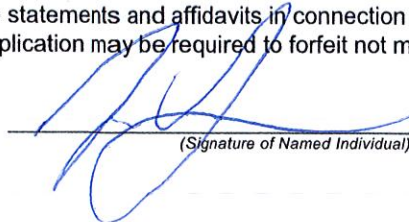
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 34 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. Beyond The Board LLC, 17800 W Bluemound Rd, Class B Beer
(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
Revela Foods	2770S 171St New Berlin52151	01/04/2021	04/01/2022
Southwest Airlines	5300 S Howell, Milwaukee	12/23/2007	02/12/2020

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)



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Justin Lewis

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
01/16/2022



Expiration Date
01/16/2024



Certificate #
WI-00598515

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } BROOKFIELD
 Village of }
 City of }

County of WAUKESHA Aldermanic Dist. No. 1
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456103093475404	
FEIN Number 86-2876566	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" 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	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle, corporations / limited liability companies give registered name)
JTE CHICKEN BROOKFIELD, LLC . d.b.a Here Chicky Chicky

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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MIZRAHI</u>	<u>TAMAR</u>		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>GAROFALO</u>	<u>JAMES</u>	<u>L</u>	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>STONE</u>	<u>EDWARD</u>		
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)
<u>KONOPKA</u>	<u>KORI</u>	<u>-</u>	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>GAROFALO</u>	<u>JASON</u>	<u>M</u>	

1. Trade Name HERE CHICKY CHICKY Business Phone Number 7008-829-4675

2. Address of Premises 20340 W LORD ST BROOKFIELD, WI Post Office & Zip Code BROOKFIELD,

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.)

This license is intended to allow customers to drink within a specifically designated area where employees can monitor the process of drinking.

In this way they can prevent sales to minors and stop sales if someone is intoxicated. Storage of alcohol will be located in the back of house contained and locked in a security cabinet. Only managers on duty will have access to cabinet.

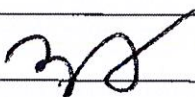
4. Legal description (omit if street address is given above): _____

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
Tamar, James, Edward, and Jason are scheduled to take the online beverage Server training course.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
AGENT OF JTE CHICKEN BROOKFIELD, LLC . d.b.a Here Chicky Chicky
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 IL and date 03/15/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (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
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.) Tamar Mizrahi	Title/Member Owner/Partner	Date 07/15/20
Signature Tamar Mizrahi 	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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



This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Certificate of Completion

This is to certify that

Tama Mizrahi

has successfully completed the

LIQUOREXAM.COM Responsible Beverage

Server and Seller Training Program

Course Name: Wisconsin Alcohol Server and Seller Certification

A handwritten signature in blue ink, appearing to read "Edward D McLean", is written over a faint, light blue grid background.

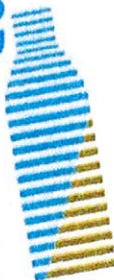
Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 08/02/2022

Expiration: 24 Months

Certificate #: 116299

Birth Date: 06/06/1969



LIQUORExam.com
LEARN TO SERVE & SELL ALCOHOL LEGALLY & RESPONSIBLY

This certificate represents the successful completion of an approved Wisconsin Department of Revenue
Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.86(2m), Wis. Stats.

Certificate of Completion

This is to certify that

Edward Stone

has successfully completed the

LIQUORExam.com Responsible Beverage

Server and Seller Training Program

Course Name: Wisconsin Alcohol Server and Seller Certification

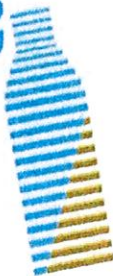
Edward D McLean, Administrator
www.LIQUORExam.com

Date: 08/02/2022

Expiration: 24 Months

Certificate #: 116296

Birth Date: 06/30/1968



LIQUOREXAM.COM
LEARN TO SERVE & SELL ALCOHOL LEGALITY & RESPONSIBLY

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Certificate of Completion

This is to certify that

Jason Garofalo

has successfully completed the

LIQUOREXAM.COM Responsible Beverage

Server and Seller Training Program

Course Name: Wisconsin Alcohol Server and Seller Certification

Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 08/02/2022

Expiration: 24 Months

Certificate #: 116154

Birth Date: 08/05/1974

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MIZRAHI		TAMAR			
Home Address (street/route)		Post Office	City	State	Zip Code
611 W DEMING PL		CHICAGO	CHICAGO	IL	60614
Home Phone Number		Age	Date of Birth	Place of Birth	

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** of **JTE CHICKEN BROOKFIELD, LLC.**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation / Limited Liability Company or Nonprofit Organization)

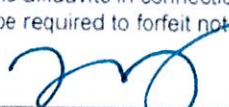
which is making application for an alcohol beverage license.

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

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

Employer's Name	Employer's Address	Employed From	To

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


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Garofalo		James		L	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date of Birth	Place of Birth	

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** of **JTE Chciken Brookfield, 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.

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or 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	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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
STONE		EDWARD		
Home Address (street/route)	Post Office	City	State	Zip Code
Home Phone Number	Age	Date of Birth	Place of Birth	

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** of **JTE CHICKEN BROOKFIELD, 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:

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

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

Employer's Name	Employer's Address	Employed From	To

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



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GAROFALO		JASON			
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date of Birth	Place of Birth	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- MANAGER** of **JTE CHICKEN BROOKFIELD, 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:

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

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

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

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 Brookfield County of Waukesha
 City

The undersigned duly authorized officer/member/manager of JTE CHICKEN BROOKFIELD, 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 HERE CHICKY CHICKY
(Trade Name)

located at 20340 W LORD ST. BROOKFIELD, WI. 53405

appoints KORI KONOPKA
(Name of Appointed Agent)
4148 NEWHALL RD. SHOREWOOD, WI. 53212
(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? 7

Place of residence last year 4148 NEWHALL RD. SHOREWOOD, WI. 53212

For: JTE CHICKEN BROOKFIELD, LLC . d.b.a Here Chicky Chicky
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(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, KORI KONOPKA,
(Print / Type Agent's Name) hereby accept this appointment as agent for the

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.

