



Office of the Town Clerk

Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045

Office: 262-796-3788 | Clerk@TownofBrookfield.com

MEETING AGENDA

Tuesday, May 6, 2025 @ 7 p.m.

(Or immediately following Board of Review, whichever is later.)

Town Board

Utility District No. 1
Sanitary District No. 4

Eric Gnant Room

TOB Municipal Building
645 N. Janacek Rd., Brookfield, WI

1. Call to Order & Roll Call.
2. Meeting Notices.
3. Approval of Agenda.
4. Approval of Minutes:
 - a. April 22, 2025 meeting of the TB, UD1, SD4.
5. Citizen Comments: Three-minute limit.
6. Old Business:
 - a. Discussion and possible action regarding the Countywide Damage Assessment Team Standard Operating Procedures and Memorandum of Understanding for Countywide Damage Assessment Services.
7. New Business:
 - a. Discussion and possible action regarding approval of Waking Daisy Combination Class "B" Beer and "Class C" Wine License.
 - b. Discussion and possible action regarding the Greater Brookfield Chamber of Commerce Temporary Alcohol License for the Food Truck Festival at the Corners of Brookfield.
 - c. Chairman's presentation of appointments to Town Committees, Commissions, and Boards and annual appointments.
8. Departments, Boards, Committee/Commission Reports/Recommendations:
 - a. Parks & Rec
 1. Discussion and possible action regarding software for an online registration system.
 - b. Plan Commission
 1. Discussion and possible action regarding the recommendation to set a public hearing date to discuss a conditional use permit for Oscars.
 2. Discussion and possible action regarding the recommendation to set a public hearing date to discuss a conditional use permit amendment for Wisconsin Adult Center.
 3. Discussion and possible action regarding the recommendation to set a public hearing date to discuss the proposed Zoning Code Update draft.
 4. Discussion and possible action regarding the proposed site plan amendment and architectural plan for Wimmer Communities' Poplar Creek Town Center building (Building #2).
 5. Discussion and possible action regarding the proposed site plan amendment for the Corners of Brookfield to repair and reconfigure Market Street.
 - c. Convene into **CLOSED SESSION** pursuant to Wis. Stat. § 19.85(1)(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session: Corners of Brookfield.
 - d. Reconvene into **OPEN SESSION**, according to Wis. Stat. §19.85(2), for any necessary action resulting from the Closed Session.
9. Approval of Vouchers and Checks.
10. Communication and Announcements.
11. Adjourn.

Posted May 2, 2025

Tom Hagie, Administrator/Interim-Clerk



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MEETING MINUTES

Tuesday, April 22, 2025
Immediately following the Annual
Meeting

Town Board
Utility District No. 1
Sanitary District No. 4

Eric Gnant Room
TOB Municipal Building
645 N. Janacek Rd., Brookfield, WI

1. Call to Order & Roll Call.

Chairman Henderson called the meeting to order at 8:12 p.m.

Present: Chairman Keith Henderson; Supervisors Steve Kohlmann, John Charlier, John Schatzman and Ryan Stanelle.

A quorum was met (5-0).

Staff Present: Attorney Michael Van Kleunen, Fire Chief John Schilling, Assistant Fire Chief Tony D'Amico, DPW Superintendent Scott Hartung, Sanitary District 4 Superintendent Tony Skof, Police Lieutenant Dave Mironischen, Administrator/Interim-Clerk Tom Hagie and Deputy Clerk Emily Howells.

2. Meeting Notices.

Hagie confirmed the meeting notices were posted as required by law.

3. Approval of Agenda.

Motion by Schatzman to adopt the agenda; seconded by Stanelle.

Motion prevailed by a voice vote (5-0).

4. Approval of Minutes:

a. April 2, 2025 meeting of the TB, UD1, SD4.

Motion by Stanelle to adopt the agenda; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

b. April 7, 2025 special meeting of the TB, UD1, SD4.

Motion by Stanelle to adopt the agenda; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

5. Citizen Comments: Three-minute limit. None.

6. Old Business: None.

7. New Business.

a. Discussion and possible action regarding the Change of Agent for the Marcus Majestic Theater liquor license.

Motion by Kohlmann to approve the Change of Agent for the Marcus Majestic Theater liquor license; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

b. Discussion and possible action regarding Memorandum of Understanding with Flock Group, Inc.

Motion by Kohlmann to table the item until the Police Chief can attend; seconded by Schatzmann.

Motion prevailed by a voice vote (5-0).

c. Discussion and possible action regarding the bids received for the Weyer Road Drainage Improvements project.

Motion by Charlier to approve the bid received for the Weyer Road Drainage Improvements project as presented for \$128,890; seconded by Schatzman.

Motion prevailed by a voice vote (5-0).

8. Departments, Boards, Committee/Commission Reports/Recommendations: None.

9. Approval of Vouchers and Checks.

Motion by Schatzman to approve vouchers and checks in the amount of \$166,915.37; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

Motion by Charlier to approve vouchers and checks in the amount of \$5,421.39; seconded by Schatzman.

Motion prevailed by a voice vote (5-0).

10. Communication and Announcements.

a. Kohlmann commented on the remarkable turnout for the Easter Egg Hunt at Marx Park.

11. Adjourn.

Motion by Kohlmann to adjourn at 8:30 p.m.; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

Respectfully submitted by
Tom Hagie, Administrator/Interim-Clerk

COUNTYWIDE DAMAGE ASSESSMENT TEAM STANDARD OPERATING PROCEDURES (SOP), WAUKESHA COUNTY

PURPOSE

This plan will provide the guidance and procedures for the collection of damage assessment information for all Participating Jurisdictions within Waukesha County immediately following an incident and throughout the response and recovery phases. Damage assessment is the process of determining the location, nature, and severity of damage sustained by the public and private sectors.

SCOPE OF SERVICES

The scope of this plan is to address the procedures for the effective collection of damage assessment information to complete required documentation for the request of Individual Assistance during a presidential declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Additionally, the information collected will assist local and county decision-makers in the activation of shelters, points of distribution, family assistance centers, and other related response activities. Countywide Damage Assessment Team activities will include collecting damage assessment information solely focusing on Individual Assistance eligible facilities and structures including privately owned homes and business facilities.

Damage assessment activities relating to Public Assistance, including the assessments of but not limited to roads, bridges, government buildings, publicly owned utilities, and parks will be handled by the local unit of government having jurisdiction.

OVERVIEW

Waukesha County is susceptible to a variety of natural disasters and human-caused emergencies. Depending on their severity, these events can inflict significant damage on infrastructure and essential services, quickly overwhelming the capacity of individual municipalities or the county as a whole to assess the situation and respond effectively to the needs of affected residents.

Emergency responders, whose primary focus is on saving lives and protecting property, are often challenged to gather and communicate accurate information about the extent of the damage. Without reliable data on the nature and scope of the disaster, Emergency Operations Centers face difficulties in coordinating response efforts and initiating the recovery process.

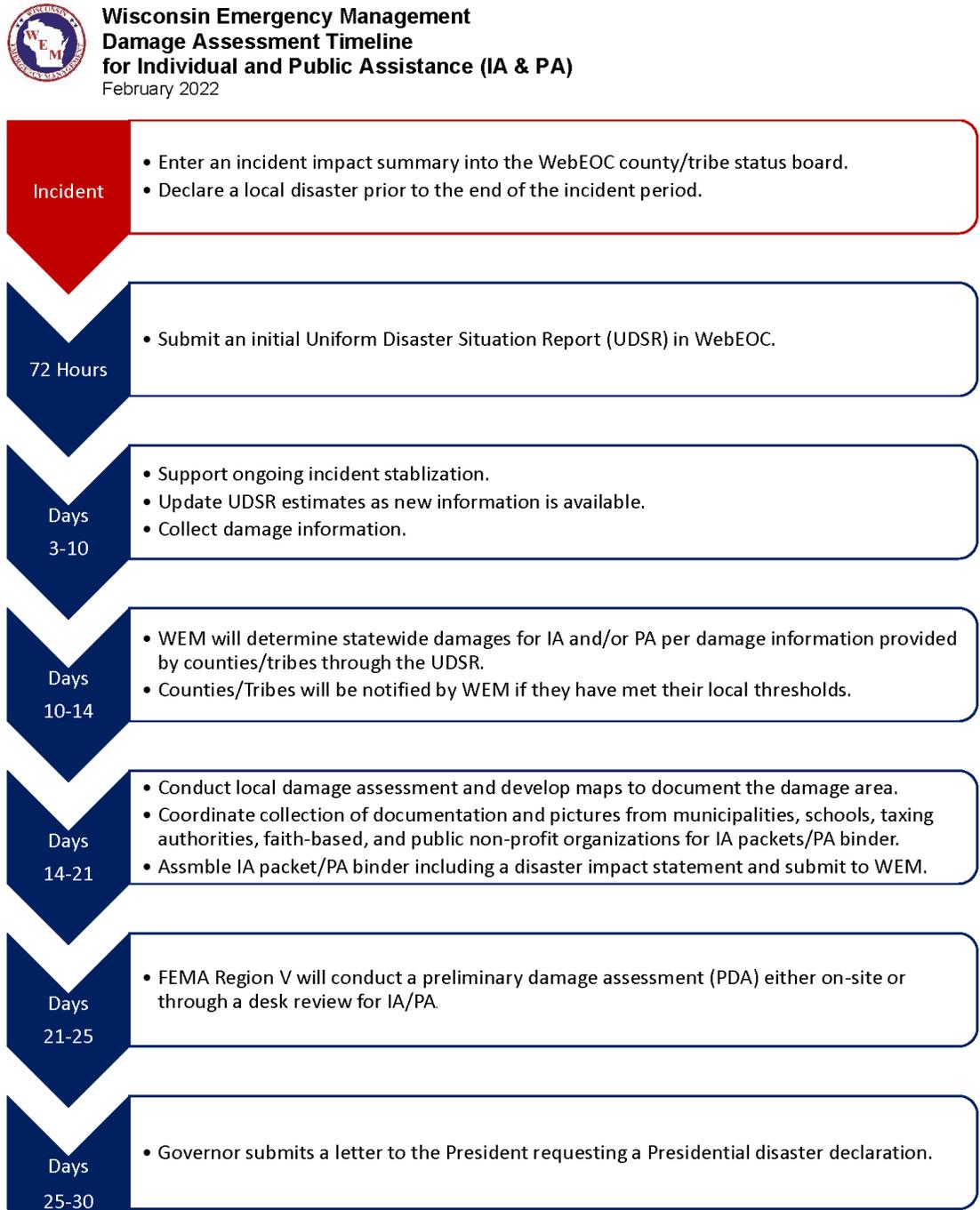
Given that disasters frequently transcend municipal and county boundaries, it is common for municipalities to seek assistance from the Waukesha County Office of Emergency Management when damage and citizen needs reach thresholds past the municipality's capabilities. To streamline the process of damage assessment across political jurisdictions, a mutual aid agreement has been established between Waukesha County and participating municipalities. This agreement aims to facilitate the accurate and timely collection of damage information following natural disasters or emergencies.

Damage Assessment Overview

After a natural disaster or emergency causing damage to private property and public infrastructure meeting thresholds for state and federal assistance, Waukesha County Emergency Management has between 14 and 21 days to compile and submit complete and accurate information to Wisconsin Emergency Management (WEM). This information is necessary for the Governor to prepare and submit a letter to the President requesting a Presidential disaster declaration. The timeline shown in Figure 1 outlines the key steps in this process.

- During and following a disaster, county and local response agencies will, on an ongoing basis, report on the extent of their involvement, damage estimates, and gather information regarding the disaster's impact on the public and private sectors.
- The Waukesha County Emergency Management Coordinator will notify Wisconsin Emergency Management (WEM), through the Region Director, when such a disaster occurs.
- When there is the potential need for state and/or federal assistance to supplement county and local efforts or when requested by the WEM Region Director, the county is expected to inform the WEM Region Director of an incident's impact on the community via WebEOC as soon as practical. The Waukesha County Emergency Management Coordinator must submit a Uniform Disaster Situation Report (UDSR) form to the UDSR board in WebEOC, within 72 hours of the end of a disaster incident period. At a minimum, the UDSR should include the following:
 - Time, date, location, and type of disaster.
 - Time and date of the UDSR submission, as well as name of person submitting the report.
 - Number of people injured or deceased.
 - Number of persons homeless and number evacuated and in shelters.
 - Damage estimates for the public and private sectors.
 - An estimate of the amount of damage covered by insurance.
- To obtain the information required on the UDSR, Waukesha County Emergency Management will coordinate with the affected municipalities to compile applicable information into an overall report for submission within 72 hours to WEM.
- As the disaster progresses and emergency response efforts are curtailed, the county will continue to assess the impact of the disaster through information received from response agencies and from the affected municipalities.
- Waukesha County Emergency Management will be responsible for transmitting updated information to WEM to revise the original UDSR submission.
- Waukesha County Emergency Management, on behalf of the County Executive, will consult with the WEM Region Director on the need for state and/or federal assistance. A decision will be made jointly by WEM and the county as to whether or not and what types of federal assistance will be requested.
- When a decision is made to request Presidential Disaster Assistance, the county is required to participate in the Preliminary Damage Assessment (PDA) process. The PDA is the first step in requesting such assistance. The process and its purpose are described in FEMA's "Damage Assessment Operations Manual." Waukesha County Emergency Management is responsible for assigning a knowledgeable county/local representative to each of the PDA teams.

Figure 1: Wisconsin Emergency Management Damage Assessment Timeline for Individual and Public Assistance (IA & PA)



Fluid Timelines

Timelines are fluid and can be shorter, but NEVER longer.
If IA and PA should happen at the same time, your focus should be on IA.

CONCEPT OF OPERATIONS

This section provides an overview of countywide damage assessment team activities, to support municipal and county-wide coordination during an emergency response. Waukesha County Emergency Management will act as the coordinating entity for the Countywide Damage Assessment Team. The team members are trained on a routine basis and are prepared for activation 24-hours a day, 7 days a week after a disaster occurrence.

ACTIVATION

Aftereffects of disasters can easily surpass municipal and county capabilities in responding to the incident and collecting accurate and timely necessary information, the countywide damage assessment team will be available to provide assistance upon request of the impacted jurisdiction(s). Due to their role in coordinating the county-wide team, requests will be made directly to the Waukesha County Office of Emergency Management. The request process will follow standard procedures in requesting assistance from the Waukesha County Office of Emergency Management.

Upon the notification of the request for assistance, the Waukesha County Office of Emergency Management will coordinate with the Municipal Damage Assessment Coordinator(s) or his/her designee in gathering information regarding the initial damage assessment information within their municipality(s). Once the decision is made to deploy resources to the requesting jurisdiction(s), the County Damage Assessment Coordinator will provide notification to team members through Konexus's AlertSense to gauge team members availabilities. The County Damage Assessment Coordinator, in conjunction with the Waukesha County Office of Emergency Management and the requesting jurisdiction(s) will determine the appropriate response based on the scope of the incident and the availability of resources.

DEPLOYMENT

When deployed, team members will report to a staging location determined in collaboration by the County Damage Assessment Coordinator and the Municipal Damage Assessment Coordinator(s) or his/her designee. Reporting team members will be briefed on the extent of the initial damage information, provided a safety briefing, and given their assignments and damage assessment zones by the County Damage Assessment Coordinator or the Municipal Damage Assessment Coordinator or his/her designee. Deployments of the Countywide Damage Assessment Team will involve teams of 3-4 members, depending on the size of the incident and availability of members, with one member designated as the Team Lead.

Upon arrival at their assigned damage assessment zones, the Team Lead will inform the Municipal Damage Assessment Coordinator(s) or his/her designee of their arrival. Within their designated damage assessment zones, teams will collect damage information in accessible areas to determine level of damage according to the FEMA thresholds for damage (Inaccessible, Affected, Minor, Major, Destroyed).

While conducting damage assessments, the Team Lead will provide updates to the Municipal Damage Assessment Coordinator(s) or his/her designee on the progress of damage assessments conducted within their assigned damage assessment zones. This information will be utilized to account for all resources in the field, as well as, provide situational awareness on the progress of the overall damage assessment functions within the municipality(s).

Upon completion of their duties or as directed by the Municipal Damage Assessment Coordinator(s) or his/her designee, deployed damage assessment team members will coordinate demobilization with the Municipal and County Damage Assessment Coordinators.

DATA COLLECTION

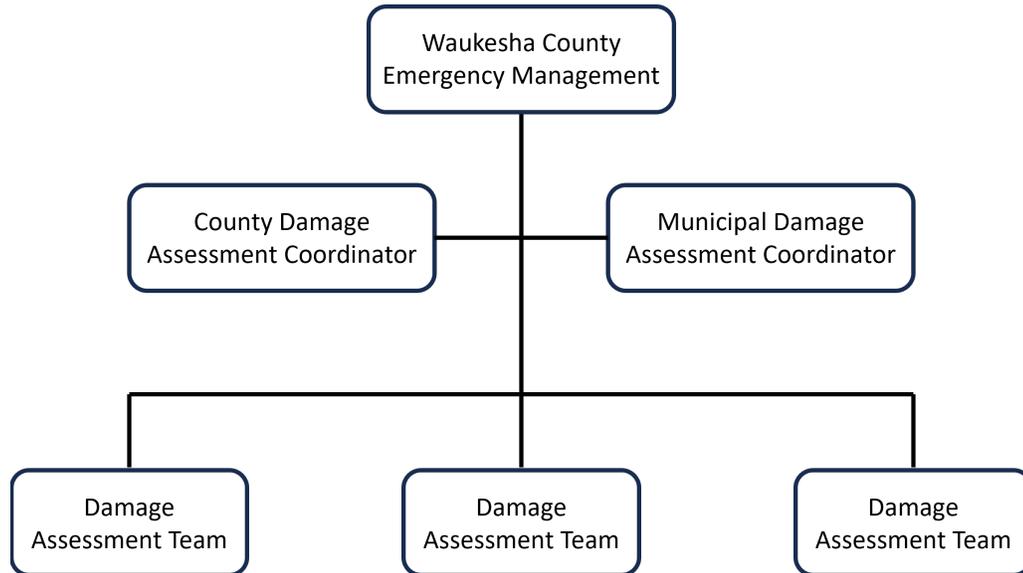
All damage assessment information will be submitted to the Waukesha County Office of Emergency Management through the submission of Waukesha County Emergency Management's Survey123 application. Requesting Jurisdictions with existing damage assessment programs or procedures may choose to have deployed team members utilize these programs or procedures. If a jurisdiction opts to use its own programs or procedures, it must ensure that all collected damage assessment information is shared with the County Damage Assessment Coordinator and Waukesha County Emergency Management. Due to Waukesha County Emergency Management's role in obtaining and submitting damage assessment information to WEM, all information collected will be regarded as the intellectual property of Waukesha County. Damage assessment information collected pertaining to the respective municipalities, will be provided to the Municipal Damage Assessment Coordinator(s) through the use of dashboards displaying the collected damage information. Damage assessment data collected pertaining to specific Participating and Requesting Jurisdictions will be shared at the request of impacted municipality.