(Signature of Agent) _____ (Date)
4148 NEWHALL RD. SHOREWOOD, WI. 53212
(Home Address of Agent)

Agent's age _____

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)		(first name)		(middle name)	
KONOPKA		KORI		ANN	
Home Address (street/route)		Post Office	City	State	Zip Code
4148 NEWHALL RD		SHOREWOOD	SHOREWOOD	WI	53212
Home Phone Number		Age	Date of Birth	Place of Birth	

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 JTE CHICKEN BROOKFIELD, 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:

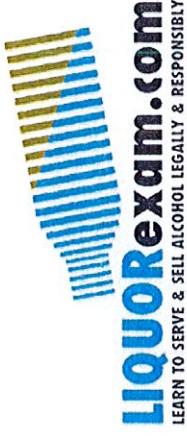
1. How long have you continuously resided in Wisconsin prior to this date? 7 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

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

Kori A. Konopka
(Signature of Named Individual)



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Certificate of Completion

This is to certify that

Kori Konopka

has successfully completed the
LIQUOREXAM.COM Responsible Beverage
Server and Seller Training Program

Course Name: Wisconsin Alcohol Server and Seller Certification

Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 07/25/2022
Expiration: 24 Months
Certificate #: 113910
Birth Date: 09/20/1970

Georgia Balcerowski

From: Chris Perket
Sent: Tuesday, August 23, 2022 9:31 AM
To: Tom Hagie
Subject: Fwd: Town of Brookfield Warning System Update Quotes
Attachments: Town of Brookfield - Option 1 Quote.pdf; Town of Brookfield - Option 2 Quote.pdf;
Town of Brookfield Proposal.pdf; Town of Brookfield NexGen.pdf

Get [Outlook for iOS](#)

From: Thomas Diener <Thomas@swssirens.com>
Sent: Friday, August 19, 2022 2:20:36 PM
To: Chris Perket <chiefperket@townofbrookfield.com>
Subject: Town of Brookfield Warning System Update Quotes

Good Afternoon Chief,

Here are the quotes to update the Town of Brookfield warning system. We have provided three quotes as well as a job proposal that outlines the scope of work and what everything is on the quote in greater detail. Quote, one is to upgrade the cabinets as well as replace the one site, and quote two is to do a complete system replacement. We have also provided a quote to update the control software as well as central control equipment. As always if you or anyone else has any questions do not hesitate to call, text, or email me and I will assist you in any way possible.

Kind Regards,

Thomas Diener
Owner & Operations Manager
Sheboygan Warning Systems
Wisconsin American Signal Dealer
1904 Geele Ave, Sheboygan, WI 53083
(920) 287-4432

This correspondence may contain confidential information intended for the use of the individual or entity to which it is addressed. If the reader of this electronic message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately by e-mail and immediately destroy this e-mail and its attachments.



Sheboygan Warning Systems LLC
1904 Geele Ave, Sheboygan, WI 53083
(920) 287-4432
sales@swssirens.com

Town of Brookfield Police Department
655 N Janacek Rd, Brookfield, WI 53045

Dear Chief Perket,

Thank you for taking time out of your day to talk to us so we could better understand your warning system needs. We are pleased to present you a quotation for the American Signal CompuLert NEXGen System. This control system would be located inside the police department and would be used to activate the sirens in the Town of Brookfield either manually, remotely, or by Waukesha County Communications Center. The system we are proposing would be sending and receiving encrypted or standard FSK as both can be used using an Encrypted Communications Card. If the Town would choose to upgrade to the NexGen System, it would allow you to know your sirens' status in real time. It should be noted that for this system, it is a one-time cost. Once you purchase the equipment and software, you own it and will not see an annual licensing fee as you would with similar software on the market. We have seen other software's annual licensing fees near, at, or above \$4,500 annually to keep their system operable. Over the course of a 20-year period, those annual license fees add up to over \$90,000. In addition, CompuLert NEXGen is trusted by numerous Wisconsin communities and is made right here in Wisconsin at American Signal's headquarters on the northwest side of Milwaukee. Included in the quote are the following: CSC-960 Controller, Encrypted Communications Card, NEXGen Software, Server (monitor, keyboard and mouse included), Two Tone Sequential Card, radio interface, System Optimization + Training, and Installation of equipment. We have also provided two additional quotes for the upgrade and modernization of the warning siren sites.

The CSC-960 is the tone encoder and decoder. It takes either manual input from the 10 programmable front panel push buttons or commands from the server running the NEXGen software and translates it into a function for the warning system to run. Inside the CSC-960 is the Encrypted Communications Card. This is the module that generates the FSK or Encrypted FSK signaling. If used in Encrypted FSK mode the ECC card will encode the tones going to the sirens using 256-bit encryption to prevent the siren system from being possibly hacked. The CSC-960 will additionally decode the incoming FSK and communicate to the server the individual sirens' statuses. The CSC-960 has built-in Carrier Detect functionality to prevent it from keying up and transmitting when other radio traffic is being transmitted on the same channel. We would install the CSC-960 in the radio/computer room at the police department. Also included in the quote is the battery backup and radio interface for the CSC-960. In the event that grid power should fail, the CSC-960 will instantaneously switch to the battery backup power supply to keep the siren system operational. The radio interface is what connects the CSC-960 to the existing Kenwood Radio that would be reused.