POST INCIDENT

Following an incident and at the determination of the Municipal and County Damage Assessment Coordinators, damage assessment team members will participate in a team debriefing conducted by Waukesha County Emergency Management. This debrief will assist in providing feedback on the damage assessment program and provide recommendations for improvement.

If seeking reimbursement funds through Wisconsin Disaster Fund or public assistance under the Stafford Act, Municipal Damage Assessment Coordinators will cooperate with Waukesha County Emergency Management in complying with grant requirements.

TEAM STRUCTURE



- 3-4 Members per deployed damage assessment team, consisting of:
 - (1) Team Leader
 - (1-2) Survey Taker(s)
 - Police
 - Fire
 - Emergency Managers
 - Tax Assessors
 - Building Inspectors/Code Enforcement
 - Information Technology (IT) staff
 - Geographic Information System (GIS) Specialists
 - Public Works (DPW) staff
 - Parks and Recreation/Parks and Land Use Staff
 - (1) Crisis Support Staff
 - Health and Human Services Personnel
 - Chaplains
 - Mental Health Professionals

- Team members will be provided with the following items needed to complete their assigned tasks, issued by the County and/or Municipal Damage Assessment Coordinator(s):
 - Maps of the affected area(s).
 - Recovery flyers to distribute to residents/businesses.
 - Safety pamphlets for residents/businesses.
 - Phone numbers (EOC, animal control, utilities, supporting agencies, etc.).
- Team members are encouraged to have the following supplies available to them from their employer for deployments as needed:

Electronics

- Phone/radio
- Weather radio
- GPS unit
- Laptop or tablet
- Camera
- Calculator
- Flashlight or headlamp
- Spare batteries for all electronic devices
- Phone chargers and power inverters

Tools and Miscellaneous

- Tape measure or ruler
- Small shovel (folding)
- Multitool or folding knife
- Watch
- Cash
- Plastic bag for personal garbage
- Backpack
- Clipboard
- Road flares
- Caution/Do Not Enter tape.
- Binoculars
- Duct tape
- Not pads, pens, and pencils.
- Flagging tape
- Spray paint

Personal Safety

- Hand Sanitizer
- Work gloves
- Insect repellent
- Bandana
- Sunscreen
- Sunglasses
- Hard Hat
- Eye Protection
- Hearing Protection
- Hat
- Rain gear or Poncho (large enough to fit over clothing)
- Clothing appropriate for the environment (e.g., heavy-duty pants, insulated layers, etc.)
- Dust masks
- Boots (steel-toed)
- First aid kit
- Medications
- Whistle
- Safety vest
- Water Bottles/Water
- Snacks

ROLES & RESPONSIBILITIES

Waukesha County Emergency Management

The Waukesha County Office of Emergency Management will coordinate the Countywide Damage Assessment Team. Waukesha County Emergency Management will ensure that each municipality in Waukesha County is provided the opportunity to be represented in the countywide damage assessment team and that county/local agencies/departments are aware of their responsibilities following an incident requiring damage assessment information to be collected.

During an incident, Waukesha County Office of Emergency Management will:

- Determine if the team should be activated; consult with the County Executive and activate the team, as appropriate.
- Submit an initial Uniform Disaster Situation Report (UDSR) to Wisconsin Emergency Management in WebEOC within 72-hours of the end of a disaster incident period.
- Receive and compile information from the team members and submit updated reports, as necessary, to WEM.
- Provide damage assessment information to the County Executive and other decision makers on an ongoing basis. Obtain specific or additional damage assessment information at their request.
- Maintain records of all damage reports and disaster-related expenditures.
- Coordinate with all affected municipalities and government agencies to ensure there is an understanding of the need to maintain separate and accurate records of disaster-related expenditures.
- If required, appoint and brief county representatives on Preliminary Damage Assessment (PDA) teams.
- If required, coordinate with WEM and the Federal Emergency Management Agency (FEMA) in conducting the PDA. If requested, locate facility to be used as headquarters for PDA teams and coordinators.
- Upon request, provide appropriate information and documentation to WEM in support of requests for federal disaster assistance, e.g., Small Business Administration (SBA) Disaster Loan Program, Farm Services Agency (FSA) Emergency Loan Program, and Presidential Emergency or Major Disaster Declarations.

Following an incident, Waukesha County Office of Emergency Management will:

- Submit a complete and final UDSR to WEM, serving as both a damage assessment report and a record-keeping document which describes the full extent of the disaster's impact on the public and private sectors summarizing the involvement of local/county, private, and NGOs in the response effort and disaster related expenditures to date. Waukesha County Emergency Management will submit this report to WEM, with a copy to the Region Director, within two to three weeks of the disaster occurrence.
- As required, assist in the administration and implementation of Presidential Emergency and Major Disaster Declarations. Act as Designated Agent or Single Point of Contact for all public assistance project applications in the county.
- In a Presidential Disaster Declaration, work with the State Hazard Mitigation Officer (SHMO) in identifying and recommending hazard mitigation projects. Assist in the development of the federally required 180-day hazard mitigation plan. If projects are funded, coordinate with SHMO to ensure they are completed as approved by FEMA.
- Debrief damage assessment team and critique damage assessment operations. Make appropriate

changes in Damage Assessment Annex to improve future operations.

County Damage Assessment Coordinator

The County Damage Assessment Coordinator is responsible for identifying and training countywide damage assessment team members in addition to maintaining the active roster of all damage assessment team members' names and contact information. The County Damage Assessment Coordinator will coordinate countywide assessment activities while team members are deployed. The County Damage Assessment Coordinator reviews the procedures, requirements, and timeframe for reporting damage assessments with team members along with submitting county and municipal damage assessment information to the Waukesha County Office of Emergency Management, applicable Emergency Operation Center(s), or Municipal Damage Assessment Coordinators.

Training for damage assessment team members will involve:

- The purpose of the damage assessment team, the damage assessment function, and conditions in which the team would be activated and how it would operate.
- Their role as team members, including how they will be informed of the team's activation, what information would be expected of them, and the process and timeframe of submitting that information.
- The state's requirements with regards to submitting the UDSR and participating in the Preliminary Damage Assessment (PDA) process.
- Just-In-Time Training prior to team members deployment to conduct damage assessment surveys.

Municipal Damage Assessment Coordinator

The Municipal Damage Assessment Coordinator is responsible for managing the damage assessment function within their specific municipality. The Municipal Damage Assessment Coordinator is responsible for reporting their collected damage assessment data to the County Damage Assessment Coordinator. In coordination with the County Damage Assessment Coordinator, the Municipal Damage Assessment Coordinator shall provide oversight of deployed damage assessment team members to their jurisdiction and provide briefings and necessary information for the adequate collection of damage assessment information.

The Municipal Damage Assessment Coordinator shall:

- Determine, prior to a disaster occurrence, how they will obtain the damage assessment information they are responsible for submitting to Waukesha County Emergency Management.
- Coordinate the performance of damage assessments within their municipality and submit assessment information to Waukesha County Emergency Management through the County Damage Assessment Coordinator within the required timeframe(s).
- Coordinate for the safety and physical security of deployed damage assessment team members.
- Submit updated information, or other requested information to Waukesha County Emergency Management to be used as documentation in support of request for federal disaster assistance.
- Maintain records of all submitted information.
- As appropriate (e.g., if representing a local unit of government or emergency response agency), maintain separate and accurate records of disaster-related expenditures.
- If requested by Waukesha County Emergency Management, participate, as instructed, in the Preliminary Damage Assessment (PDA) process as a county/local representative.

- Assist in providing Just-In-Time Training prior to team members deployment to conduct damage assessment surveys.
- To maintain membership, Municipal Damage Assessment Coordinators are required to complete the following training within their first year of joining the team, submitting certificates of completion to the County Damage Assessment Coordinator.
 - IS-559: Local Damage Assessment
 - [Training](#)
 - IS-403: Introduction to Individual Assistance (IA)
 - [Training](#)
 - W-121: What the Damage?
 - [Wisconsin Emergency Management](#)
- Attend at least (1) damage assessment training per calendar year (provided by Waukesha County Emergency Management).

Participating Jurisdictions

Local government units, including but not limited to county, cities, villages, towns, and lake districts within Waukesha County, are considered Participating Jurisdictions in the Memorandum of Understanding (MOU) for Countywide Damage Assessment Services upon signing the agreement. Participating Jurisdictions are responsible for providing adequate resources and personnel to participate in the countywide damage assessment team.

Participating Jurisdictions will identify, at a minimum (1) personnel for the positions of Municipal Damage Assessment Coordinator and Damage Assessment Team Member. Participating Jurisdictions are encouraged to identify personnel who can effectively perform these functions, selecting from the following roles:

- Municipal Damage Assessment Coordinator
 - Tax Assessors
 - Building and Code Enforcement
 - Planning and Zoning Officials
 - (Civil, Structural, Environmental) Engineers
- Damage Assessment Team Member
 - Police
 - Fire
 - Emergency Managers
 - Tax Assessors
 - Building Inspectors/Code Enforcement
 - Information Technology (IT) staff
 - Geographic Information System (GIS) Specialists
 - Public Works (DPW) staff
 - Parks and Recreation/Parks and Land Use Staff
 - Health and Human Services Personnel
 - Chaplains
 - Mental Health Professionals

Participating Jurisdictions are responsible for and have agreed to:

- Working in cooperation with all other participating and requesting jurisdictions to collect, validate, and produce damage assessment information.

Requesting Jurisdictions

Participating Jurisdictions within Waukesha County, requesting the assistance of the countywide damage assessment team, are considered Requesting Jurisdictions in the Memorandum of Understanding (MOU) for Countywide Damage Assessment Services regardless of signing the agreement.

Requesting Jurisdictions are responsible for:

- Determine, prior to a disaster occurrence, how they will obtain the damage assessment information they are responsible for submitting to Waukesha County Emergency Management.
- Coordinate the performance of damage assessments within their municipality and submit assessment information to Waukesha County Emergency Management through the County Damage Assessment Coordinator within the required timeframe(s).
- Coordinate for the safety and physical security of deployed damage assessment team members.
- Submit updated information, or other requested information to Waukesha County Emergency Management to be used as documentation in support of request for federal disaster assistance.
- Maintain records of all submitted information.
- As appropriate (e.g., if representing a local unit of government or emergency response agency), maintain separate and accurate records of disaster-related expenditures.
- If requested by Waukesha County Emergency Management, participate, as instructed, in the Preliminary Damage Assessment (PDA) process as a county/local representative.
- Engage and coordinate with Participating Jurisdictions seeking reimbursement for services rendered, ensuring that the invoicing procedures are mutually agreed upon by both parties.

Team Members

Countywide Damage Assessment Team members make up the cooperative team consisting of municipal and county designated personnel from Participating Jurisdictions. Team members are responsible for the collection of damage assessment information within their assigned damage assessment zones as designated by the requesting Municipal Damage Assessment Coordinator. Members are responsible for providing updated contact information to the County Damage Assessment Coordinator and responding to notifications of activations and informing the County Damage Assessment Coordinator of their availabilities. Upon activation, team members are required to report to the designated location for check-in to receive a briefing and Just-In-Time Training conducted by the County Damage Assessment Coordinator, Municipal Damage Assessment Coordinator, or their designee. To maintain membership, Team Members are required to:

- Complete the following FEMA Independent Study (IS) training within their first year of joining the team, submitting certificates of completion to the County Damage Assessment Coordinator.
 - IS-559: Local Damage Assessment
 - [Training](#)
 - IS-403: Introduction to Individual Assistance (IA)
 - [Training](#)
 - W-121: What the Damage? (Not required within the first year, but recommended.)
 - [Wisconsin Emergency Management](#)

- Attend at least (1) damage assessment training per calendar year (provided by Waukesha County Emergency Management).

Team Lead

Team Leads, are designated Team Members responsible for the coordination of on-scene activities with the County Damage Assessment Coordinator, Municipal Damage Assessment Coordinator, or their designee. Team Leads are responsible for assigning areas of responsibilities and overseeing the team's activities. Team Leads will ensure that Team Members adhere to safety instructions received by the Municipal Damage Assessment Coordinator and will verify data collected by Team Members for accuracy and completeness before submission. The Team Lead will provide updated information on a pre-determined basis on the damage assessment efforts and as requested, provide updated information.

Survey Taker

Survey Takers are responsible for accurately recording and documenting detailed damage information, including locations, photos, estimated damage costs, and impact extent. They will utilize the Survey123 Damage Assessment tool, or any alternate tool provided. Survey Takers must ensure that photos effectively capture scale, context, and specific details (e.g., building identifiers or structural components) to support assessments. Survey Takers will guarantee that data recording maintains high standards of accuracy and integrity to ensure assessment reliability. Adhere to all safety instructions received by the Municipal Damage Assessment Coordinator, and they should not enter homes unless absolutely necessary and with the approval of the County Damage Assessment Coordinator, Municipal Damage Assessment Coordinator, or their designee.

Crisis Support Staff

Crisis Support Staff focus on providing vital emotional and informational support to individuals and families affected by disasters, facilitating access to resources. This role requires offering compassionate listening and assessing residents' immediate emotional needs. Crisis Support Staff will provide information regarding services such as shelter, food, and medical assistance, and guiding residents through the process of securing support. Acting as a liaison, the Crisis Support Staff ensures transparent communication between the damage assessment team and the community, aiding residents in understanding assessment processes and managing expectations. Crisis Support Staff will assist Survey Takers in gathering accurate information on the impact to residents, capturing concerns and service needs for further action.

MEMORANDUM OF UNDERSTANDING

For

Countywide Damage Assessment Services

THIS MEMORANDUM OF UNDERSTANDING (“Agreement”) is hereby made and entered into the date set forth next to the signature of the respective parties, by and between Waukesha County (“the County”) and each of the units of local government subscribed hereto, hereinafter referred to singularly as a “Participating Jurisdiction” and collectively as “Participating Jurisdictions”, that have executed this Agreement and adopted same in manner as provided by law and hereafter listed at the end of this Agreement.

RECITALS

WHEREAS, it is desirable to coordinate Countywide damage assessment services across municipal boundaries within Waukesha County in an effort to obtain accurate, quick, and efficient accounting of damages resulting from a disaster; and

WHEREAS, disasters often cross municipal boundaries and Waukesha County Emergency Management must collect data from all impacted municipalities; and

WHEREAS, in accordance with Wisconsin Statute § 323.15(1)(a)-(b), the county head of emergency management shall coordinate and assist in developing city, village, and town emergency management plans within the county, integrate those emergency management plans with the county’s emergency management plan, direct and coordinate emergency management activities throughout the county during a state of emergency, and advise the Department of Military Affairs of all emergency management planning in the county and submit required reports to the adjutant general, as per his or her request; and

WHEREAS, in accordance with Wisconsin Statute § 323.15(1)(c)(1)-(4), the city, village, and town head of emergency management shall direct participation in emergency management programs ordered by the adjutant general or the county head of emergency management, advise the county head of emergency management on local emergency management programs, and submit to the county head of emergency management any reports required, as per his or her request; and

WHEREAS, each Participating Jurisdiction is obligated to coordinate with the County’s Emergency Management Office if damages and citizens’ needs meet thresholds for a Presidential Disaster Declaration for federal assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5208; and

WHEREAS, damage assessments must be completed before disaster assistance is provided by the Small Business Administration (SBA) and the Federal Emergency Management Agency (FEMA); and

WHEREAS, a Participating Jurisdiction may lack available staff to complete damage assessments and have a condensed timeline to complete damage assessment submissions to Wisconsin Emergency Management; and

WHEREAS, affected jurisdictions would greatly benefit from assistance of neighboring jurisdictions in the assessment process and such cooperation would, therefore, benefit the County as a whole when seeking federal assistance; and

WHEREAS, it is therefore desirable that the County and Participating Jurisdictions enter into this Agreement to outline their understanding of the processes and resources that will be used to cooperatively complete damage assessments when assistance is requested by a Participating Jurisdiction.

NOW, THEREFORE, in consideration of the foregoing recitals, the County and Participating Jurisdictions **HEREBY AGREE AS FOLLOWS:**

SECTION ONE

Purpose

Performing a Damage Assessment is a crucial step in the aftermath of various events such as, but not limited to, emergencies, natural disasters and man-made catastrophes. A Damage Assessment plays a pivotal role in understanding the extent of the impact on affected areas and populations. Timely and accurate Damage Assessments provide essential information for effective emergency response, resource allocation, and long-term recovery planning. The prompt completion of Damage Assessments is vital, as it directly influences the speed and efficiency of emergency response efforts. Swift assessments enable authorities to prioritize immediate needs, deploy resources efficiently, and minimize further damage. This Agreement provides coordination of effort for the effective and efficient collection of Damage Assessment information within Waukesha County.

SECTION TWO

Definitions

The following terms used in this Agreement are defined as follows:

- A. “Comprehensive Emergency Management Plan or CEMP”: A structured and systematic document that outlines strategies and procedures for preparing for, responding to, recovering from, and mitigating the impacts of various emergencies and disasters. The primary goal of a CEMP is to enhance the ability of organizations, communities, and governments to effectively manage and coordinate resources in order to protect lives, property, and the environment during emergencies.
- B. “County Damage Assessment Coordinator”: A designated representative of Waukesha County responsible for the overall coordination and collaboration of Damage Assessment services with the deployed damage assessment teams, Municipal Damage Assessment Coordinator, and other Participating Jurisdictions.
- C. “Damage Assessment”: The process for determining the nature and extent of the loss, suffering, and/or harm to the community resulting from a natural, accidental or human-caused disaster. A Damage Assessment provides situational awareness and critical information on the type, scope and severity of the event.
- D. “Damage Assessment Team”: A group of trained professionals tasked with evaluating the extent of destruction and losses caused by an emergency or disaster. Their primary objective is to systematically survey affected areas, collect data on damages to infrastructure, and provide accurate information to inform decision-making in the response and recovery phases of emergency management.
- E. “Emergency”: An occurrence or condition which results in a situation of such magnitude and/or consequence that it cannot be adequately handled by the Requesting Jurisdiction, so that it determines the necessity and advisability of requesting aid.
- F. “Emergency Support Function”: Specialized functional areas established to organize and coordinate the response and recovery efforts during Emergencies or Natural Disasters.
- G. “FEMA”: The Federal Emergency Management Agency within the U.S. Department of Homeland Security.

- H. “Municipal Damage Assessment Coordinator”: A designated representative of Participating Jurisdictions responsible for the coordination and collaboration of Damage Assessment services with the deployed Damage Assessment Teams and County Damage Assessment Coordinator.
- I. “Natural Disaster”: An event that has resulted in severe property damage, including but not limited to a tornado, storm, flood, earthquake, snowstorm, or fire.
- J. “Participating Jurisdiction”: A city, village, town, or lake district within Waukesha County that has been authorized by its governing body to enter into and execute this Agreement pursuant to Wis. Stat. § 66.0301 for the purpose of cooperating in the completion of Damage Assessments throughout Waukesha County in the event of an Emergency.
- K. “Personnel”: Persons employed full-time, part-time, or contracted by the Participating Jurisdictions.
- L. “Requesting Jurisdiction”: A Participating Jurisdiction which requests aid in the event of an Emergency.
- M. “Small Business Administration”: The Small Business Administration (SBA) provides home and business disaster loans to communities affected by disasters.
- N. “Training”: The regular scheduled practice of conducting and collecting Damage Assessments during non-emergency drills to implement the necessary joint operations of the Damage Assessment Team.

SECTION THREE

Waukesha County Obligations

Waukesha County, through the Waukesha County Office of Emergency Management, shall:

1. In accordance with Wisconsin Statute § 323.15, serve as the convener and coordinator of Participating Jurisdictions to oversee the Damage Assessment process to provide Damage Assessment information to the State of Wisconsin Department of Military Affairs and Federal Government as requested. The County Damage Assessment Coordinator, in conjunction with the Waukesha County Office of Emergency Management, will determine the need for the Damage Assessment Team to be deployed to Requesting Jurisdiction(s) based on the initial damage information submitted by the Requesting Jurisdiction(s).
2. Support response and recovery efforts by working with the State of Wisconsin and Federal Emergency Management Agency (FEMA) to provide preliminary Damage Assessment information

and statistics through the County's Emergency Operations Center or Emergency Management Office.

3. Designate a representative and backup representative to act as the "County Damage Assessment Coordinator".
4. Provide, at a minimum, one representative other than the "County Damage Assessment Coordinator" to participate in the Countywide Damage Assessment Team.
 - a. Participation in the Countywide Damage Assessment Team entails participating in reoccurring trainings relating to Damage Assessment, participating in county or municipal lead exercises as necessary, and deploying to Requesting Jurisdictions within Waukesha County to perform Damage Assessments.
5. Provide damage assessment software, training, and documents to Participating Jurisdictions necessary to collect Damage Assessment information in accordance with State and Federal guidelines.
6. Collect data from Damage Assessments, share information with Requesting Jurisdictions and submit Damage Assessments to the State of Wisconsin, Department of Military Affairs and the Federal Emergency Management Agency as needed. All information collected from a Damage Assessment will be provided to the Requesting Jurisdiction.

SECTION FOUR

Participating Jurisdiction Obligations

Each Participating Jurisdiction shall:

1. Designate a representative and backup representative from the Participating Jurisdiction to act as the "Municipal Damage Assessment Coordinator".
2. Provide at a minimum one representative, other than the Municipal Damage Assessment Coordinator, to participate in the Countywide Damage Assessment Team.
 - a. Participation in the Countywide Damage Assessment Team entails participating in reoccurring trainings relating to Damage Assessment, participating in county or municipal led exercises as necessary, and deploying to Requesting Jurisdictions within Waukesha County to perform damage assessments.
3. Upon receiving a request for assistance, assess its ability to provide assistance under this Agreement and provide assistance to the extent that it has the capacity and resources to do so

keeping in mind the availability of staffing and the needs of that Participating Jurisdiction. A Participating Jurisdiction will have no responsibility to respond if it determines it is unable to do so and may withdraw its assistance when its own staffing and the needs of that Participating Jurisdiction so require. Participating Jurisdictions commit to offering their available resources to assist Requesting Jurisdictions, subject to resource and staff availability, affected by a localized disaster within the geographic area(s) of the Requesting Jurisdiction within the County.

4. Use their best efforts to ensure Damage Assessment information is collected accurately and in an efficient manner within the confines of the geographical boundaries of the Requesting Jurisdiction(s).
5. Work cooperatively with each other and a Requesting Jurisdiction to collect, validate, and produce preliminary Damage Assessment information as the resources of responding jurisdictions permit.
6. Submit to Waukesha County Emergency Management all relevant Damage Assessment information, including but not limited to, windshield Damage Assessments, initial Damage Assessments, and preliminary Damage Assessments.

SECTION FIVE

Scope of Agreement

Nothing in this Agreement is intended to forfeit any right or responsibility of the County or Participating Jurisdiction under federal, state or local laws. Nor does this Agreement supersede existing mutual aid agreements, except to the extent they might expressly relate to the subject matter hereof. This Agreement is intended to cover only the parties' interactions and cooperation in completing Damage Assessments following an Emergency or Natural Disaster. Participating Jurisdictions hereby authorize and direct their respective personnel and Municipal Damage Assessment Coordinator or his/her designee to the extent reasonable and practicable to take necessary and proper action to render and/or request assistance from the other Participating Jurisdictions in accordance with the policies and procedures established and maintained in accordance with Waukesha County's Emergency Support Function (ESF) #21: Damage Assessment, as per the County's Comprehensive Emergency Management Plan (CEMP)..

SECTION SIX

Control Over Personnel and Equipment

Personnel dispatched to aid a Requesting Jurisdiction pursuant to this Agreement shall remain employees of their respective Participating Jurisdiction. Personnel shall report for direction and assignment at a location determined by the County Damage Assessment Coordinator, Requesting Jurisdiction's Municipal Damage Assessment Coordinator, or their designees. The Participating Jurisdiction shall at all times have the right to make final decisions about its ability to provide resources under this Agreement and once initially dispatched to determine its continuing ability to provide such resources and where necessary to withdraw any and all aid upon the order of its Chief Elected Official or his/her designee; provided, however, that a Participating Jurisdiction withdrawing such aid shall notify the County Damage Assessment Coordinator, Municipal Damage Assessment Coordinator, or his/her designee of the Requesting Jurisdiction of the withdrawal of such aid and the extent of such withdrawal.

Notwithstanding Section Seven and except to the extent subject to an indemnification obligation under Section Nine below, each Participating Jurisdiction shall be solely responsible for the benefits, wages, disability payments, pensions and worker's compensation claims and any other compensation accrued or incurred by each of its own employees while participating in the provision of services under this Agreement and for any damage to the Participating Jurisdiction's vehicles and equipment while participating in the provision of services under this Agreement.

SECTION SEVEN

Compensation

Equipment, personnel, and/or services provided pursuant to this Agreement shall be at no charge to the Requesting Jurisdiction. Notwithstanding the foregoing, and in recognition that provision of assistance to a Requesting Jurisdiction requires the County and Participating Jurisdictions to incur costs, nothing in this provision or elsewhere in this Agreement shall preclude the recovery of expenses incurred from third parties, responsible parties or from any state or federal agency under applicable state and federal laws or assistance programs for services rendered or equipment used in the performance of this Agreement.

SECTION EIGHT

Insurance

Participating Jurisdictions shall procure and maintain, at its sole and exclusive expense, insurance coverage, including: comprehensive liability, personal injury, property damage, worker's compensation,

with minimal limits of \$1,000,000 auto and \$1,000,000 combined single limit general liability per occurrence, and \$2,000,000 in the aggregate. Professional liability coverage shall be required with similar limits. No party hereto shall have any obligation to provide or extend insurance coverage for any of the items enumerated herein to any other party hereto or its personnel. The obligations of this Section may be satisfied by a party's membership in a self-insurance pool, a self-insurance plan or arrangement with an insurance provider approved by the state of jurisdiction. A certificate of insurance and policy endorsement evidencing the required insurance shall be furnished to the County upon execution of this Agreement and upon request at any time during the life of the Agreement.

SECTION NINE

Waiver of Claims/Indemnification

Each party hereto agrees to waive all claims against all other parties hereto for any loss, damage, personal injury or death occurring in consequence of the performance of this Agreement (a "Claim") except to the extent such Claim is the result of a malicious act by a party or its personnel or an act done by them with an intentional disregard of the safety, health, life or property of another. Each Requesting Jurisdiction agrees to indemnify, defend and hold all other parties to this Agreement harmless for all claims, demands, liability, losses, including attorney fees and costs, and damages arising or incurred that are made or asserted by a third party that may arise from the party providing services under this Agreement at the request of the Requesting Jurisdiction, except to the extent the result of a malicious act by a that party or its personnel or an act done by them with an intentional disregard for the safety, health, life or property of another.

Notwithstanding the foregoing, nothing contained within this Agreement is intended to be a waiver or estoppel of Waukesha County, Participating Jurisdiction or its respective insurer to rely upon the limitations, defenses, and immunities contained within Wisconsin Law, including those set forth within Wisconsin Statutes 893.80, 895.52, and 345.05.

SECTION TEN

Non-Liability for Failure to Render Aid

The rendering of assistance under the terms of this Agreement shall not be mandatory and the Participating Jurisdiction may refuse if local conditions of the Participating Jurisdiction prohibit response. It is the responsibility of the Participating Jurisdiction to immediately notify the County Damage Assessment Coordinator of the Participating Jurisdiction's inability to respond. Failure to immediately

notify the County Damage Assessment Coordinator of such inability to respond shall not constitute evidence of noncompliance with the terms of this section and no liability may be assigned.

No liability of any kind or nature shall be attributed to or be assumed, whether expressly or implied, by a party hereto, its duly authorized agents and personnel, for failure or refusal to render aid. Nor shall there be any liability of a party for withdrawal of aid once provided pursuant to the terms of this Agreement.

SECTION ELEVEN

Effective Date, Term, Termination

This Agreement shall become legally binding upon approval by the involved parties in accordance with applicable law and the execution thereof. The duration of this Agreement shall be a one-year period from the date of execution by the County; and shall automatically renew on a year-to-year basis unless terminated in accordance with this Section. Any of the parties may terminate their participation in this Agreement by providing written notice of said intent to terminate participation in the Agreement to all other parties to the Agreement not less than ninety (90) days in advance of the proposed termination date. The Agreement shall remain in full force and effect among the County and remaining Participating Jurisdictions until the County or all Participating Jurisdictions have terminated their participation in the Agreement.

SECTION TWELVE

Miscellaneous Provisions

1. **No Legal Entity, Partnership, Joint Venture.** No new legal entity is created by this Agreement. This Agreement shall not in any way be deemed to create a partnership or joint venture among the parties.
2. **Amendments.** All changes to this Agreement shall be mutually agreed upon among the parties and shall be in writing and designated as written amendments to this Agreement.
3. **Binding Agreement.** This Agreement is binding upon the parties hereto and their respective successors and assigns. This Agreement may not be assigned by a Participating Jurisdiction without prior written consent of the parties hereto.
4. **Severability.** If any clause, provision, or section of this Agreement shall be declared invalid by any Court of competent jurisdiction, the invalidity of such clause, provision, or section shall not affect any of the remaining provisions of this Agreement.
5. **Notices.** Notices regarding termination of this Agreement or participation therein shall be sent by the party via email and deemed served upon a "Read Receipt" received or in writing and deemed served upon depositing same with the United States postal Services as "Certified Mail, Return Receipt Requested" to the Waukesha County Office of Emergency Management and all Participating Jurisdictions.
6. **Governing Law.** This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of Wisconsin.

7. **Execution in Counterparts.** This Agreement may be executed in multiple counterparts or duplicate originals, each of which shall constitute and be deemed as one and the same document.
8. **Captions.** Captions used in this Agreement are used for convenience only and shall not be used in interpreting or construing this Agreement.
9. **Survival.** Any payment or indemnification obligation incurred under this Agreement shall survive the termination of this Agreement.
10. **Non-Discrimination.** In the performance of the services under this Agreement each party agrees not to discriminate against any employee or applicant because of race, religion, marital status, age, color, sex, handicap, national origin or ancestry, income level or source of income, arrest record or conviction record, less than honorable discharge, physical appearance, sexual orientation, political beliefs, or student status.
11. **Compliance With Other Laws.** The parties agree to comply with all applicable Federal, State and local laws, codes and regulation in the performance of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date indicated.

WAUKESHA COUNTY

Dated: _____

By: _____

Gail Goodchild
Director of Emergency Preparedness

[Participating Jurisdiction Signature Pages Follow]

PARTICIPATING JURISDICTION:

Municipality/District

By: _____ Date: _____
Chief Elected Official (Executive, President, Mayor, or Chairperson)

By: _____ Date: _____
Municipal Clerk (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>15</u>
Total Fees	\$ <u>215</u>

18000471; 472

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Daisy Brunch Group LLC			
2. Business Trade Name or DBA Waking Daisy			
3. FEIN 33-2125740		4. Wisconsin Seller's Permit Number <div style="background-color: black; width: 100px; height: 15px;"></div>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11/19/2024	8. Wisconsin DFI Registration Number
9. Premises Address 20340 W. Lord St			
10. City Brookfield		11. State WI	12. Zip Code 53045
13. County Waukesha	14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Brookfield		15. Aldermanic District
16. Premises Phone (773) 655-7579	17. Premises Email arkush.nate@gmail.com		18. Website wakingdaisy.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 3,145 sq. ft location inside The Corners of Brookfield shopping center. There is a small 4 seat bar being built (currently under construction). There will be 98 seats inside and 28 seats outdoors for the breakfast and brunch focused restaurant, Waking Daisy. Locked alcohol storage will be inside the kitchen and records will be available in the restaurant and electronically.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Arkush	Nathaniel	Owner	(773) 655-7579
Foster	Arkush	Owner	(406) 223-3571

Part D: Attestation

One of the following must sign and attest to the truthfulness of the information provided in this application:
 • sole proprietor • one partner in a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING. I am acting solely on behalf of the applicant business and I understand the rights and responsibilities conferred by this license according to the law, including but not limited to the requirement to allow access to any portion of a licensed premises for inspection and enforcement of this license. I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Arkush	Nathaniel	H
Title	Email	Phone
Owner	arkush.nate@gmail.com	(773) 655-7579
Signature	Date	
	4/10/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/10/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Daisy Brunch Group LLC	
2. Business Trade Name or DBA Waking Daisy	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information					
1. Last Name Arkush		2. First Name Nathaniel		3. M.I. H	
4. Email nate@wakingdaisy.com ; [REDACTED]				5. Phone [REDACTED]	
6. Home Address [REDACTED]					
7. City [REDACTED]		8. State WI	9. Zip Code [REDACTED]		10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance WI		

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Arkush		First Name Nathaniel		M.I. H
Title Owner	Email nate@wakingdaisy.com		Phone (773) 655-7579	
Signature 			Date 04/30/25	

Part E: Agent Attestation

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

Last Name Arkush		First Name Nathaniel		M.I. H
Signature 			Date 04/30/25	



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Nathaniel Arkush

is awarded this certificate for

TIPS Wisconsin On-Premise Alcohol Server Training



Hours
4.00



Completion Date
04/30/2025



Expiration Date
04/30/2027



Certificate #
000037311906

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.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | GetTIPS.com

(CUT HERE)

(CUT HERE)

FOLD



Nathaniel Arkush

308 Steeple Pointe Circle, Delafield, WI, USA
Delafield WI 53018

ISSUED 04/30/2025

CERTIFICATE # 000037311906

EXPIRES 04/30/2027

This card is non-transferable and represents 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

Questions? Visit [GetTIPS.com/FAQs](https://www.gettips.com/faqs)

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | GetTIPS.com

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Daisy Brunch Group LLC	
2. Business Trade Name or DBA Waking Daisy	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Arkush	2. First Name Nathaniel	3. M.I. H		
4. Relationship to Business (Title) Owner	5. Email [REDACTED]	6. Phone [REDACTED]		
7. Home Address [REDACTED]				
8. City [REDACTED]	9. State WI	10. Zip Code 53018	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 9	Months			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 [REDACTED]	City Brookfield	State WI	Zip Code 53045				
Previous Address 2 [REDACTED]	City Elmhurst	State WI	Zip Code 60126				
Previous Address 3 [REDACTED]	City Fox Point	State WI	Zip Code 53217				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Waukesha	State WI	County Milwaukee	State IL	County DuPage	State IL	County Cook
State NV	County Clark	State TX	County Travis	State MI	County Ingham	State IL	County Kalamazoo

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated Misdemeanor Trespass	Location Las Vegas, NV (Clark County)	Conviction Date 11/01/2007
--	--	-------------------------------

Penalty Imposed Fines, Counseling	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--

Law/Ordinance Violated Misdemeanor Possesion Marijuana	Location Williams, AZ (Cococino County)	Conviction Date 05/01/2007
---	--	-------------------------------

Penalty Imposed Fines	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	--

Law/Ordinance Violated Noise Ordinance (??)	Location East Lansing, MI (Ingraham County)	Conviction Date 09/01/2001
--	--	-------------------------------

Penalty Imposed Ticket fine	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------	--

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

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

For question #2, nothing is pending.

As for question #1, I'm unable to find the exact dates for all these items, but I believe the years are accurate. I'm providing as much information as I can recall, but since these events occurred a long time ago, I'm having difficulty locating them in background reports.