The CompuLert NEXGen software is the program that controls the sirens in the system. It provides a graphical interface to see siren locations in the town as well as perform functions from the computer such as testing a specific siren or sirens. The sirens can either be activated manually by the police department personnel using the software by computer, or by the county via using two-tone sequential. The system will interpret data being reported from the siren sites and display it on the screen. The software is capable of emailing the responsible parties reports regarding the status of the sirens within their jurisdiction. When an error occurs with a siren, its' icon on the map will illuminate yellow or red depending on the severity of the fault detected. This software would replace the existing software that is from 2007.

The NEXGen Server is a desktop PC that runs the NEXGen software. It comes with a mouse, keyboard and 21" monitor. The PC is configured in a way to provide the optimum operating environment for the software. This would be placed inside the police department in a place where it is convenient for staff to access it and monitor the system, but not to interfere with day-to-day department operations.

As a result of our warning system audit that was performed on August 3rd, 2022, we found the following. As mentioned above the software currently utilized to control the system is CompuLert 6.02.33. American Signal has since ended support for the CompuLert software that the Town of Brookfield utilizes and strongly recommends that clients utilizing it switch to the NEXGen platform. When SWS crews assessed the warning system sites it was noted that the Town of Brookfield DPW has been doing an excellent job of trying to keep the old siren controllers working. It was noted that over the years numerous chargers have had to be switched out to different chargers. However, it was noted that the control cabinets are estimated to be from 1998 and are outdated in terms of the technology that is available today for warning system control. Our audit revealed that at most sites the warning siren heads were in excellent condition for their age and should have more years of service left in them. For these reasons, we recommend upgrading the control cabinets and keeping the existing siren heads. Unfortunately, it was discovered that site# TB5 located on Davidson Road has an imbalanced chopper fan. The chopper fan is the device that spins at over 3450 RPM to generate the siren noise. The issue with an imbalance is that due to the fan spinning that fast eventually it can lead to the fan exploding. Due to the control condition of this site

being in the same / worse condition as the other sites paired with a faulty warning siren head, we recommend a full replacement of the siren head and controls with a T-121DC siren and MC-48-DC control cabinet. However, we have also provided a quote for the complete system replacement of the existing OM-120 warning sirens to new T-121DC sirens with controls. Each quote for siren site equipment is explained below.

The first option listed is for the upgrade of sites TB1, TB2, TB3, TB4, and TB6 OM-120 siren heads to new American Signal T-135-MC-DC control cabinets. These cabinets are 72V DC cabinets with the same voltage that the sites currently use. The T-135-MC-DC cabinet provides greater diagnostic and safety circuitry than the existing control cabinets. These cabinets still utilize 120V AC like the existing control cabinets to charge the battery bank. The cabinets would also be upgraded to the SWS 72V bank charging kit. This eliminates the need for multiple chargers and the possibility of batteries reversing polarity should a charger fail. Crew would also run new conduit, and wire between the cabinets and the warning siren heads. The cabinets would get their 120V AC service from the existing meter and disconnect that is already on the poles. As mentioned above, we recommend that site TB5 be replaced with a new T-121DC warning siren head. Sheboygan Warning Systems would remove the existing warning siren and controls from the pole and install the T-121DC siren on the pole as well as new controls (T-48-MC-DC). Crew would install new conduit and wire to the siren head as well as obtain 120V AC service from the existing meter and disconnect that is on the pole. The T-48-MC-DC cabinet would also be upgraded to the SWS 48V bank charging kit. This charger functions in the same way as the 72V kit but provides 48V as opposed to 72V. It should be noted that the T-48-MC-DC is a 48V DC system using 4 deep cycle marine batteries opposed to the T-135-MC-DC which is a 72V DC system using 6 deep cycle marine batteries. Should the Town choose to upgrade the sirens in the future with the T-135-MC-DC cabinets in the future to T-121DC siren the cabinets would need to be converted to run on 48V DC which can be done fairly easily.

The second option listed is for the complete system upgrade to T-121DC sirens with T-48-MC-DC control cabinets. In the same manor that is proposed in option 1 for site TB5 crew would remove the existing warning siren heads and controls from the existing poles. Crew would then install the new T-121DC siren heads with the T-48-MC-DC controls. Crew would run new conduit and wire between the control cabinet and warning siren head. 120V AC power would be obtained from the existing meter base and disconnect.

For whichever options are selected, Sheboygan Warning Systems will deliver the equipment from American Signal and provide Turn-Key installation. Sheboygan Warning Systems will also test and optimize the system. Training will be provided by Sheboygan Warning Systems Technicians to the operators and maintainers of the system so they feel comfortable with its maintenance and operation.

Sheboygan Warning Systems stands behind all our clients whether they are current, past, or prospective. We are aware that it is no easy task planning or implementing a public warning system. The public instills a huge amount of trust in our clients to depend on their warning systems and our clients place a similar amount of trust in us to ensure that their warning system is ready when they need it. If any questions arise during the planning process, we are available by phone, email, and text to answer any questions as soon as

possible. Thank you for your consideration of our proposal, and we look forward to hearing from you.

Kind regards,

Thomas Diener
Owner and Operations Manager
Sheboygan Warning Systems LLC
thomas@swssirens.com
(920) 287-4432

Carter Haen
Owner and Chief Financial Officer
Sheboygan Warning Systems LLC
carter@swssirens.com
(920) 917-2647

Company Address

1904 Geele Avenue Sheboygan, WI 53083
 Phone: (920) 287-4432

Date 8/15/2022

Quotation # 112

Quotation For

Town of Brookfield
 645 N. Janacek Rd.
 Brookfield, WI 53045

Quotation valid until: 9/14/2022

Comments or Special Instructions

This quote is for the upgrade of controls on 5 of the existing OM-120 sirens as well as the replacement of 1 OM-120 siren with a new T-121DC siren with controls. T-121 siren would be installed on existing pole. Sites will use the existing 120V AC service on the poles.

Quantity	Description	Unit Price	Taxable?	Amount
5	T-135-MC-DC (Control Cabinet)	\$5,625.00		\$ 28,125.00
1	T-48-MC-DC (Control Cabinet for New T-121)	\$3,975.00		\$ 3,975.00
6	RTU, Universal Controller, Panel Mount DC Tempest-MC's	\$1,900.00		\$ 11,400.00
6	Current Sensor, Tempest-Series	\$100.00		\$ 600.00
6	Encrypted Communications Card	\$410.00		\$ 2,460.00
6	Motorola 'Radio Interface, VHF & UHF	\$75.00		\$ 450.00
6	Lightning Arrestor, VHF, PL-259	\$145.00		\$ 870.00
1	T-121 Omni Directional Siren 121 db 48v DC Siren	\$7,016.00		\$ 7,016.00
1	Pole Mount - Tempest T-121	\$370.00		\$ 370.00
5	SWS Charger Upgrade Kit 72V DC	\$445.00		\$ 2,225.00
1	SWS Charger Upgrade Kit 48V DC	\$445.00		\$ 445.00
34	Deep Cycle Marine Battery Standard Capacity	\$145.00		\$ 4,930.00
6	VHF 3dB Gain Antenna, Pole Mount and 35' of Cable	\$670.00		\$ 4,020.00
6	Motorola CM200D VHF Radio	\$450.00		\$ 2,700.00

1	Communications Battery	\$55.00		\$ 55.00
5	T-135-MC-DC Install Custom Per Spec (Including New Wire & Conduit)	\$2,975.00		\$ 14,875.00
1	Install Custom - T-121 DC Siren With T-48-MC-DC Control (With Parts, Lift & Crane)	\$5,825.00		\$ 5,825.00
1	OM-120 Trade-In	-\$435.00		\$ (435.00)

TERMS AND CONDITIONS

1. Sheboygan Warning Systems is not liable for any damage and/or errors (Ex. Warning siren not sounding) when not on premise.
2. Mail signed quote to the address listed above.
3. A 50% down payment is required when the job begins.

Subtotal	\$89,906.00
Tax Rate	N/A
Sales Tax	Exempt (Pending Exemption Form)
Other	N/A
TOTAL	\$89,906.00

Customer Acceptance (Sign Below):

Print Name

Signature

Company Address

1904 Geele Avenue Sheboygan, WI 53083
 Phone: (920) 287-4432

Date 8/15/2022

Quotation # 114

Quotation For

Town of Brookfield
 645 N. Janacek Rd.
 Brookfield, WI 53045

Quotation valid until: 9/14/2022

Comments or Special Instructions

This quote is for the upgrade of all 6 existing OM-120 sirens with T-121DC sirens. Sirens would be installed on existing poles using the existing 120V AC service on poles.

Quantity	Description	Unit Price	Taxable?	Amount
6	T-121 Omni Directional Siren 121 db 48v DC Siren	\$7,016.00		\$ 42,096.00
6	T-48-MC-DC (Control Cabinet)	\$3,975.00		\$ 23,850.00
6	RTU, Universal Controller, Panel Mount DC Tempest-MC's	\$1,900.00		\$ 11,400.00
6	Current Sensor, Tempest-Series	\$100.00		\$ 600.00
6	Encrypted Communications Card	\$500.00		\$ 3,000.00
6	Motorola 'Radio Interface, VHF & UHF	\$75.00		\$ 450.00
6	Lightning Arrestor, VHF, PL-259	\$174.00		\$ 1,044.00
24	Deep Cycle Marine Battery Standard Capacity	\$150.00		\$ 3,600.00
6	Pole Mount - Tempest T-121	\$370.00		\$ 2,220.00
1	Communications Battery	\$55.00		\$ 55.00
6	Motorola CM200D VHF Radio	\$450.00		\$ 2,700.00
6	VHF 3dB Gain Antenna, Pole Mount and 35' of Cable	\$670.00		\$ 4,020.00
6	Install Custom - T-121 DC Siren With T- 48-MC-DC Control (With Parts, Lift & Crane)	\$5,825.00		\$ 34,950.00
6	OM-120 Trade-In	-\$435.00		\$ (2,610.00)

TERMS AND CONDITIONS

1. Sheboygan Warning Systems is not liable for any damage and/or errors (Ex. Warning siren not sounding) when not on premise.
2. Mail signed quote to the address listed above.
3. A 50% down payment is required when the job begins.

Subtotal	\$127,375.00
Tax Rate	N/A
Sales Tax	Exempt (Pending Exemption Form)
Other	N/A
TOTAL	\$127,375.00

Customer Acceptance (Sign Below):

Print Name

Signature

Company Address

1904 Geele Avenue Sheboygan, WI 53083
 Phone: (920) 287-4432

Date 8/15/2022

Quotation # 113

Quotation For

Town of Brookfield
 645 N. Janacek Rd.
 Brookfield, WI 53045

Quotation valid until: 9/14/2022

Comments or Special Instructions

This quote is the upgrade of CompuLert 6 to CompuLert NEXGen commnd and control software. Quote also includes installation as well as system optimization and tranning.