Part E: Attestation

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

Signature 	Date 03/10/2025
--	--------------------

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Daisy Brunch Group LLC	
2. Business Trade Name or DBA Waking Daisy	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Foster	2. First Name Andrew	3. M.I. J		
4. Relationship to Business (Title) Owner	5. Email [REDACTED]	6. Phone [REDACTED]		
7. Home Address [REDACTED]				
8. City Monona	9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently reside in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years 13	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 [REDACTED]	City Madison	State WI	Zip Code 53704				
Previous Address 2 [REDACTED]	City Brookfield	State WI	Zip Code 53045				
Previous Address 3 [REDACTED]	City Madison	State WI	Zip Code 53703				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Dane	State WI	County Milwaukee	State MT	County Yellowstone	State MT	County Gallatin
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature 	Date 03/06/2024
---	--------------------

Temporary Alcohol Beverage License

Municipality
Brookfield

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
Total Fees		\$ 10. -

18000484

Part A: Organization Information

1. Organization Name
Greater Brookfield Chamber of Commerce

2. Organization Permanent Address
17100 W Bluemound Rd Suite 202

3. City
Brookfield

4. State
WI

5. Zip Code
53005

6. Mailing Address (if different from permanent address)

7. FEIN TIN
39-1177976

8. Date of Organization/Incorporation
10/1957

9. State of Organization/Incorporation
WI

10. Phone
262-786-1886

11. Email
carri@brookfieldchamber.com

12. Organization type (check one)

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

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Taubenheim	Tom	Board Chair	[REDACTED]
McGee	Sandy	Past Chair	
Arndorfer	Michael	Treasurer	
Fritz	Bridget	Director	
Gasper	Dustin	Director	

Continued →

Mc Ardle
Cannizzaro

CHRIS
JESSICA

Director
Director



Part C: Event Information

1. Name of Event (if applicable) Town Food Truck Festival			
2. Dates of Operation 5/21/25; 6/18/25; 7/16/25; 8/20/25; 9/17/25		3. Hours of Operation 4:00 pm - 8:00 pm	
4. Premises Address 2011 W Bluemound Rd, Brookfield			
5. City Brookfield		6. State WI	7. Zip Code 53045
8. County Waukesha	9. Governing Municipality <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Brookfield		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Discover Brookfield		12. Email and/or Phone Number for Organizer of Event carol@brookfieldchamber.com	
13. Organizer Website www.DiscoverBrookfield.com		14. Event Website Same	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Market Square			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

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

Last Name Taubenheim		First Name Thomas		M.I. J
Title President		Email tomt@aegraphics.com	Phone [REDACTED]	
Signature 			Date 3/27/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4.15.25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Alcohol Beverage Appointment of Agent

Date
3/24/25

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Greater Brookfield Chamber of Commerce

2. Business Trade Name or DBA

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

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
White Carol M

4. Email 5. Phone
carol@brookfieldchamber.com [REDACTED]

6. Home Address
[REDACTED]

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

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

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. # 2425-R148

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

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

Continued →

Beverage Operator's License

WHEREAS, the named applicant has paid the Treasurer \$40.00 as required by local ordinances, has complied with all requirements necessary for obtaining a license, and the local governing body of the Town of Brookfield, County of Waukesha, Wisconsin, has authorized the Clerk to issue an Operator's (Bartender) License; NOW THEREFORE, an Operator's License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant:

Carol M. White
License #2425-R148

Town of Brookfield
Issued July 15, 2024
Valid through June 30, 2025



Deanna Alexander
Deanna Alexander, Clerk

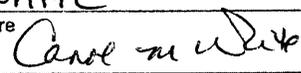
Part D: Business Attestation

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

Last Name Taubenheim		First Name Thomas		M.I. J
Title President	Email tomt@aegraphics.com		Phone [REDACTED]	
Signature 			Date 03/28/25	

Part E: Agent Attestation

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

Last Name White		First Name Carol		M.I. M
Signature 			Date 3/28/2025	

Alcohol Beverage Individual Questionnaire

Date
3/24/25

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Greater Brookfield Chamber of Commerce			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information			
1. Last Name White		2. First Name Carol	
3. M.I. MI		6. Phone [REDACTED]	
4. Relationship to Business (Title) President / CEO		5. Email carol@brookfieldchamber.com	
7. Home Address [REDACTED]			
8. City [REDACTED]		9. State [REDACTED]	10. Zip Code [REDACTED]
11. Date of Birth [REDACTED]		13. Drivers License/State ID State of Issuance [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Jefferson	WI	Dane
State	County	State	County
WI	Waukesha	WI	Milwaukee

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature *Carroll M. Nelson* Date 3/24/25

Alcohol Beverage Individual Questionnaire

Date
3/26/25

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Greater Brookfield Chamber of Commerce, Inc.			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization			

Part B: Individual Information				
1. Last Name Taubenheim		2. First Name Thomas		3. M.I. J
4. Relationship to Business (Title)		5. Email tomt@aegraphics.com		6. Phone [REDACTED]
7. Home Address N76W15736 Countryside Dr				
8. City Menomonee Falls		9. State WI	10. Zip Code 53051	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Waukesha	State WI	County Washington
State WI	County Milwaukee	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature  Date 3/26/25

Alcohol Beverage Individual Questionnaire

Date
3/24/25

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) <u>Greater Brookfield Chamber of Commerce</u>			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <u>Gasper</u>		2. First Name <u>Dustin</u>		3. M.I.
4. Relationship to Business (Title) <u>Board Member</u>		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State <u>WI</u>	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

Part C: Address History							
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY)			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
<u>WI</u>	<u>Waukesha</u>						
State	County	State	County	State	County	State	County
<u>WI</u>	<u>Milwaukee</u>						

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

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

Signature <i>Dustin Jasper</i>	Date 03/26/2025
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Alcohol Beverage Individual Questionnaire

Date **3/26/25**

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Greater Brookfield Chamber of Commerce				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization				

Part B: Individual Information				
1. Last Name Fritz		2. First Name Bridget		3. M.I. A.
4. Relationship to Business (Title) Board Member		5. Email bridget@moore-cs.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History				
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 05/2017
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1 [REDACTED]		City [REDACTED]	State WI	Zip Code [REDACTED]
Previous Address 2		City	State	Zip Code
Previous Address 3		City	State	Zip Code
Previous Address 4		City	State	Zip Code
Previous Address 5		City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State MN	County Hennepin	State	County	State
State WI	County Waukesha	State	County	State
State	County	State	County	State

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature *Bridget Fritz* Date 3/26/25

Alcohol Beverage Individual Questionnaire

Date
3/26/25

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Greater Brookfield Chamber of Commerce			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization			

Part B: Individual Information				
1. Last Name McArdle		2. First Name Christopher		3. M.I. J
4. Relationship to Business (Title) Board member		5. Email chris.mcardle@mkebenefits.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 01/1974			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
[REDACTED]	[REDACTED]	WI	[REDACTED]				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Milwaukee	WI	Waukesha	WI	Racine		
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

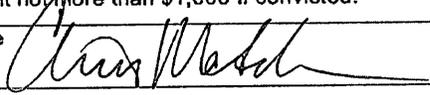
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated OWI - 1st	Location Milwaukee Co	Conviction Date 2002
Penalty Imposed Occupational license, fine		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature  Date 03/26/2025

Alcohol Beverage Individual Questionnaire

Date
3-24-2025

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Greater Brookfield Chamber of Commerce</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <i>Cannizzaro</i>		2. First Name <i>Jessica</i>	
3. M.I. <i>L</i>			
4. Relationship to Business (Title) <i>Director</i>		5. Email <i>jessie@milestoneplumbinginc.com</i>	6. Phone [REDACTED]
7. Home Address [REDACTED]			
8. City [REDACTED]		9. State <i>WI</i>	10. Zip Code [REDACTED]
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <i>06/1981</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 [REDACTED]		City [REDACTED]	State <i>WI</i>
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <i>WI</i>	County <i>Milwaukee</i>	State <i>WI</i>	County <i>Eau Claire</i>
State <i>WI</i>	County <i>Waukesha</i>	State	County

Continued →

Part D: Criminal History

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

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

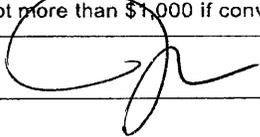
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

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

Signature	Date
	3/24/2025

Alcohol Beverage Individual Questionnaire

Date
3/24/25

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) GREATER BROOKFIELD CHAMBER OF COMMERCE			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name ARNDORFER		2. First Name MICHAEL		3. M.I. R
4. Relationship to Business (Title) BOARD TREASURER		5. Email MICHAEL.ARNDORFER@GJMLLP.COM		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 06/1973
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
LIVED AT CURRENT ADDRESS FOR MORE THAN 5 YEARS			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
LIVED IN	MILWAUKEE COUNTY	MY ENTIRE	ADULT LIFE
State	County	State	County

Continued →

Part D: Criminal History

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

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

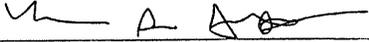
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

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Signature 	Date 03/24/2025
--	--------------------

Alcohol Beverage Individual Questionnaire

Date
3/26/25

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

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

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

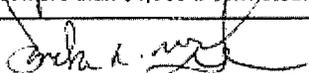
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) GREATER BROOKFIELD CHAMBER OF COMMERCE, INC.	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name McGee		2. First Name SANDRA		3. M.I. A.
4. Relationship to Business (Title) BOARD MEMBER		5. Email SMcGee@vrakasepas.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Milwaukee		
State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date
	3/24/25

Town of Brookfield
Board & Committee Term Listing
& Annual Appointments

TB - Town Board

2-Year Term, Elected

Name	Address	Term (Begins in April)
Keith Henderson - Chairman	520 S. Allen Rd., Waukesha, WI 53186	2025 – 2027
John Charlier	975 Timber Pass, Brookfield, WI 53045	2025 – 2027
Steve Kohlmann	960 Timber Pass, Brookfield, WI 53045	2024 – 2026
John Schatzman	22129 Ridge Rd., Waukesha, WI 53186	2024 – 2026
Ryan Stanelle	775 E Briar Ridge Dr., Brookfield, WI 53045	2025 – 2027

Municipal Judge

4-Year term, Elected

Name	Address	Term (Begins in May)
JoAnn Eiring		2023 –2027

CDA - Community Development & Redevelopment Authority 4-Years, Appointed

Name	Address	Term (Begins in June)
Supervisor Ryan Stanelle, Chair	775 E Briar Ridge Dr., Brookfield, WI 53045	2025-2027
Richard Diercksmeier	21770 Davidson Rd., Waukesha, WI 53186	2022-2026
Supervisor Steve Kohlmann	960 Timber Pass, Brookfield, WI 53045	2024-2026
Thomas Koplin	21020 Bramblewood Trail, Brookfield, WI 53045	2021-2025
VACANT		
Dan Zuperku	750 E Briar Ridge Dr., Brookfield, WI 53045	2024-2028
Don Mueller	20875 Hawthorne Ridge Ct	2023-2027

PC - Plan Commission

3-Years, Appointed

Name	Address	Term (Begins in June)
Keith Henderson, Chair	520 S. Allen Rd., Waukesha, WI 53186	2023-2026
Tim Probst	590 Long Beard Dr. Waukesha, WI 53186	2024-2027
Kevin Riordan	21035 Oak Ridge Court, Brookfield, WI 53045	2023-2026
Len Smeltzer	845 Janacek Road, Brookfield, WI 53186	2022-2025
Supervisor Ryan Stanelle	775 E Briar Ridge Dr., Brookfield, WI 53045	2023-2026
Jeremy Watson	365 Rip Van Winkle Drive, Waukesha, WI 53186	2022-2025
Dan Zuperku	750 E Briar Ridge Dr., Brookfield, WI 53045	2025-2028

PFC - Police & Fire Commission5-Years, Appointed

Name	Address	Term (Begins in June)
Gary Miller, Chair	945 Golden Meadow Glen, Brookfield, WI 53045	2022-2027
Don Haffner, Secretary	20705 Brook Park Drive, Brookfield, WI 53045	2023-2028
Joe Lewandowski, Vice Chair	20425 Rip Van Winkle Drive, Waukesha, WI 53186	2020-2025
Greg Grant	1120 Hawthorne Ridge Dr., Brookfield, WI 53045	2021-2026
Raul Terriquez	1135 Hawthorne Ridge Dr., Brookfield, WI 53045	2024-2029

BOZA - Zoning Board of Appeals3-Years, Appointed

Name	Address	Term (Begins in June)
Dean Pearson, Chair	870 Golden Meadow Ct, Brookfield, WI 53045	2023-2026
VACANT		2022-2025
Janet Gentile	400 Allen Road, Waukesha, WI 53186	2023-2026
John Marose	805 Summit Dr., Waukesha, WI 53186	2022-2025
Daryl Walther	21110 Heatherview Dr., Brookfield, WI 53045	2022-2025
ALTERNATE 1: VACANT		
ALTERNATE 2: VACANT		

Architectural Control Committee2-Years, Appointed

Name	Address	Term (Begins in June)
Dean Pearson, Chair	870 Golden Meadow Ct, Brookfield, WI 53045	2023-2025
Supervisor John Charlier	975 Timber Pass, Brookfield, WI 53045	2024-2026
Dick Diercksmeier	21770 Davidson Road, Waukesha, WI 53186	2023-2025
Supervisor Steve Kohlmann	960 Timber Pass, Brookfield, WI 53045	2024-2026
William (Alan) Lee	785 Mary Rose Court, Brookfield, WI 53045	2023-2025
Matt Paris	905 Golden Meadow Glen, Brookfield WI 53045	2024-2026
ALTERNATE 1: VACANT		
ALTERNATE 2: VACANT		

BOR - Board of ReviewAnnual Appointment

Name	Address
Town Board	
Robert Wiseman (Citizen Member)	940 Timber Pass, Brookfield, WI 53045

JRB - Joint Review Board (Town Member Only)Annual Appointment

Name	Address
Richard Diercksmeier	21770 Davidson Road, Waukesha, WI 53186

Brookfield Chamber of Commerce RepresentativeAnnual Appointment

Name	Address
Stephanie Fong	21205 Mary Lynn Drive, Brookfield, WI 53045

Annual Appointments

Appointment	Appointee
Sanitary District #4 Commissioners:	Town Board
Emergency Government:	Tom Hagie, Fire Chief, Police Chief
Discover Brookfield Board Representative:	Tom Hagie, (Administrator, <i>ex officio</i>).
Attorney:	Michael Van Kleunen via Axley Brynelson, LLP, via contract
Auditor:	Baker, Tilly, Virchow, Krause & Co. LLP, via contract
Assessor:	Catalis Tax & CAMA, Inc. (Formerly Grotz). (Dwight Frame is assigned.)
Humane Officers:	Beth Blackwood and Starr Vigo.
Planner:	Bryce Hembrook, via SEH via contract
Building Inspector:	Jason Chromy, via WBI, via contract
Town Engineer:	Strand Associates, via contract
Commercial Plan Review:	E-Plan Exam
Financial Advisor:	Ehlers, via contract
Official Newspaper:	Waukesha Freeman
Financial Institutions:	State of WI Local Gov't. Investment Pool, BMO Harris Bank, Associated Bank, Hometown Bank, Town Bank.

Recreation Committee (Defunct)No Limit, AppointedBeautification Committee (Defunct)No limit, AppointedBrookfield Convention & Visitor's Bureau Liaison (Defunct)Annual Appointment



Town of Brookfield

PARK AND RECREATION DEPARTMENT

645 North Janacek Road Brookfield, WI 53045 -6052
(262) 796-3781 Fax: (262) 796-0339
E-Mail: parkrec@townofbrookfield.com



Friday, May 02, 2025

TO: Town Board
Tom Hagie, Administrator

FR: Chad D. Brown, Director
Town of Brookfield Park & Rec Dept.

RE: Online Registration Software

Online registration software has become commonplace for park and recreation departments to streamline course registration, park permitting, and marketing strategies. There are numerous options available and I was able to get online demonstrations of eight of these companies that are popular in Wisconsin. Many were too cost-prohibitive to be of a value to our residents; costing up to double what we bring in for revenue. Two options came to the forefront as both financially feasible and scalable to our town.

Amilia SmartRec is used by the City of Brookfield and is positively endorsed by Lisa Glenn, City of Brookfield Recreation Supervisor. They have been using it for three years now to great success. The initial investment is \$899 for set up and then a monthly \$99 charge and 1% fee on each transaction. Credit card processing fee is 3% which is a standard across all the various software packages.

A newcomer to the arena, and the one that we are recommending, is OttoApp. Town Deputy Clerk Emily Howells found this company which is a duo of programmers that previously worked with another registration software company. Their software is similar to the others in operability, but their non-compete business model allows us to get the software AT NO CHARGE! They add a 3.7% charge on each registration for their profit, passed onto the registrant directly. The standard 3% +\$.30 credit card transaction fee is also passed on to the users of the app/software.

An online demo was completed with this company as well, and the functionality seems to line up with other options. There is more set up on our end, but well worth the time, compared with the cost that the other companies command for this part of the service.

Administrator Hagie and I recommend moving forward with OttoApp for online registration and park permits so we can have full functionality for late-summer/fall programming.

**TOWN OF BROOKFIELD
PLANNING COMMISSION RECOMMENDATIONS
APRIL 28, 2025**

Town Chairman Henderson called the meeting to order at 7:00pm on Monday, April 28, 2025, at the Town of Brookfield Town Hall, 645 North Janacek Road, Brookfield, Wisconsin. Also present at the meeting was Town Supervisor Ryan Stanelle, Commissioners Kevin Riordan, Len Smeltzer and Tim Probst and Town Planner Bryce Hembrook. Commissioners Dan Zuperku and Jeremy Watson were absent.

JIM TAYLOR (OSCAR'S) IS REQUESTING TO SET A PUBLIC HEARING DATE TO DISCUSS A CONDITIONAL USE PERMIT APPROVAL FOR A NEW DRIVE-THRU RESTAURANT ON THE PROPERTY LOCATED AT 21165 HIGHWAY 18 AND PARKING ON PROPERTY TO THE EAST

Commissioner Riordan moved to **recommend the Town Board to set a public hearing date for a conditional use permit request** for a new drive-thru restaurant on the property located at 21165 Highway 18 and parking on property to the east.

The motion was seconded by Supervisor Stanelle. The motion carried.

LINDSEY CHIAVEROTTI (WISCONSIN ADULT CENTER DBA BROOKFIELD ADULT CENTER) IS REQUESTING TO SET A PUBLIC HEARING DATE TO DISCUSS A CONDITIONAL USE PERMIT AMENDMENT TO ALLOW THE EXPANSION OF AN ADULT DAY CARE CENTER IN THE B-3 OFFICE AND PROFESSIONAL BUSINESS DISTRICT, LOCATED AT 20711 WATERTOWN ROAD SUITE V

Supervisor Stanelle moved to **recommend the Town Board set a public hearing date for a conditional use permit amendment** request to allow the expansion of an adult day care center in the B-3 Office and Professional Business District, located at 20711 Watertown Road Suite V.

The motion was seconded by Commissioner Probst. The motion carried.

DAVID WIMMER AND NICK WIMMER (WIMMER COMMUNITIES) ARE REQUESTING REVIEW AND APPROVAL FOR AN AMENDED SITE PLAN AND ARCHITECTURAL PLAN FOR THE TOWN CENTER BUILDING (BUILDING #2 IN THE POPLAR CREEK TOWN CENTER DEVELOPMENT) FOR THE PROPERTY LOCATED AT 20200 WEST BLUEMOUND ROAD & 20500 CROSTOWN AVENUE

Commissioner Smeltzer moved to **recommend the Town Board approve the amended site plan** request for Town Center building (building #2 in the Poplar Creek Town Center development) for the property located at 20200 West Bluemound Road & 20500 Crosstown Avenue.

The motion was seconded by Commissioner Riordan. The motion carried.

THOMAS KAFKES (CORNERS OF BROOKFIELD; IM PROPERTY INVESTMENTS (USA) LLC) IS REQUESTING SITE PLAN AMENDMENT APPROVAL FOR THE RECONFIGURATION OF MARKET STREET LOCATED ON THE EAST SIDE OF THE CORNERS OF BROOKFIELD

Supervisor Stanelle moved to **recommend the Town Board approve site plan amendment approval** for the reconfiguration of Market Street located on the east side of the Corners of Brookfield.

The motion was seconded by Commissioner Probst. The motion carried.

DISCUSS/ACTION TO SET A PUBLIC HEARING DATE TO DISCUSS THE PROPOSED ZONING CODE UPDATE DRAFT

Commissioner Probst moved to **recommend the Town Board set a date for a public hearing for the proposed Zoning Code Update draft.**

The motion was seconded by Commissioner Smeltzer. The motion carried.



Building a Better World
for All of Us®

TOWN OF BROOKFIELD PLAN COMMISSION ZONING REPORT

TO: Plan Commission

FROM: Bryce Hembrook, AICP
Town Planner

REPORT DATE: April 24, 2025
PC MEETING DATE: April 28, 2025

RE: **Oscar's Frozen Custard – Conditional Use Permit
21165 Hwy 18 BKFT1130999001 & 1128959001**

SEH No. 171421, TASK 85

Applicant: Jim & Susie Taylor, representing Oscar's Frozen Custard
Application Type: Conditional Use Permit

Request

Applicant is requesting conditional use permit approval for the construction of a drive-thru restaurant and ice cream shoppe for the property located at 21165 Hwy 18.