Quantity	Description	Unit Price	Taxable?	Amount	
1	Lightning Arrestor	\$145.00		\$ 145.00	
1	Encrypted Communications Card	\$410.00		\$ 410.00	
1	CSC-960 (Central Station Controller), FSK Format Includes 10 programmable push buttons	\$4,510.00		\$ 4,510.00	
1	CompuLert™ NEXGen Command & Control Server Software with Google Chrome Client. Requires Ubuntu 14.04 LTS Server Operating System, and Google Chrome for the Client	\$8,200.00		\$ 8,200.00	
1	Kenwood Interface Kit	\$61.50		\$ 61.50	
1	Tower Server-Includes RAID 1 Data Mirroring, 8 GB Ram, 21" Monitor, Keyboard & Mouse. Preloaded with Ubuntu 14.04 LTS & Supporting Environment for CompuLert™ NEXGen	\$4,100.00		\$ 4,100.00	
1	Power Supply with Battery Back Up	\$400.00		\$ 400.00	
1	Two Tone Sequential Card	\$258.30		\$ 258.30	
1	Install of Base Station	\$2,925.00		\$ 2,925.00	
1	System Optimization, Testing, and Training	\$650.00		\$ 650.00	
TERMS AND CONDITIONS				Subtotal	\$21,659.80

1. Sheboygan Warning Systems is not liable for any damage and/or errors (Ex. Warning siren not sounding) when not on premise.
2. Mail signed quote to the address listed above.
3. A 50% down payment is required when the job begins.

Tax Rate	N/A
Sales Tax	Exempt (Pending Exemption Form)
Other	N/A
TOTAL	\$21,659.80

Customer Acceptance (Sign Below):

Print Name

Signature

te of Wisconsin
Department of Administration

Law Enforcement Agency Grant

August 16, 2022

Update: The Expense Reporter System is now live and ready for you to utilize. You will use this system to report expenditures that are eligible for reimbursement under the Memorandum of Understanding (MOU) for this grant program. As a reminder, to be eligible, an expenditure must be incurred by your agency between March 15, 2022 and June 30, 2023 and fit within one or more of the categories of eligible expenditures set forth in the MOU and this page.

Once your agency has reviewed and accepted the terms, it must be signed by a person with full authority to make binding agreements on behalf of your agency and uploaded into the Expense Reporter System. After the MOU has been signed and uploaded, you may begin entering expenses. Your agency will not be able to enter expenses in the Expense Reporter System until it has uploaded the signed MOU.

The first reporting period ends on September 30, 2022. After that date, the Department of Administration (DOA) will review the submissions and reimburse eligible expenditures. There will be additional reporting periods in December 2022, March 2023, and July 2023. An eligible expenditure may be submitted for reimbursement during any reporting period, so long as it meets the eligibility requirements and has not already been reimbursed from DOA or another source. For each reporting period, DOA will not begin reviewing expenses and issuing reimbursements until after the reporting period ends.

The link to the reporter is: <https://wi.accessgov.com/doa-wi/Forms/Page/intergov/law-enforcement-grant-expenses/> (<https://wi.accessgov.com/doa-wi/Forms/Page/intergov/law-enforcement-grant-expenses/>). You are encouraged to create an account, so you can log back in and see the status of your claims. The directions for account creation are here: <https://doa.wi.gov/Secretary/Signing%20Up%20for%20a%20MyWisconsinID%20in%20AccessGov.pdf> (<https://doa.wi.gov/Secretary/Signing%20Up%20for%20a%20MyWisconsinID%20in%20AccessGov.pdf>).

If you did not receive an email with the MOU Document, please email leagrant@wisconsin.gov (<mailto:LEAGrant@wisconsin.gov>) and request the MOU.

July 1, 2022

Update: The list of expenditures eligible for reimbursement through this program has been expanded to include costs for upgrading public safety answering point (PSAP) infrastructure. This addition is included in expense category 5 below.

For questions please contact LEAGrant@wisconsin.gov (<mailto:LEAGrant@wisconsin.gov?subject=LEA%20Grant%20Question>).

June 24, 2022

Update: The list of expenditures eligible for reimbursement through this program has been expanded to include up to 50 percent of a law enforcement agency's fuel or electrical charging costs for vehicles. Please

review the changes in the updated expense category 5 below. The updated expense category 5 also includes additional clarifications regarding the eligibility of certain other items not specifically addressed in the original version.

Program: Tribal and Local Law Enforcement Agency Initiative

Award Amount: Each tribal and local law enforcement agency in the State of Wisconsin (referred to herein as "LEAs" or "Grantees") has been allocated a certain sum (its "Allocation") based on the size of the population it serves, with an add-on for LEAs serving communities where violent crime exceeds the state average. The Allocation for each LEA is available [here \(/DIR/Law_Enforcement_Allocations.pdf\)](#) and incorporated by reference herein.

Program Duration: An LEA may use its Allocation to reimburse eligible expenditures incurred **between March 15, 2022 and June 30, 2023**. Expenditures incurred outside that time window are not eligible for reimbursement under this Program. For purposes of this Program, an expenditure is not "incurred" until the LEA or its affiliated Tribal or local government has paid it.

How it Works: During a quarterly Reporting Period, an LEA may draw down its Allocation and receive allocated funds by reporting eligible expenditures for reimbursement through the Program's online reporting system. DOA will process these submissions and reimburse each LEA's reported eligible expenditures from the remaining balance of its Allocation. The first Reporting Period is expected to occur during a two-week period in September 2022; they will occur on a quarterly basis thereafter until the completion of the Program.