Summary of Request

- Oscar's Frozen Custard has occupied this site for decades but a fire recently significantly damaged the building beyond repair. The applicant is proposing to construct a new building which will be slightly larger but generally in the same location as the last building. The applicant also owns the adjacent parcel to the east of the subject parcel and conceptual plans were reviewed by the Plan Commission and Town Board for this site. The applicant also recently requested conceptual approval for the Oscar's development and included a potential 7 Brew Coffee development on the eastern property. Although the conceptual plans were approved, the applicant decided to not move forward with the 7 Brew coffee proposed plans. There is no building proposed on the property to the east but the conceptual plans for a potential office were approved during the initial conceptual approval. Any future site plans for the eastern property will have to be reviewed and approved at a later date.
- The applicant is proposing to construct a 4,750 square foot restaurant building with two drive thru lanes and one pick up window.
- Zoning District = B-2 Limited General Business District.
- Lot size = .864 acres.
- Proposed Use = Drive-thru restaurant.
 - Permitted as a conditional use.
- Proposed setbacks:
 - Street (Hwy 18) = 79'
 - Street (Swenson Dr) = 107'

Engineers | Architects | Planners | Scientists

Short Elliott Hendrickson Inc., 501 Maple Avenue, Delafield, WI 53018-9351
SEH is 100% employee-owned | sehinc.com | 262.646.6855 | 888.908.8166 fax

- Side (west) = 40'
- Side (east) = 24'
- All building setbacks will meet code requirements.
- Sum total of floor area
 - Proposed = 4,750 square feet or 12.6% of lot area.
 - Required = Sum total of the floor area of the principal building and all accessory buildings shall be not less than 6,000 square feet or 15% of the lot area, whichever is less. Also, sum total of the floor area of the principal building and all accessory buildings shall not exceed 30% of the lot area.
- Parking
 - Code requirement: One space per 50 square feet of gross dining area, plus one space per two employees for the work shift with the largest number of employees. Restaurants with drive-through facilities shall provide sufficient space for four waiting vehicles at each drive-through service lane.
 - Parking required: Dining area (2,100sf) = 42 stalls; employees (10) = 5 stalls; total stalls required: 47
 - Proposed: 51 parking spaces on the subject parcel, 3 of which are ADA stalls. Also proposing 8 parking spaces on the adjacent property owned by the applicant. The applicant intends to have a shared access/parking agreement for a future development.
 - The site plan shows a potential access connection on the northeast side of the property.
- Drive-through lanes
 - The site plan shows 2 drive-through lanes and 1 pickup window. Generally, a stacking length of 100 feet is desirable and 40 feet of distance between the pick up window and the access drive is preferred. Overall, it looks like sufficient stacking length is provided.
- Lighting
 - Not provided at this time but will be reviewed later in the process.
- Landscaping
 - Not provided at this time but will be reviewed later in the process.

Development Review Team Feedback

The Development Review Team has reviewed the conceptual plans and there were minimal concerns. The team will review and provide any additional comments prior to the preliminary and final approvals.

Recommendation

Set public hearing date to discuss conditional use permit.



CREATIVITY BEYOND ENGINEERING

Oscar's Frozen Custard

Conditional Use Permit Narrative - Double Drive-Thru

April 15, 2025

Oscar's had a devastating fire in 2024 but wishes to rebuild and continue to service the community of the Town of Brookfield. The original store had a drive-thru but the Taylor family would like to expand their operations to include a double drive-thru, enhancing service efficiency and customer experience.

The existing location successfully operated in the community, providing high-quality frozen custard and burgers and fostering a loyal customer base. The expansion aims to address the increasing demand for quick service, particularly during peak hours. By adding a double drive-thru, the store will reduce wait times and improve traffic flow in and around the premises. This upgrade will not only cater to the growing customer volume but also align with the community's trend towards convenience and efficiency in food service. This expansion represents a commitment to enhancing customer satisfaction while contributing positively to the local economy and community atmosphere.

Thank you for your continued support and consideration of the Conditional Use Permit request.

Sincerely,

Christopher B. White, P.E.
Project Manager

Jim & Susie Taylor
Owner

SITE DEVELOPMENT PLANS FOR OSCAR'S CUSTARD 21165 EAST MORELAND BOULEVARD WAUKESHA, WI

VICINITY MAP



ENGINEER AND LANDSCAPE ARCHITECT:



16745 W. Bluemound Road
Brookfield, WI 53005-5938
(262) 781-1000
rasmith.com

DEVELOPER / OWNER:

JAMES TAYLOR
W279N2865 ROCKY POINT RD
PEWAUKEE, WI 53072

PLAN INDEX

SHEET NO.	DESCRIPTION
C000	TITLE SHEET
C100	DEMOLITION & EROSION CONTROL PLAN
C200	SITE PLAN
C201	TRUCK ACCESS PLAN
C300	GRADING PLAN

DESCRIPTION

DATE

16745 W. Bluemound Road
Brookfield, WI 53005-5938
(262) 781-1000
rasmith.com



Brookfield, WI | Milwaukee, WI | Appleton, WI | Madison, WI
Cedarburg, WI | Naperville, IL | Irvine, CA

OSCAR'S FROZEN CUSTARD
TOWN OF BROOKFIELD

TITLE SHEET

**PRELIMINARY
NOT FOR
CONSTRUCTION**

PLAN DATE: 04/16/2025

REVISIONS	ISSUE DATE	SHEET NO.'S	ISSUED FOR:



Know what's below.
Call before you dig.

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R.A. Smith, Inc.

DATE: 04/16/2025

SCALE: N.T.S.

JOB NO. 3240290

PROJECT MANAGER:
CHRISTOPHER WHITE, P.E.

DESIGNED BY: CBW

CHECKED BY: MAF

SHEET NUMBER

C000

LEGEND

- BOLLARD
- ⊕ SOIL BORING/MONITORING WELL
- ⌄ FLAGPOLE
- ⌄ MAILBOX
- SIGN
- ⊠ AIR CONDITIONER
- ⊠ CONTROL BOX
- ⊠ TRAFFIC SIGNAL
- ⊠ CABLE PEDESTAL
- ⊠ POWER POLE
- ⌄ GUY POLE
- ⌄ GUY WIRE
- ⊠ LIGHT POLE
- ⊠ SPOT/YARD/PEDESTAL LIGHT
- ⊠ HANDICAPPED PARKING
- ⊠ PULL BOX
- ⊠ ELECTRIC MANHOLE
- ⊠ ELECTRIC PEDESTAL
- ⊠ ELECTRIC METER
- ⊠ ELECTRIC TRANSFORMER
- ⊠ TELEPHONE MANHOLE
- ⊠ TELEPHONE PEDESTAL
- ⊠ UTILITY VAULT
- ⊠ GAS VALVE
- ⊠ GAS METER
- ⊠ GAS WARNING SIGN
- ⊠ STORM MANHOLE
- ⊠ ROUND INLET
- ⊠ SQUARE INLET
- ⊠ STORM SEWER END SECTION
- ⊠ SANITARY MANHOLE
- ⊠ SANITARY CLEANOUT OR SEPTIC VENT
- ⊠ SANITARY INTERCEPTOR MANHOLE
- ⊠ MISCELLANEOUS MANHOLE
- ⌄ IRRIGATION CONTROL BOX
- ⊠ WATER VALVE
- ⌄ HYDRANT
- ⊠ WATER SERVICE CURB STOP
- ⊠ WATER MANHOLE
- ⌄ WELL
- ⌄ WELL SURFACE
- ⌄ WETLANDS FLAG
- ⌄ MARSH
- ⊠ CONIFEROUS TREE
- ⊠ DECIDUOUS TREE
- SHRUB
- EDGE OF TREES
- S—SANITARY SEWER
- STS—STORM SEWER
- W—WATERMAIN
- ○—MARKED GAS MAIN
- E—MARKED ELECTRIC
- OHW—OVERHEAD WIRES
- B—BUREAU ELEC. SERV.
- T—MARKED TELEPHONE
- TW—MARKED CABLE TV LINE
- FO—MARKED FIBER OPTIC
- (P)—UTILITY PER PLAN
- INDICATES EXISTING CONTOUR ELEVATION
- INDICATES EXISTING SPOT ELEVATION

PLAT OF SURVEY W/ TOPOGRAPHIC DATA & UTILITIES

KNOWN AS: 21165 HIGHWAY "18", WAUKESHA, WISCONSIN

LOT 2 OF CERTIFIED SURVEY MAP NO. 3963, RECORDED ON JANUARY 15, 1981, IN THE WAUKESHA COUNTY REGISTER OF DEEDS OFFICE IN VOLUME 31, PAGE 4-7, AS DOCUMENT NO. 1148662 AND LOT 1 OF CERTIFIED SURVEY MAP NO. 11799, RECORDED ON JANUARY 4, 2019, IN THE WAUKESHA COUNTY REGISTER OF DEEDS OFFICE IN BOOK 119, PAGE 9-13, AS DOCUMENT NO. 4378007, BEING PART OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 30 AND THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 7 NORTH, RANGE 20 EAST, IN THE TOWN OF BROOKFIELD, WAUKESHA COUNTY, WISCONSIN.

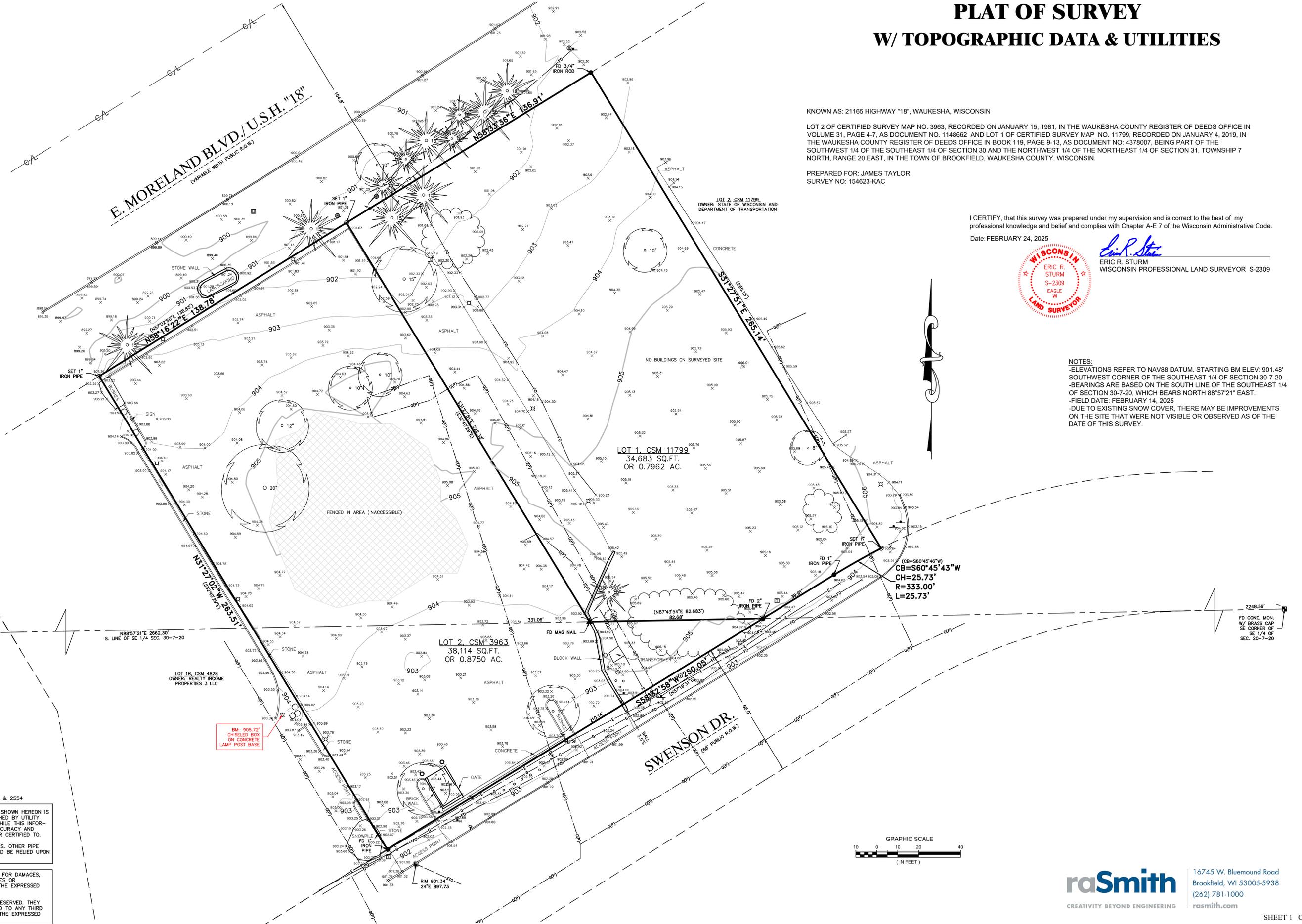
PREPARED FOR: JAMES TAYLOR
SURVEY NO: 154623-KAC

I CERTIFY, that this survey was prepared under my supervision and is correct to the best of my professional knowledge and belief and complies with Chapter A-E 7 of the Wisconsin Administrative Code.
Date: FEBRUARY 24, 2025



Eric R. Sturm
ERIC R. STURM
WISCONSIN PROFESSIONAL LAND SURVEYOR S-2309

NOTES:
-ELEVATIONS REFER TO NAV88 DATUM. STARTING BM ELEV: 901.48'
-SOUTHWEST CORNER OF THE SOUTHEAST 1/4 OF SECTION 30-7-20
-BEARINGS ARE BASED ON THE SOUTH LINE OF THE SOUTHEAST 1/4 OF SECTION 30-7-20, WHICH BEARS NORTH 88°57'21" EAST.
-FIELD DATE: FEBRUARY 14, 2025
-DUE TO EXISTING SNOW COVER, THERE MAY BE IMPROVEMENTS ON THE SITE THAT WERE NOT VISIBLE OR OBSERVED AS OF THE DATE OF THIS SURVEY.



FD CONC. MON. W/ BRASS CAP SW CORNER OF SE 1/4 OF SEC. 30-7-20

N88°47'21"E 2662.30'
S. LINE OF SE 1/4 SEC. 30-7-20

LOT 1B, CSM 4828
OWNER: REALTY INCOME PROPERTIES 3 LLC

BM: 905.72'
CHISELED BOX ON CONCRETE LAMP POST BASE

LOT 2, CSM 3963
38,114 SQ.FT.
OR 0.8750 AC.

LOT 1, CSM 11799
34,683 SQ.FT.
OR 0.7962 AC.

(CB=S60°45'43"W)
CB=S60°45'43"W
CH=25.73'
R=333.00'
L=25.73'

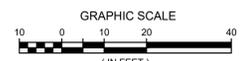
2248.56'
FD CONC. MON. W/ BRASS CAP SE CORNER OF SE 1/4 OF SEC. 20-7-20

DIGGERS HOTLINE TICKET NOS: 20250206553 & 2554

THE UNDERGROUND UTILITY INFORMATION AS SHOWN HEREON IS BASED, IN PART, UPON INFORMATION FURNISHED BY UTILITY COMPANIES AND THE LOCAL MUNICIPALITY. WHILE THIS INFORMATION IS BELIEVED TO BE RELIABLE, ITS ACCURACY AND COMPLETENESS CANNOT BE GUARANTEED NOR CERTIFIED TO.
(P) INDICATES PIPE SIZES PER RECORD PLANS. OTHER PIPE SIZES ARE ESTIMATED. NO PIPE SIZES SHOULD BE RELIED UPON WITHOUT FURTHER VERIFICATION.

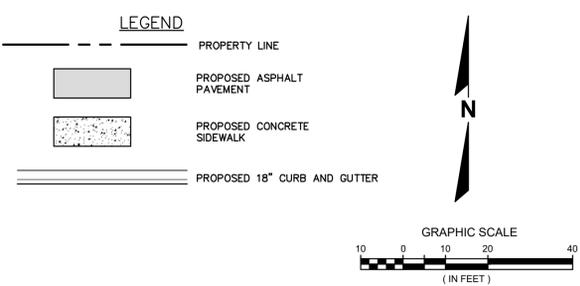
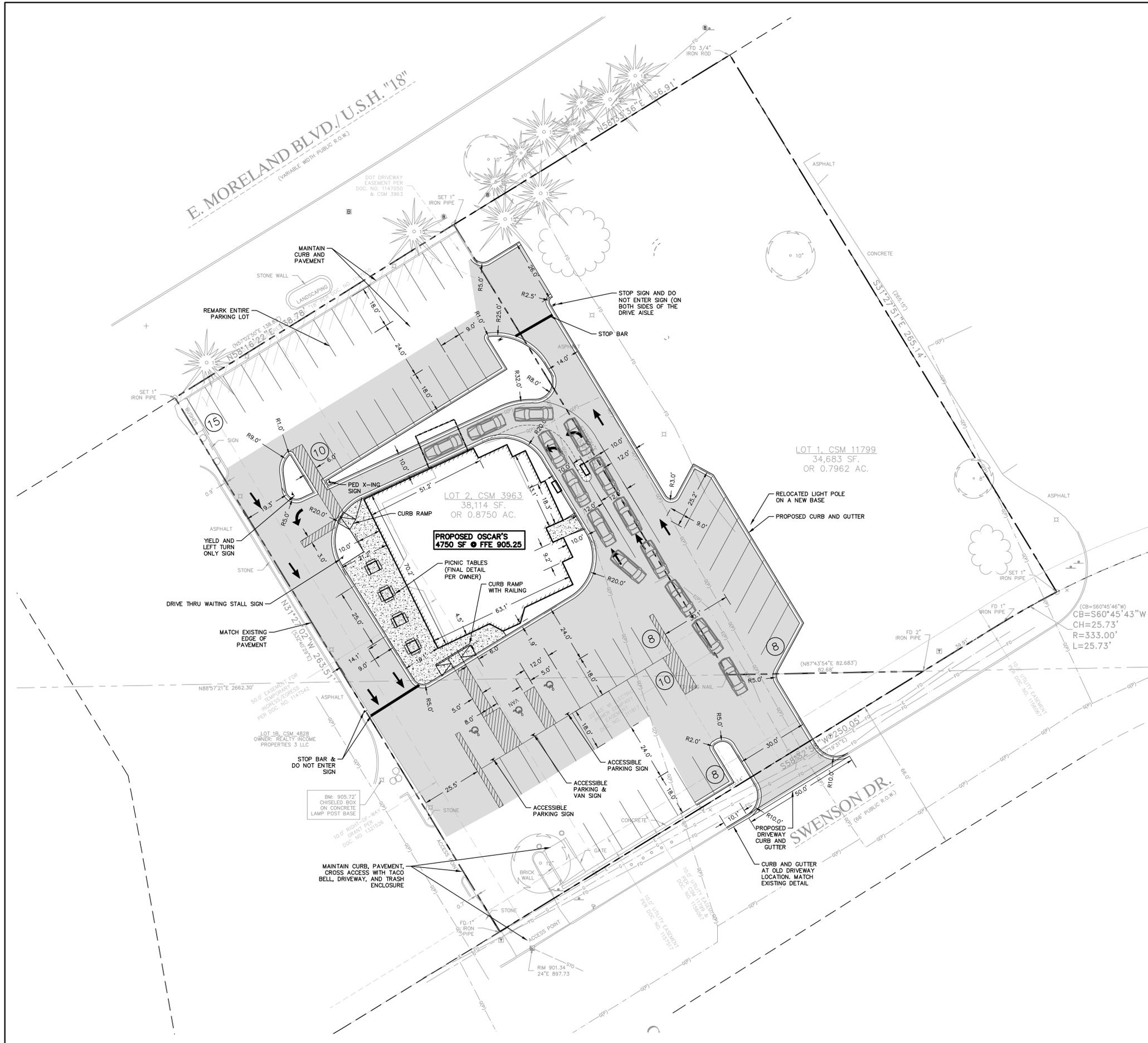
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raSmith
CREATIVITY BEYOND ENGINEERING

16745 W. Bluemound Road
Brookfield, WI 53005-5938
(262) 781-1000
rasmith.com



OSCAR'S PROPERTY (ZONED B-2)

PARKING STATISTICS

REQUIRED PARKING: 1 PER 50 SF OF DINING AREA AND 1 PER TWO EMPLOYEES ON LARGEST SHIFT
 DINING AREA = 2,100 SF / 50 SF = 42 STALLS
 EMPLOYEES = 10 / 2 = 6 STALLS
 TOTAL REQUIRED = 48 STALLS

PROPOSED PARKING (WITH SHARED PARKING AGREEMENT):

REGULAR STALLS	56
ADA STALLS	3
TOTAL	59

EXISTING CONDITIONS

	SF	ACRES	COVERAGE
TOTAL SITE	38,115	0.88	
PERVIOUS SPACE	3,344	0.08	9.1%
IMPERVIOUS SPACE	34,771	0.80	90.9%

PROPOSED CONDITIONS

	SF	ACRES	COVERAGE
TOTAL SITE	38,115	0.88	
PERVIOUS SPACE	3,322	0.08	8.7%
IMPERVIOUS SPACE	34,793	0.80	91.3%

*REQUIRED GREEN SPACE = 5% OF SURFACE NOT INCLUDING BUILDING AND PATIO AREAS
 REQUIRED GREEN SPACE = (34,793-4,750)*5%=1,502 SF

FUTURE DEVELOPMENT PROPERTY

EXISTING CONDITIONS

	SF	ACRES	COVERAGE
TOTAL SITE	34,683	0.80	
PERVIOUS SPACE	30,161	0.69	86.2%
IMPERVIOUS SPACE	4,522	0.11	13.8%

PROPOSED CONDITIONS

	SF	ACRES	COVERAGE
TOTAL SITE	34,683	0.80	
PERVIOUS SPACE	29,279	0.67	84.4%
IMPERVIOUS SPACE	5,404	0.13	15.6%

- GENERAL NOTES:**
- EXISTING TOPOGRAPHY OBTAINED BY raSmith FEBRUARY 24, 2025.
 - CONTRACTOR SHALL REFER TO ARCHITECTURAL PLANS FOR EXACT LOCATION AND DIMENSION OF ENTRANCES, VESTIBULES, RAMPS, PRECISE BUILDING DIMENSIONS AND EXACT BUILDING UTILITY ENTRANCE LOCATIONS.
 - CONTRACTOR SHALL PROVIDE EROSION CONTROL FACILITIES IN ACCORDANCE WITH THE TOWN OF BROOKFIELD EROSION CONTROL ORDINANCE AND STATE OF WISCONSIN TECHNICAL STANDARDS.
 - ALL DIMENSIONS AND CORRESPONDING HORIZONTAL CONTROL RELATED TO PAVING REPRESENT FACE OF CURB. ELEVATIONS AND CONTOURS REPRESENT FINISHED GRADES UNLESS OTHERWISE INDICATED. BUILDINGS ARE DIMENSIONED TO FACE OF BUILDING.
 - BEFORE PROCEEDING WITH ANY UTILITY CONSTRUCTION, THE CONTRACTOR SHALL EXCAVATE EACH EXISTING LATERAL OR POINT OF CONNECTION AND VERIFY THE SIZE, LOCATION AND ELEVATION OF ALL UTILITIES.
 - ALL SITE SIGNAGE MUST COMPLY WITH THE MOST RECENT EDITION OF THE FEDERAL HIGHWAY ADMINISTRATION MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES.
 - PAVEMENT SECTIONS SHALL MATCH EXISTING PAVEMENT DESIGN OR APPROVED BY OWNER.

DATE	DESCRIPTION

16745 W. Bluemound Road
 Brookfield, WI 53005-5938
 (262) 781-1000
 rasmith.com

raSmith
 CREATIVITY BEYOND ENGINEERING

Brookfield, WI | Milwaukee, WI | Appleton, WI | Madison, WI
 Cedarburg, WI | Naperville, IL | Irvine, CA

**OSCAR'S FROZEN CUSTARD
 TOWN OF BROOKFIELD
 SITE PLAN**

**PRELIMINARY
 NOT FOR
 CONSTRUCTION**

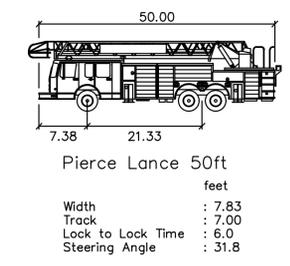
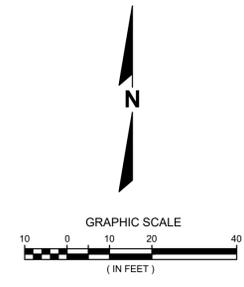


Know what's below.
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© COPYRIGHT 2025 R.A. Smith, Inc.
DATE: 04/16/2025
SCALE: 1" = 20'
JOB NO. 3240290
PROJECT MANAGER: CHRISTOPHER WHITE, P.E.
DESIGNED BY: CBW
CHECKED BY: MAF
SHEET NUMBER
C200

E. MORELAND BLVD./U.S.H. "18"



PROPOSED OSCAR'S
4750 SF ● FFE 905.25

LOT 1B, CSM 4828
OWNER: REALTY INCOME
PROPERTIES 3 LLC

ENSON DR.

DATE	DESCRIPTION

16745 W. Bluemound Road
Brookfield, WI 53005-5938
(262) 781-1000
rasmith.com

raSmith
CREATIVITY BEYOND ENGINEERING

Brookfield, WI | Milwaukee, WI | Appleton, WI | Madison, WI
Cedarburg, WI | Naperville, IL | Irvine, CA

OSCAR'S FROZEN CUSTARD
TOWN OF BROOKFIELD
TRUCK ACCESS PLAN

**PRELIMINARY
NOT FOR
CONSTRUCTION**



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DATE: 04/16/2025
SCALE: 1" = 20'
JOB NO. 3240290
PROJECT MANAGER: CHRISTOPHER WHITE, P.E.
DESIGNED BY: CBW
CHECKED BY: MAF
SHEET NUMBER
C201



Building a Better World
for All of Us®

TOWN OF BROOKFIELD PLAN COMMISSION ZONING REPORT

TO: Plan Commission

FROM: Bryce Hembrook, AICP
Town Planner

REPORT DATE: April 24, 2025
PC MEETING DATE: April 28, 2025

RE: **Wisconsin Adult Center/Brookfield Adult Center – Conditional Use Permit
20711 Watertown Road Suite V, BKFT1128957005**

Applicant: Lindsey Chiaverotti (Wisconsin Adult Center DBA Brookfield Adult Center)

Application Type: Conditional Use Permit

Request

Conditional Use Permit request to allow the expansion of an adult day care center in the B-3 Office and Professional Business District, located at 20711 Watertown Road Suite V.

Summary of Request

The applicant received conditional use permit approval on March 29, 2022 to operate an adult day care center at the subject property. Prior to this approval, the applicant had approval to operate the business on a different property (705 Larry Court). The applicant is now considering expanding operations and moving into the adjacent tenant space within the current building. The conditional use agreement states that any addition or expansion of the use requires the conditional use permit to be amended and approved following the Town's conditional use permit procedures.

According to information provided by the applicant, the Brookfield Adult Center (BAC) is a luxury day service center that works with adults 18 years of age or older. The BAC works with individuals who have cognitive or physical disability and advanced age. BAC uses person centered planning with assistance of qualified and experiences CBRF certified staff to develop stimulating and enriching activities for all their members. BAC also offers community integration opportunities for their members. The BAC's goal for each of their members is to promote independence, enhance socialization skills, and have fulfilled days. Overall, they provide the following services:

- Recreation Activities
- Therapeutic Activities
- Communication Skills
- Socialization
- Community Integration
- Living/Independence Skills
- Entertainment

Engineers | Architects | Planners | Scientists

Short Elliott Hendrickson Inc., 501 Maple Avenue, Delafield, WI 53018-9351
SEH is 100% employee-owned | sehinc.com | 262.646.6855 | 888.908.8166 fax

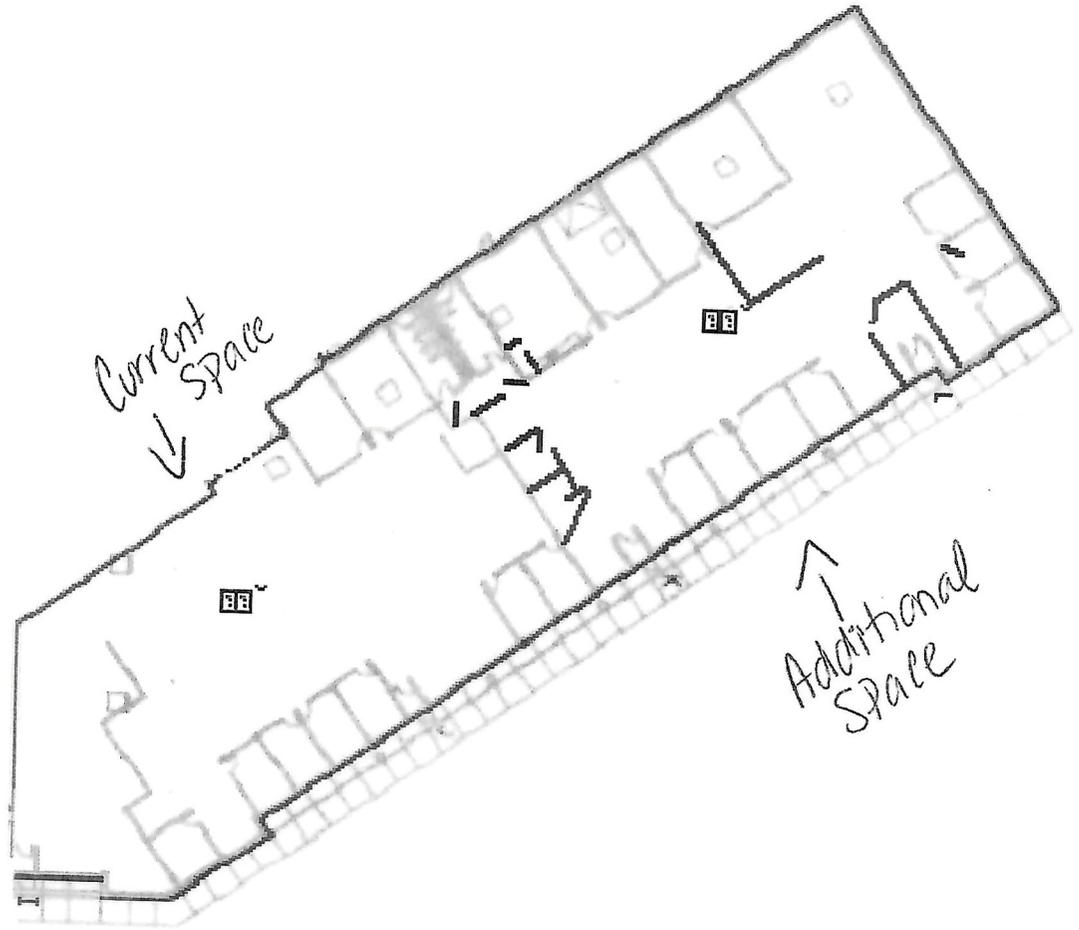
- Self-Advocacy
- Personal Cares

The property is located in the B-3 Office and Professional Business District, which is generally intended for individual or small groups of buildings limited to office, professional and special service uses where the office use would be compatible with other neighborhood uses and not exhibit the intense activity of other business districts. Adult day care facilities are considered to be a commercial daycare center land use, which is permitted as a conditional use. This will be the only adult daycare facility located on the property, which is one of the requirements listed for a commercial daycare center land use. The applicant is not proposing to change the hours of operation, which is typically 8am-3pm Monday thru Friday.

Recommendation

Set a public hearing date to discuss the proposed conditional use permit.

EXHIBIT A:



CONDITIONAL USE PERMIT

Document Number

This Conditional Use Permit (this "CUP"), effective as of the date above the signature line below (the "Effective Date"), is by and between Waukesha Crossings LLC (the "Owner") and the Town of Brookfield (the "Town").

WHEREAS, the Owner is the owner of real property located at 20711 Watertown Road, Waukesha, WI 53186 (Tax Key No.: BKFT1128957005), which is more particularly described on the attached Exhibit A (the "Property");

WHEREAS, Lindsey Chiaverotti (the "Applicant"), Wisconsin Adult Center, on behalf of the Owner, has made an application for a conditional use permit to operate an adult day care center on the Property;

WHEREAS, a public hearing upon the above-referenced application was conducted by the Town Plan Commission on March 22, 2022.

WHEREAS, on March 22, 2022, the Town Plan Commission recommended to the Town Board that this CUP be granted; and

WHEREAS, on March 29, 2022, the Town Board accepted the Plan Commission's recommendation.

NOW, THEREFORE, this CUP to operate an adult day care center on the Property is granted and approved, subject to the following terms and conditions:

1. This CUP shall be recorded on the Property and only apply to the area described in the Legal Description attached as Exhibit A.
2. The Applicant shall obtain all necessary permits or approvals from the Federal Government, State, County, and any other governmental entity, and any conditions of such governmental approvals are incorporated into this CUP.
3. The Applicant shall cease all operations at their current business location, located at 705 Larry Court, by July 31, 2022.
4. The Conditional Use Permit for the Applicant's current business, located at 705 Larry Court (BKFT1125990), will terminate on July 31, 2022.
5. Any change, addition, modification, alteration, and/or amendment of any aspect of this CUP, including but not limited to an addition, modification, alteration, and/or amendment to the use, Property (including but not limited to any change to the boundary limits of the Property), structures, lands, or owners other than as specifically authorized herein, shall require the Town's prior approval and all procedures in place at the time must be followed.
6. This CUP may not be transferred and shall terminate upon such transfer of this CUP or conveyance of the Property; provided however, an application for a new Conditional Use Permit may be made

Recording Area

Name and Return Address

Town Clerk

Town of Brookfield

645 N. Janacek Road

Brookfield, WI 53045

BKFT1128957005

Parcel Identification Number (PIN)

as set forth in Section 17 of the Town's Code. The Owner's transfer or conveyance of this CUP or the Property to a separate entity that is solely owned by the Owner shall not cause this CUP to terminate so long as the Owner provides prior written notice to the Town, and an amended Conditional Use Permit reflecting the ownership status and all conditions in this CUP is recorded against the Property with the Waukesha County Register of Deeds. If the conditional use of an adult day care center identified as "Wisconsin Adult Center" is discontinued or ceases to operate on the Property, this CUP may be terminated by the Town Board pursuant to the procedures set forth in the Town Code.

7. The Owner represents and warrants that the individual signing below has full and complete authority to execute this CUP.

Dated and effective as of the date signed by the Owner below.

OWNER

WAUKESHA CROSSINGS LLC

By: _____

Name: _____

Title: _____

Date: _____

STATE OF _____)
_____ COUNTY) ss.

Personally came before me this ____ day of _____, _____, the above-named _____, to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Notary Public, _____
Commission expires: _____

Tony Evers
Governor



DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-261-6393
TTY: 711

July 21, 2022

NOTICE OF COMPLIANCE DECISION
Medicaid Waiver Home and Community-Based Services Settings Requirements

Brookfield Adult Center
Adult Day Services
20711 Watertown Road, Ste V
Waukesha, WI 53186

Dear Ms. Chiaverotti:

The Wisconsin Department of Health Services (DHS) is required by federal law to ensure that settings serving home and community-based services (HCBS) waiver participants meet and remain in compliance with the HCBS settings rule requirements. These requirements are part of [42 C.F.R. §§ 441.031\(c\)\(4\) and 441.710](#)

The Medicaid HCBS waiver programs participants affected by this rule include those who are in the Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), and the Children's Long-Term Support Waiver programs. For more information about the rule, view our fact sheet about the HCBS rule at <https://www.dhs.wisconsin.gov/publications/p02319.pdf>.

Your Setting is in Compliance with the Federal HCBS Settings Rule.

DHS has determined that your setting, named above, is in compliance with the federal HCBS settings rule for Wisconsin's Medicaid waiver programs. The decision was based on an onsite or desk review for this setting and related information gathered.

No Further Action is Required. Retain This Notice for Your Records.

This notice only applies to compliance with the federal HCBS settings rule. It is recommended that this notice be retained for your records. No further action is required at this time. Your setting's ongoing HCBS compliance will be monitored by DHS. Your setting still remains subject to all requirements of your applicable regulatory licensure and Medicaid provider regulations.

Brookfield Adult Center

Page 2

July 21, 2022

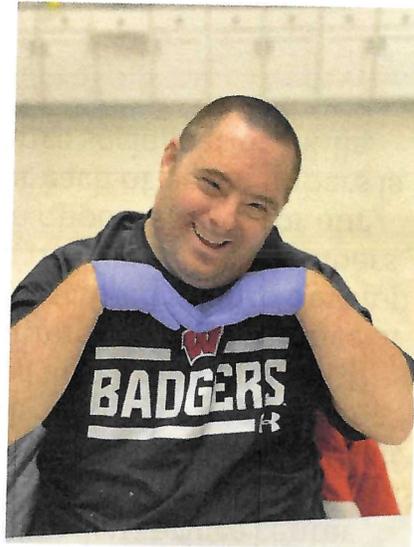
If you have questions regarding this notification, you may contact DHS staff at DHSHCBSReview@dhs.wiscosin.gov or 608-261-6393.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann", with a vertical line extending downwards from the end of the signature.

Ann Lamberg, Deputy Director
Bureau of Quality and Oversight

Enclosure: Implementation of Federal HCBS Settings Rule in Wisconsin



Brookfield Adult Center



Call to set up a tour!