Example: An LEA has a \$20,000 allocation. During the September 2022 Reporting Period, it uses the online reporting system to report \$8,000 in eligible expenditures incurred since March 15, 2022. DOA processes the reimbursement request and pays \$8,000 to the LEA, leaving \$12,000 in the LEA's Allocation. In the next quarterly Reporting Period, the LEA submits another \$7,000 in eligible expenditures. Those eligible expenditures are again processed and reimbursed, leaving the LEA with \$5,000 of its Allocation remaining to reimburse expenditures reported in subsequent Reporting Periods.

Permitted Uses of Funds: The Program is intended to provide LEAs with additional resources to help offset certain costs associated with hiring, training, testing, and equipping law-enforcement officers, as well as updating certain technology and policies and implementing new crime-reduction initiatives. The following expenditures are eligible for reimbursement under the Program, subject to the limitations set forth in the MOU, this Program Schedule, and applicable state and federal law:

1. **Recruitment incentives.** The Program will reimburse the costs of certain financial incentives to recruit new officers, jail personnel, and dispatchers (referred to collectively below as "new hires"), as follows:
 - a. The costs of a new hire's academy or other formal preparatory training, to the extent the new hire's training costs are reimbursed by the LEA following acceptance of employment.
 - b. A signing bonus of up to \$2,000 for each new hire.
 - c. For each new hire whose most recent employer was an out-of-state governmental agency, an additional bonus of up to \$500 for each year of relevant out-of-state experience as a law enforcement officer, jailer, or dispatcher, up to an additional \$2,000. Thus, for a new hire from an out-of-state law governmental agency with four or more years' relevant experience, this Program will reimburse the cost of providing a signing bonus of up to \$4,000.

Each new hire who receives recruitment incentives that are reimbursed through this Program must provide the LEA with a written statement affirming that the new hire intends to complete at least three years' continuous employment with the LEA. The LEA is responsible for collecting and maintaining those statements; it does not need to provide copies of those statements when making reimbursement requests unless specifically requested by DOA.

Each LEA is responsible for conducting appropriate background checks on employment candidates. New hires with a record of misconduct are not eligible to receive recruitment incentives that are reimbursed through this Program.

2. **Medical testing.** The Program will reimburse the costs of job-related medical testing of officers, including physical examinations, hearing tests, drug tests, pre-employment psychological examinations, and other medical testing.
3. **Training.** The Program will reimburse the costs of providing training to help reduce violence and improve community safety, including programs to train officers in any of the following subject areas:
 - a. Crisis intervention, including training for interactions with individuals suffering from mental illness and addiction.
 - b. Resiliency and suicide prevention.
 - c. Use-of-force options and de-escalation tactics, including scenario-based training aimed at stabilizing potentially dangerous situations to allow more time and options for safe resolution.
 - d. Implicit bias.
 - e. "Active bystander" training.
 - f. The emergency detention process.
 - g. Homicide investigation.
 - h. Any annual recertification training required by the Wisconsin Law Enforcement Standards Board.
4. **Wellness and counseling programs.** The Program will reimburse the costs of providing wellness, counseling, or behavioral health programs or services to officers.
5. **Officer equipment, fuel, and technology, excluding weapons.** The Program will reimburse the costs of purchasing the following:
 - a. Uniforms, duty belts, holsters, handcuffs, boots, bulletproof vests and other protective gear, radios, flashlights, and other equipment of a similar nature.
 - b. License-plate readers, security cameras, and smart cameras, including thermal imaging cameras and vehicle-mounted cameras.
 - c. Mobile data computers and equipment purchased for the purpose of improving wireless connectivity in LEA vehicles, such as mobile hot spots.
 - d. Body cameras and body camera-activating holsters.
 - e. Upgrades to public safety answering point (PSAP) systems or infrastructure.
 - f. Any accessories, software, services (including installation), or specialized training needed to utilize items in categories 5.a to 5.e above.
 - g. Up to 50 percent of the fuel and charging costs for LEA vehicles.

Weapons (including non-lethal weapons) and ammunition are not eligible for reimbursement through this Program.

6. **Temporary contract personnel.** The Program will reimburse the costs of retaining temporary contract personnel to assist with processing evidence, reducing backlogs, or other tasks that help LEAs conduct criminal investigations. When reporting these expenditures in the online reporting system, the LEA must identify the contractor used and the nature of the services performed.
7. **Sworn law enforcement officers, jail personnel, and dispatchers.** The Program will reimburse certain costs associated with sworn law enforcement officers, as follows:
 - a. The additional payroll costs associated with increasing part-time officers, dispatchers, or jail personnel to full-time positions.
 - b. For LEAs that adopt or engage in initiatives to reduce violent crime (including offenses involving firearms), the payroll costs of officers for time worked on such initiatives.
 - c. The payroll costs of officers for time worked on Crisis Intervention Teams.
 - d. For LEAs serving communities where the violent crime rate exceeds the state average, as identified in [Appendix 1 \(/DIR/Law_Enforcement_Appendix_1.pdf\)](#), the full payroll costs for new hires (as defined in paragraph 1 above) made on or after March 15, 2022.
8. **K9 units.** The Program will reimburse the costs associated with purchasing canines to assist officers with law enforcement functions, including any related training costs.
9. **Community policing initiatives.** The Program will reimburse costs associated with designing and implementing community policing initiatives, including training, equipment and technology (excluding weapons), temporary contract personnel, or other expenses associated with such initiatives. For purposes of this Program, "community policing initiatives" refer to place-based, community-oriented crime reduction

strategies in targeted neighborhoods suffering from chronic crime issues.