262-599-8083

Hours of Operation

Day	Hours
Monday	8:00am - 3:00pm
Tuesday	8:00am - 3:00pm
Wednesday	8:00am - 3:00pm
Thursday	8:00am - 3:00pm
Friday	8:00am - 3:00pm
Saturday	Closed
Sunday	Closed



2071 Watertown Rd Ste V
Waukesha, WI 53186

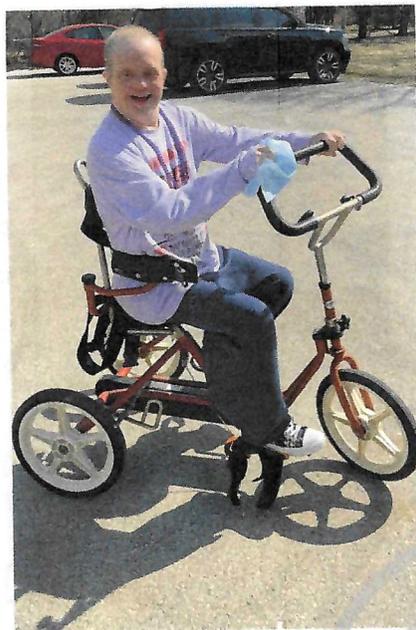
262-599-8083

brookfieldadultcenter@gmail.com

www.brookfieldadultcenter.com

Our Program Offers

- Recreation Activities
- Therapeutic Activities
- Communication Skills
- Socialization
- Community Integration
- Living/Independence Skills
- Entertainment
- Self-Advocacy
- Personal Cares



262-599-8083

About Us

Brookfield Adult Center is a luxury day service center located in the town of Brookfield, WI. Our program works with adults 18 years of age and older. At Brookfield Adult Center we work with individuals who have cognitive or physical disability, and advanced age. Brookfield Adult Center uses person centered planning with assistance of qualified and experienced CBRF certified staff to develop stimulating and enriching activities for all our members. We offer community integration opportunities for our members. Our program goals for each of our members is to promote independence, enhance socialization skills, and have fulfilled days.

Trial Days

Brookfield Adult Center offers 1- or 2-day trial for prospective members. Trial days assess members to ensure all needs can be accommodated and what level of care may be needed. Prior service authorization required for trial days.



Building a Better World
for All of Us®

TOWN OF BROOKFIELD PLAN COMMISSION REPORT

TO: Plan Commission

FROM: Bryce Hembrook, AICP
Town Planner

REPORT DATE: April 24, 2025
PC MEETING DATE: April 28, 2025

RE: **Wimmer Communities – Town Center Building – Site Plan Amendment
20200 W Bluemound Rd & 20500 Crosstown Avenue**

Applicant: David Wimmer and Nick Wimmer (Wimmer Communities)

Application Type: Site Plan Amendment Approval

Request

Applicants are requesting review and approval for an amended site plan for the Town Center building (building #2 in the Poplar Creek Town Center development) for the property located at 20200 West Bluemound Road & 20500 Crosstown Avenue.

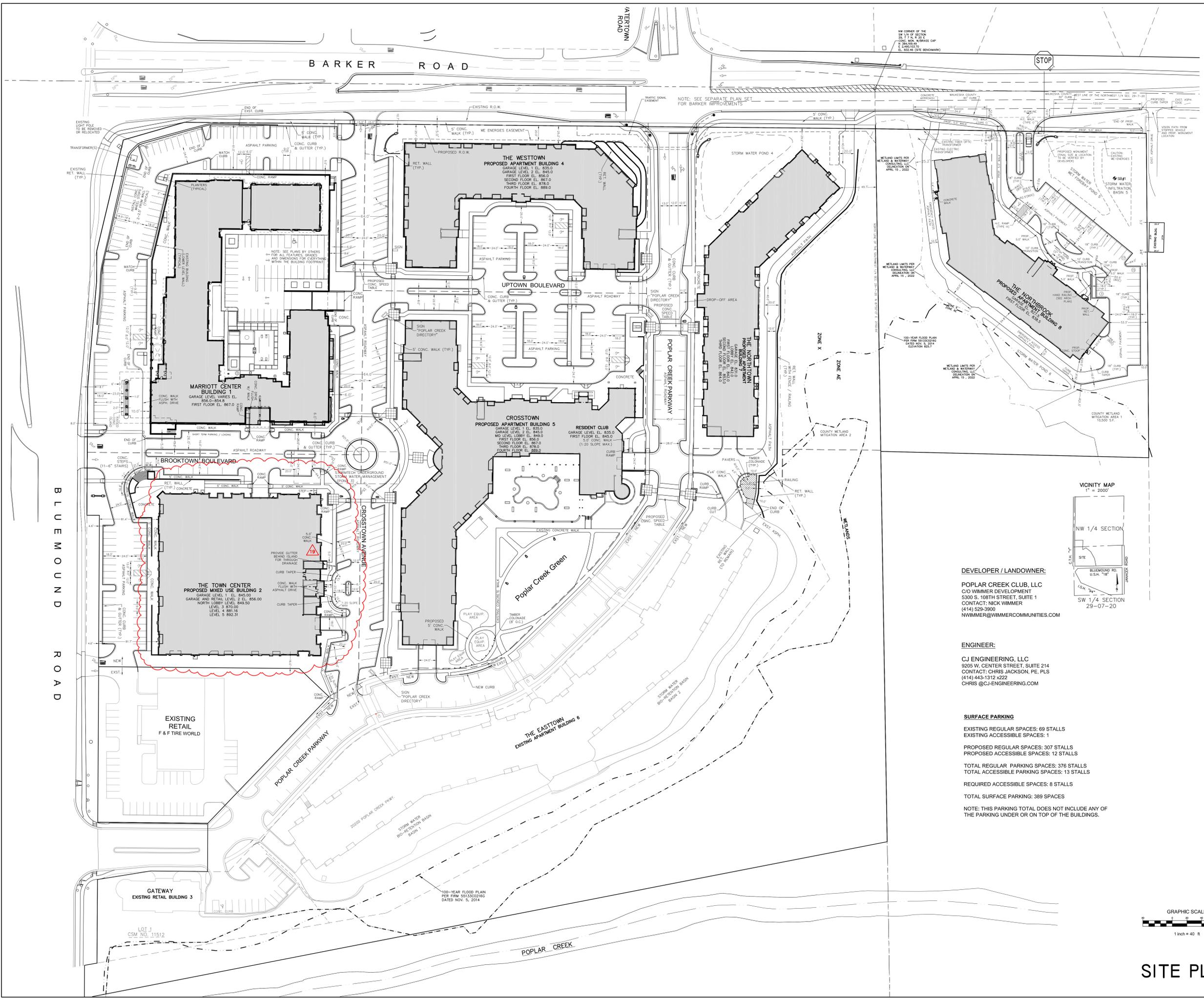
Summary of Request

- All buildings within the Poplar Creek Town Center are either constructed or in the process of construction except for building 2, which is named the TownCenter building.
- Building 2 is located along Bluemound Road and Brooktown Boulevard to the south of the new hotel.
- The applicant anticipates construction to begin in July 2025.
- Original approved plans
 - The 2022 Poplar Creek Town Center Master Plan anticipated the TownCenter as a 4-story building with 99 residential apartments and 12,200 square feet of retail space supported by 170 enclosed parking stalls and 44 surface parking stalls.
 - While finalizing the design for the building, architectural dynamics and construction logistics have influenced the final design strategy, according to the applicant.
- Proposed Building
 - 4-story building with 80 residential apartments and a minimum of 6,794 square feet of retail space supported by a minimum of 183 enclosed parking stalls and 52 surface parking stalls.
 - This design allows for initially providing additional garage parking for the hotel and retail use in the adjoining Marriott Center should it be necessary once those facilities and Building 2 are occupied.
 - Following lease up, the design offers the flexibility of converting a portion of the flex parking to convert several parking stalls to additional retail space. The building will always maintain a minimum of 183 enclosed parking stalls.

Engineers | Architects | Planners | Scientists

Short Elliott Hendrickson Inc., 501 Maple Avenue, Delafield, WI 53018-9351
SEH is 100% employee-owned | sehinc.com | 262.646.6855 | 888.908.8166 fax

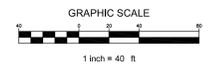
- Due to these proposed changes, the applicant must submit updated civil plans and architectural floorplans and exterior elevations. The PC is responsible for reviewing the updated site plan changes. The Town Board will review all proposed changes.
- Site plan changes
 - The applicants will provide more information regarding the proposed changes during the meeting.



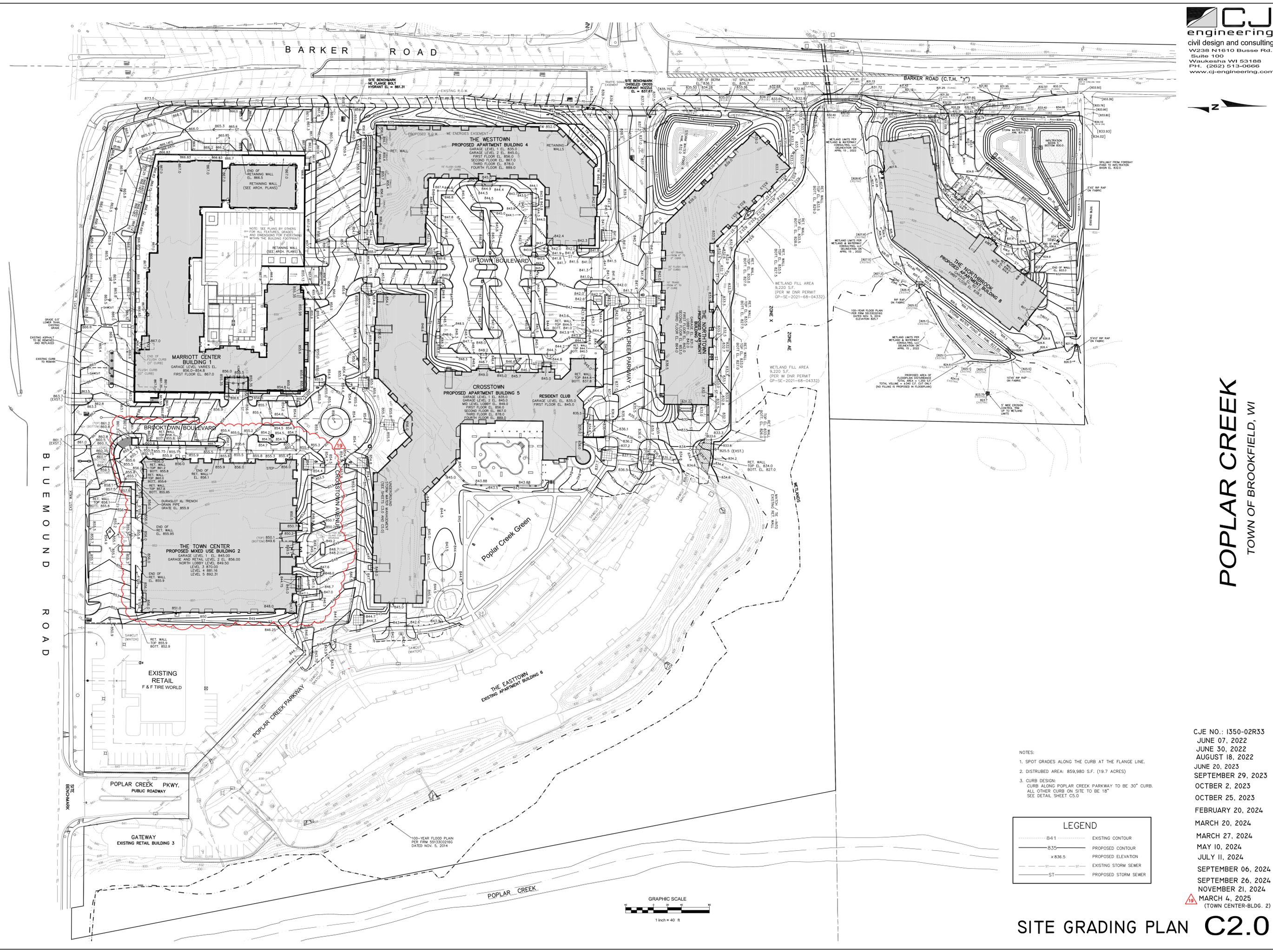
DEVELOPER / LANDOWNER:
 POPLAR CREEK CLUB, LLC
 C/O WIMMER DEVELOPMENT
 5300 S. 108TH STREET, SUITE 1
 CONTACT: NICK WIMMER
 (414) 529-3900
 NWIMMER@WIMMERCOMMUNITIES.COM

ENGINEER:
 CJ ENGINEERING, LLC
 9205 W. CENTER STREET, SUITE 214
 CONTACT: CHRIS JACKSON, PE, PLS
 (414) 443-1312 x222
 CHRIS@CJ-ENGINEERING.COM

SURFACE PARKING
 EXISTING REGULAR SPACES: 69 STALLS
 EXISTING ACCESSIBLE SPACES: 1
 PROPOSED REGULAR SPACES: 307 STALLS
 PROPOSED ACCESSIBLE SPACES: 12 STALLS
 TOTAL REGULAR PARKING SPACES: 376 STALLS
 TOTAL ACCESSIBLE PARKING SPACES: 13 STALLS
 REQUIRED ACCESSIBLE SPACES: 8 STALLS
 TOTAL SURFACE PARKING: 389 SPACES
 NOTE: THIS PARKING TOTAL DOES NOT INCLUDE ANY OF THE PARKING UNDER OR ON TOP OF THE BUILDINGS.



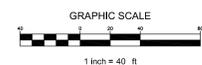
CJE NO.: I350-02R34
 JUNE 07, 2022
 JUNE 30, 2022
 AUGUST 18, 2022
 JUNE 20, 2023
 SEPTEMBER 29, 2023
 FEBRUARY 20, 2024
 MARCH 20, 2024
 MARCH 27, 2024
 JUNE 18, 2024
 JUNE 20, 2024
 JULY 11, 2024
 SEPTEMBER 06, 2024
 SEPTEMBER 26, 2024
 NOVEMBER 21, 2024
 MARCH 4, 2025
 (TOWN CENTER-BLDG. 2)



POPLAR CREEK
 TOWN OF BROOKFIELD, WI

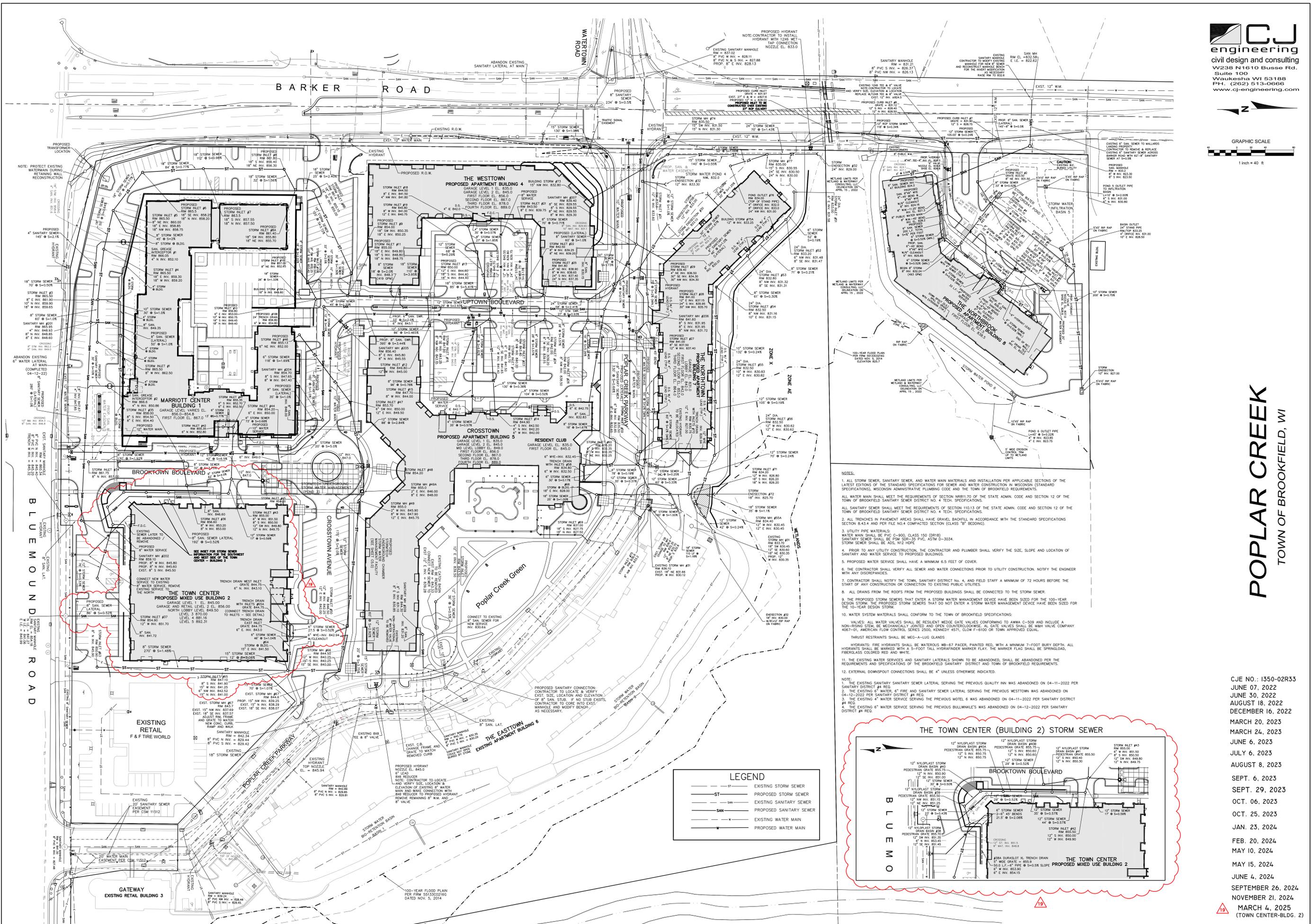
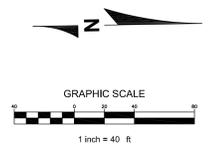
- NOTES:
- SPOT GRADES ALONG THE CURB AT THE FLANGE LINE.
 - DISTURBED AREA: 859,980 S.F. (19.7 ACRES)
 - CURB DESIGN:
 CURB ALONG POPLAR CREEK PARKWAY TO BE 30" CURB.
 ALL OTHER CURB ON SITE TO BE 18"
 SEE DETAIL SHEET C5.0

LEGEND	
.....	EXISTING CONTOUR
-----	PROPOSED CONTOUR
x 836.5	PROPOSED ELEVATION
---	EXISTING STORM SEWER
---	PROPOSED STORM SEWER