10. **Initiatives to address carjacking and vehicle theft.** The Program will reimburse costs associated with designing and implementing initiatives to prevent and investigate incidents of carjacking and vehicle theft, including training, equipment and technology (excluding weapons), temporary contract personnel, or other expenses associated with such initiatives.

11. **Updating use-of-force policies to comply with Act 75.** The Program will reimburse costs associated with updating their use-of-force policies to comply with the standards set forth in [2021 Wisconsin Act 75](https://docs.legis.wisconsin.gov/2021/related/acts/75.pdf) (<https://docs.legis.wisconsin.gov/2021/related/acts/75.pdf>), including any costs of training related to these standards.

Expenditures not included in the above categories are not eligible for reimbursement through this Program.

Procurement limitations: All expenditures submitted for reimbursement through this Program must comply with Grantee's local procurement procedures and must avoid conflicts of interest, acquisition of unnecessary or duplicative items, excessive costs, or other waste.

March 15, 2022

In March, Governor Evers announced a new investment of more than \$50 million to help make Wisconsin communities safer (<https://content.govdelivery.com/accounts/WIGOV/bulletins/30ec88b>), including nearly \$19 million to be allocated to every local and tribal LEA across the state. The allocation for each LEA is based on the size of the population served, with an add-on for communities where violent crime exceeds the state average.

Each LEA can use its allocated funds to reimburse eligible expenditures incurred between March 15, 2022 and June 30, 2023. The Department of Administration (DOA) currently anticipates that the first round of reimbursement payments will be made in September 2022. In the coming weeks, the DOA will provide details on the types of expenditures that are eligible for reimbursement through the program, how an LEA reports them to the DOA, and other terms and conditions. We will send an email notice to you once those details are finalized.

For questions please contact LEAGrant@wisconsin.gov (<mailto:LEAGrant@wisconsin.gov?subject=LEA%20Grant%20Question>).

[Contact Us \(/Pages/AboutDOA/ContactUs.aspx\)](#)

[Legal/Acceptable Use \(https://www.wisconsin.gov/Pages/Policies.aspx\)](https://www.wisconsin.gov/Pages/Policies.aspx)

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(<https://twitter.com/wisconsin doa>)



(<https://www.facebook.com/WisconsinDOA>)

AgencyName	CountyName	Adjusted Total Round
Minong PD	Washburn County	\$ 7,000.00
Shell Lake PD	Washburn County	\$ 7,000.00
Washington Co SO	Washington County	\$ 129,172.24
Germantown PD	Washington County	\$ 45,299.25
Hartford PD	Washington County	\$ 35,039.25
Kewaskum PD	Washington County	\$ 9,652.50
West Bend PD	Washington County	\$ 91,934.84
Slinger PD	Washington County	\$ 12,647.25
Hartford Township PD	Washington County	\$ 8,012.25
Jackson PD	Washington County	\$ 16,305.75
Newburg PD	Washington County	\$ 7,000.00
Big Cedar Lake PD	Washington County	\$ 7,000.00
Trenton Town PD	Washington County	\$ 9,990.00
West Bend Town PD	Washington County	\$ 10,876.50
Waukesha Co SO	Waukesha County	\$ 289,235.36
Brookfield PD	Waukesha County	\$ 88,317.00
Elm Grove PD	Waukesha County	\$ 13,860.00
Menomonee Falls PD	Waukesha County	\$ 86,152.50
New Berlin PD	Waukesha County	\$ 89,331.75
Waukesha PD	Waukesha County	\$ 197,566.91
Muskego PD	Waukesha County	\$ 56,783.25
Delafield PD	Waukesha County	\$ 17,068.50
Oconomowoc PD	Waukesha County	\$ 38,511.00
Butler PD	Waukesha County	\$ 7,000.00
Chenequa PD	Waukesha County	\$ 7,000.00
Hartland PD	Waukesha County	\$ 21,021.75
Mukwonago PD	Waukesha County	\$ 18,308.25
Oconomowoc Lake PD	Waukesha County	\$ 7,000.00
Pewaukee PD	Waukesha County	\$ 18,229.50
Summit PD	Waukesha County	\$ 13,697.44
Brookfield Town PD	Waukesha County	\$ 18,427.99
Oconomowoc Town PD	Waukesha County	\$ 19,671.75
Eagle PD	Waukesha County	\$ 7,000.00
Big Bend PD	Waukesha County	\$ 7,000.00
North Prairie	Waukesha County	\$ 7,000.00
Mukwonago Town PD	Waukesha County	\$ 18,378.00
Lannon PD	Waukesha County	\$ 7,000.00
Nashotah PD	Waukesha County	\$ 7,000.00
Merton Town Lake Patrol	Waukesha County	\$ 7,000.00
Waupaca Co SO	Waupaca County	\$ 77,971.91
Clintonville PD	Waupaca County	\$ 12,651.61
New London PD	Waupaca County	\$ 15,907.50
Waupaca PD	Waupaca County	\$ 17,616.16
Manawa PD	Waupaca County	\$ 7,000.00
Marion PD	Waupaca County	\$ 7,000.00
Iola PD	Waupaca County	\$ 7,000.00

BAYCOM

A Lifeline in the Moments that Matter

Quotation For

Town of Brookfield Police
Chris Perket
645 N Janacek Rd
Brookfield, WI 53045

Vendor

BAYCOM, Inc.
Kate Premo
W239N2890 Pewaukee Rd
Pewaukee, WI 53072
414-546-7628
kpremo@baycominc.com

Neology Four Camera Mobile ALPR System

Quote # KP0817

Date 8/17/2022
Quote valid until 9/16/2022

ITEM ID	QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
A	1	PIPS Mobile ALPR Three-Camera System with SX4E Includes: Three low-profile 810nm dual lens IR and color cameras, SX4E POE mobile processor, camera cable/connector package, GPS module, LPCS software and dongle, PIPS ALPR/OCR engine, client/server architecture, 2 year manufacturer warranty (hardware and software)	\$13,645.00	\$13,645.00
B	1	Tomar Lightbar Bracket- 3 Camera	\$1,190.00	\$1,190.00
C	1	SUV Clearance Mount Brackets	\$225.00	\$225.00
D	3	Extended Manufacturer Hardware Warranty Year \$1,380 per year per vehicle	\$4,140.00	OPTIONAL
Can purchase up to 3 years up from for a full 5 years of coverage. Covers hardware repair and replacement from PIPS Service Depot. Optional pricing shows total for all 3 years.				
E	1	BAYCOM Onsite Installation and Commissioning Includes: Installation and commissioning of ALPR system, updated License Plate Capture Software (in-car software) and BOSS (back-office system software). Equipment is mounted on the outside of the vehicle and commissioned to a fixed focal distance. Train the Trainer Sessions are included.	\$1,600.00	\$1,600.00

PO #

*shipping is approximate, may be adjusted after delivery.

Total : \$16,660.00
Shipping: \$140.00
Tax: EXEMPT
Total: \$16,800.00

Approved By: _____

Terms and Conditions can be found at <https://www.baycominc.com/baycom-operating-terms-conditions/>

We impose a surcharge of 2% on credit card purchases over \$1,000, which is not greater than our cost of acceptance

All of the information listed on this proposal is confidential and proprietary information.

Your Signature Is An Agreement To Purchase And An Acceptance Of The Above Terms

Georgia Balcerowski

From: dcpearson <dcpearson@wi.rr.com>
Sent: Thursday, August 18, 2022 3:33 PM
To: Tom Hagie
Cc: 'John Marose'; 'Daryl Walther'; Keith Henderson
Subject: RE: Board of Appeals candidate

Hello Tom,

The Zoning Board of Appeals met last night and we are still a member short, but had our quorum. Daryl Walther had mentioned someone he knew and the meeting reminded him to pass the information along. (We meet so infrequently, thankfully.)

So please reach out to John Marose and see if we can get him on board through the approval process.

Note to John: Thank you for your willingness to serve.

Regards,
Dean Pearson,
Committee Chairman

From: Daryl Walther <drwalther@wi.rr.com>
Sent: Thursday, August 18, 2022 3:04 PM
To: dcpearson@wi.rr.com
Cc: 'John Marose' <johnmarose57@gmail.com>
Subject: Board of Appeals candidate

Hi Dean,

As we discussed recently, I am submitting a candidate for the Town of Brookfield Board of Appeals:

John Marose has agreed to serve if approved. You can contact him at the email address (I've copied him on this email), or by phone: 262-424-1972.

Thanks,
Daryl

Sheds and Garages	\$30.00	up to 200 sq ft
	\$0.20	per sq ft over 200 sq ft, \$75.00 minimum
Pools	\$60.00	above-ground
	\$150.00	in-ground
Decks	\$0.16	per square ft, \$ 120.00 minimum
Fences	\$55.00	if applicable
Razing Permit	\$0.06	per sq ft, \$ 75.00 minimum
State Seal	\$55.00	
Driveway	\$50.00	
Culvert	\$75.00	if applicable
Sign permit	\$75.00	< 32 sq ft
	\$8.00	per thousand value if > 32 sq ft
Agricultural building	\$0.10	per sq ft if new
	\$6.00	per thousand value remodel
Special Inspections	\$75.00	
Early Start	\$100.00	
Other	\$75.00	minimum
Occupancy Permit	\$50.00	per dwelling unit
Electrical Service	\$80.00	Up to 200 amp
	\$40.00	per added 100 amp
COMMERCIAL - INDUSTRIAL		
New Construction	\$200.00	plan, site review, permit prep
	\$0.32	per sq ft - all areas, foundations
Multi-family & Condos	\$250.00	plan, site review, permit prep
	\$25.00	per unit
	\$0.32	per sq ft - all areas, foundations
Erosion Control	\$250.00	first acre
	\$150.00	per additional acre

**TOWN OF BROOKFIELD
PLANNING COMMISSION RECOMMENDATIONS
AUGUST 23, 2022**

Town Chairman Keith Henderson called the meeting to order at 7:01pm on Tuesday, August 23, 2022, at the Town of Brookfield Town Hall, 645 North Janacek Road, Brookfield, Wisconsin. Also present at the meeting was Supervisor Mike Schmitt; Commissioners Gordon Gaeth, William Neville, Len Smeltzer; Jeremy Watson, Kevin Riordan, and Town Planner Bryce Hembrook.

RECOMMENDATION TO SCHEDULE A PUBLIC HEARING FOR A ZONING CODE TEXT AMENDMENT TO SECTION 17.02(14)(G)1 RELATED TO ACCESSORY STRUCTURES

Commissioner Watson moved to **recommend setting the public hearing date** for the September 27, 2022 Plan Commission meeting discuss a potential amendment to the zoning code related to accessory structures.

The motion was seconded by Commissioner Gaeth and carried unanimously.

RECOMMENDATION TO SCHEDULE A PUBLIC HEARING FOR A ZONING CODE TEXT AMENDMENT TO SECTION 17.02(14)(G)1 RELATED TO FENCE

Commissioner Neville moved to **recommend setting the public hearing date** for the September 27, 2022 Plan Commission meeting discuss a potential amendment to the zoning code related to accessory fences.

The motion was seconded by Commissioner Riordan and carried unanimously.

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