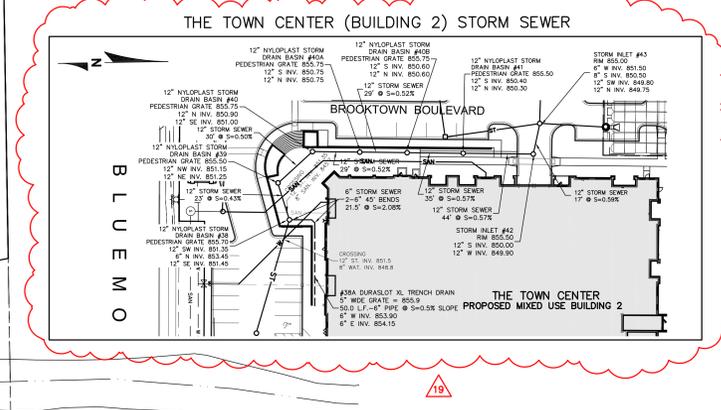


- CJE NO.: 1350-02R33
 JUNE 07, 2022
 JUNE 30, 2022
 AUGUST 18, 2022
 JUNE 20, 2023
 SEPTEMBER 29, 2023
 OCTOBER 2, 2023
 OCTOBER 25, 2023
 FEBRUARY 20, 2024
 MARCH 20, 2024
 MARCH 27, 2024
 MAY 10, 2024
 JULY 11, 2024
 SEPTEMBER 06, 2024
 SEPTEMBER 26, 2024
 NOVEMBER 21, 2024
 MARCH 4, 2025
 (TOWN CENTER-BLDG. 2)

SITE GRADING PLAN C2.0



- NOTES:**
1. ALL STORM SEWER, SANITARY SEWER, AND WATER MAIN MATERIALS AND INSTALLATION PER APPLICABLE SECTIONS OF THE LATEST EDITIONS OF THE STANDARD SPECIFICATIONS FOR SEWER AND WATER CONSTRUCTION IN WISCONSIN (STANDARD SPECIFICATIONS), WISCONSIN ADMINISTRATIVE PLUMBING CODE AND THE TOWN OF BROOKFIELD REQUIREMENTS.
 2. ALL TRENCHES IN PAVEMENT AREAS SHALL HAVE GRAVEL BACKFILL IN ACCORDANCE WITH THE STANDARD SPECIFICATIONS.
 3. UTILITY PIPE MATERIALS:
 WATER MAIN SHALL BE PER SECTION 110.13 OF THE STATE ADMIN. CODE AND SECTION 12 OF THE TOWN OF BROOKFIELD SANITARY SEWER DISTRICT NO. 4 TECH. SPECIFICATIONS.
 ALL SANITARY SEWER SHALL MEET THE REQUIREMENTS OF SECTION 110.13 OF THE STATE ADMIN. CODE AND SECTION 12 OF THE TOWN OF BROOKFIELD SANITARY SEWER DISTRICT NO. 4 TECH. SPECIFICATIONS.
 4. PRIOR TO ANY UTILITY CONSTRUCTION, THE CONTRACTOR AND PLUMBER SHALL VERIFY THE SIZE, SLOPE AND LOCATION OF SANITARY AND WATER SERVICE TO PROPOSED BUILDINGS.
 5. PROPOSED WATER SERVICE SHALL HAVE A MINIMUM 6.5 FEET OF COVER.
 6. THE CONTRACTOR SHALL VERIFY ALL SEWER AND WATER CONNECTIONS PRIOR TO UTILITY CONSTRUCTION. NOTIFY THE ENGINEER WITH ANY DISCREPANCIES.
 7. CONTRACTOR SHALL NOTIFY THE TOWN, SANITARY DISTRICT NO. 4, AND FIELD STAFF A MINIMUM OF 72 HOURS BEFORE THE START OF ANY CONSTRUCTION OR CONNECTION TO EXISTING PUBLIC UTILITIES.
 8. ALL DRAINS FROM THE ROOFS FROM THE PROPOSED BUILDINGS SHALL BE CONNECTED TO THE STORM SEWER.
 9. THE PROPOSED STORM SEWERS THAT ENTER A STORM WATER MANAGEMENT DEVICE HAVE BEEN SIZED FOR THE 100-YEAR DESIGN STORM. THE PROPOSED STORM SEWERS THAT DO NOT ENTER A STORM WATER MANAGEMENT DEVICE HAVE BEEN SIZED FOR THE 10-YEAR DESIGN STORM.
 10. WATER SYSTEM MATERIALS SHALL CONFORM TO THE TOWN OF BROOKFIELD SPECIFICATIONS.
 VALVES: ALL WATER VALVES SHALL BE RESILIENT WEDGE GATE VALVES CONFORMING TO ANNA C-509 AND INCLUDE A NON-ROISING STEM, BE MECHANICALLY JOINTED AND OPEN COUNTERCLOCKWISE. ALL GATE VALVES SHALL BE MAH VALVE COMPANY 4067-00, AMERICAN FLOW CONTROL SERIES 2000, CROWDY 4571, CLOW F-6100 OR TOWN APPROVED EQUAL.
 THRUST RESTRAINTS SHALL BE MEC-A-LUG CLAMPS.
 11. HYDRANTS: FIRE HYDRANTS SHALL BE WATERLOUS NB-67 PAGER, PAINTED RED, WITH A MINIMUM 7'-FOOT BURY DEPTH. ALL HYDRANTS SHALL BE MARKED WITH A 5'-FOOT TALL HYDRANT MARKER FLAG. THE MARKER FLAG SHALL BE SPRINGLOAD, FIBERGLASS COLORED RED AND MAKE.
 12. THE EXISTING WATER SERVICES AND SANITARY LATERALS SHOWN TO BE ABANDONED, SHALL BE ABANDONED PER THE REQUIREMENTS AND SPECIFICATIONS OF THE BROOKFIELD SANITARY DISTRICT AND TOWN OF BROOKFIELD REQUIREMENTS.
 13. EXTERNAL DOWNSPOUT CONNECTIONS SHALL BE 4" UNLESS OTHERWISE INDICATED.
- NOTE:**
1. THE EXISTING SANITARY SEWER LATERAL SERVING THE PREVIOUS QUALITY INN WAS ABANDONED ON 04-11-2022 PER SANITARY DISTRICT #4 REQ.
 2. THE EXISTING 4" WATER SERVICE SERVING THE PREVIOUS WESTMOTEL WAS ABANDONED ON 04-12-2022 PER SANITARY DISTRICT #4 REQ.
 3. THE EXISTING 4" WATER SERVICE SERVING THE PREVIOUS MOTEL 6 WAS ABANDONED ON 04-11-2022 PER SANITARY DISTRICT #4 REQ.
 4. THE EXISTING 4" WATER SERVICE SERVING THE PREVIOUS BULLWINKLE'S WAS ABANDONED ON 04-12-2022 PER SANITARY DISTRICT #4 REQ.



CJE NO.: 1350-02R33
 JUNE 07, 2022
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 JUNE 6, 2023
 JULY 6, 2023
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 SEPT. 6, 2023
 SEPT. 29, 2023
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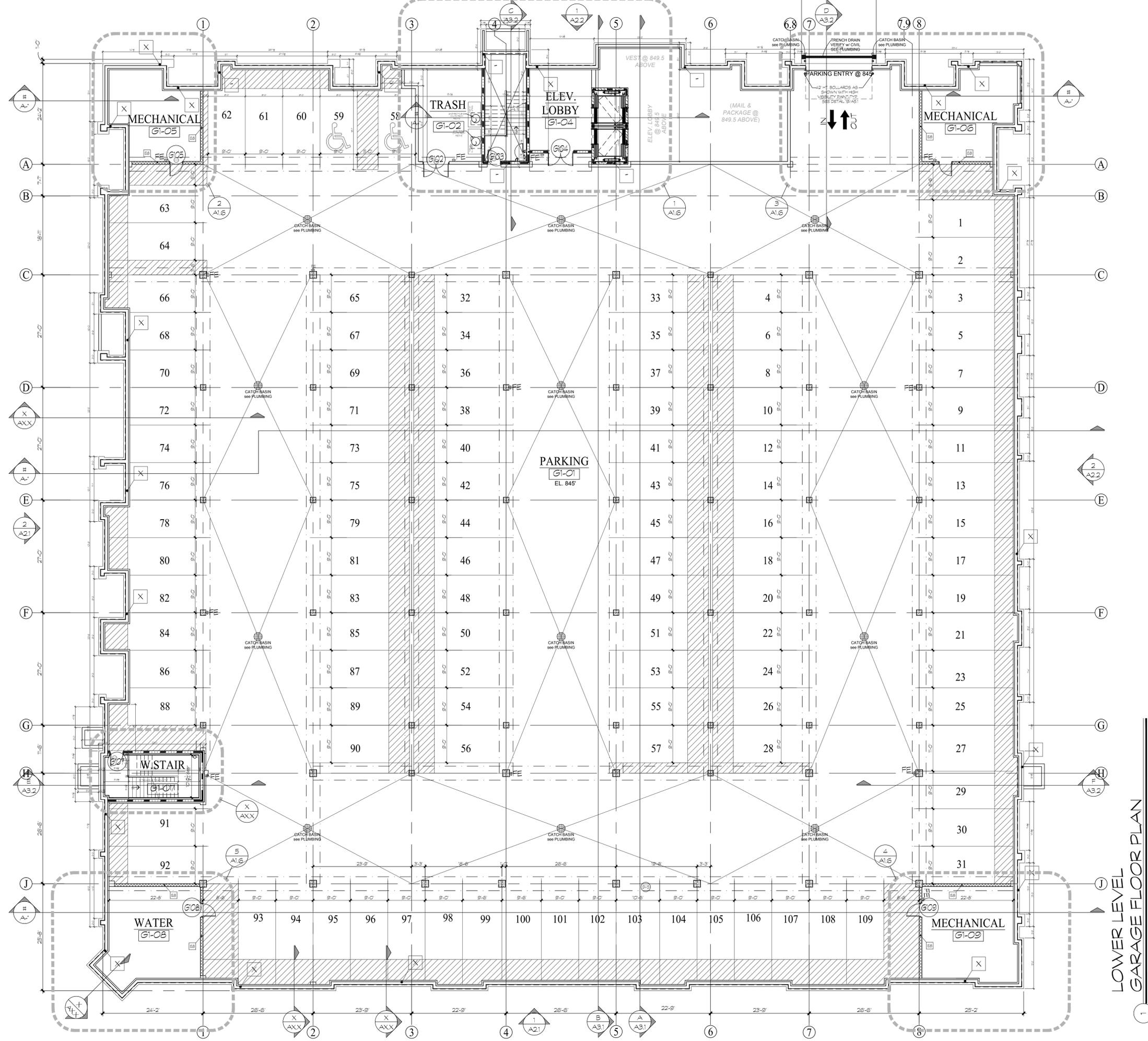
per IBC 1009.8 - PROVIDE TWO-WAY COMMUNICATION SYSTEM @ ELEVATOR LANDING ON EACH FLOOR THAT IS ONE OR MORE STORES ABOVE OR BELOW THE STORY OF EXIT DISCHARGE COMPLYING WITH SECTION IBC 1009.8.1 AND 1009.8.2 NOTE: THE EXCEPTION TO OMIT AREAS OF REFUGE AND ASSOCIATED COMMUNICATIONS WHEN BUILDINGS ARE SPRINKLERED DOES NOT PPLY TO THE TWO-WAY COMMUNICATION SYSTEM REQUIRED AT EACH ELEVATOR LANDING. ADDITIONALLY, INSTALLATION OF COMMUNICATIONS BY WAY OF PHONE OR SIMILAR LOCATED WITHIN THE ELEVATOR CAR DOES NOT MEET THIS CODE REQUIREMENT.

per IBC 3002.4/SPS 362.3002 - AT LEAST ONE ELEVATOR REQUIRED TO BE AMBULANCE STRETCHER COMPLIANT FOR A 24"x84" AMBULANCE STRETCHER. PROVIDE W/ INTERNATIONAL SYMBOL FOR EMERGENCY MEDICAL SERVICES (STAR OF LIFE), MIN. 3' HIGH & PLACED ON BOTH SIDES OF DOOR FRAME

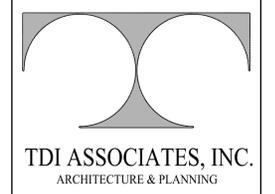
BEAM FIRE RATING per PRECAST MANUFACTURER MILD REINFORCED PRECAST BEAMS RETAIN A 3-HOUR UNRESTRAINED FIRE RATING PER IBC TABLE 721.2.3(3) WHEN A MINIMUM 1" COVER IS PROVIDED IN BEAMS WIDER THAN 10". FOR BEAM WIDTHS BETWEEN 7'-10", A MINIMUM 1 3/4" COVER IS REQUIRED. PRESTRESSED PRESTRESSED PRECAST BEAMS RETAIN A 3-HOUR UNRESTRAINED FIRE RATING PER IBC TABLE 721.2.3(4) WHEN A MINIMUM 2 1/2" COVER IS PROVIDED IN BEAMS WIDER THAN 12".

COLUMN FIRE RATINGS per PRECAST MANUFACTURER PRECAST COLUMNS RETAIN A 3-HOUR FIRE RATING PER IBC SECTION 721.2.4 WHEN THE MINIMUM OVERALL DIMENSION IS LARGER THAN 11" AND A 2" MINIMUM COVER IS PROVIDED.

SYMBOL LEGEND	
(E)	DOOR TAG SEE SHEET A11
(W)	WINDOW TAG SEE A2 SERIES SHEETS FOR WINDOW TYPES
(#)	WALL TYPE TAG SEE SHEET A3.0 FOR WALL ASSEMBLIES
(B)	BEARING WALL
(1-H)	ONE HOUR (1-HR) FIRE PARTITION WALL PER IBC 703.2 AND AS COMPLEMENTED BY IBC 703.1 ITEM 1E3
(2-H)	TWO HOUR (2-HR) STRUCTURAL PARTITION WALL
(2-H)	TWO HOUR (2-HR) FIRE BARRIER WALL
(3-H)	THREE HOUR (3-HR) FIRE BARRIER WALL
(FC)	FIRE EXTINGUISHER CABINET SEE SHEET 10A51
(S)	INTERCONNECTED SMOKE & HEAT DETECTION SYSTEM w/ CARBON MONOXIDE DETECTORS PER IBC 915 & SPS 362.0915



LOWER LEVEL GARAGE FLOOR PLAN
 3/22/17



TDI ASSOCIATES, INC.
ARCHITECTURE & PLANNING

25217 S. WIND LAKE ROAD
WIND LAKE, WISCONSIN 53185
PHONE 262-409-2530

BUILDING 2 - THE TOWN CENTER
POPLAR CREEK
 400 BROOKTOWN BLVD. / 20200 W. BLUEMOUND RD.
 TOWN OF BROOKFIELD, WISCONSIN

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Sheet Title
 Lower Level
 Garage Floor Plan

Issued For: _____ Date: _____

PRELIMINARY DRAWING
 NOT FOR CONSTRUCTION

Date: 2/28/2025
 Job NO.: 20128.002
 Drawn By: daj
 Sheet No. _____

A1.0

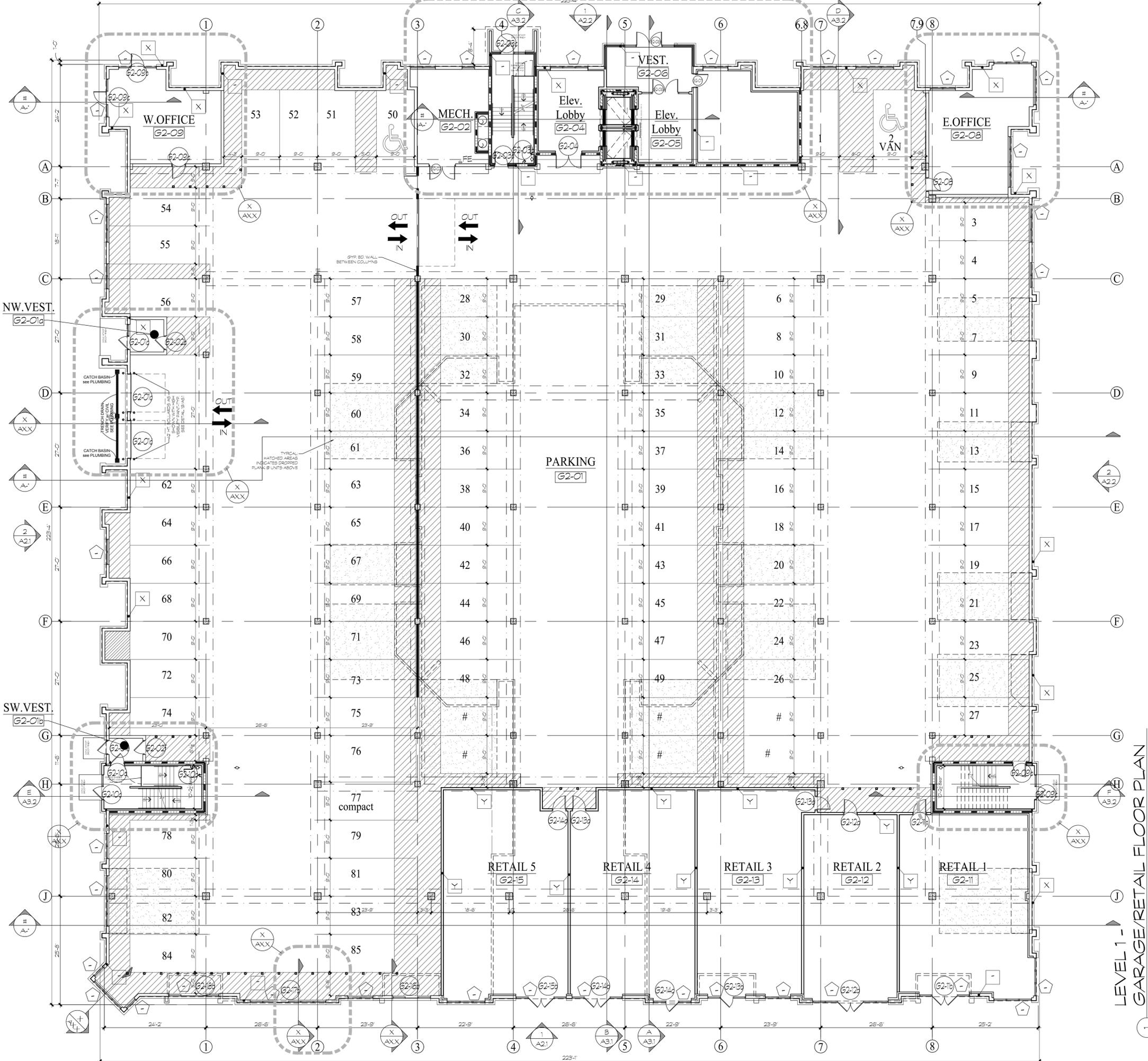
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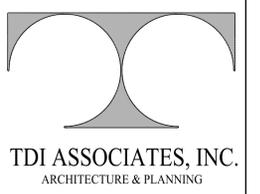
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SYMBOL LEGEND	
(E)	DOOR TAG. SEE SHEET A11 FOR DOOR SCHEDULE
(W)	WINDOW TAG. SEE A2 SERIES SHEETS FOR WINDOW TYPES
(#)	WALL TYPE TAG. SEE SHEET A3.0 FOR WALL ASSEMBLIES
(B)	BEARING WALL
(1H)	ONE HOUR (1-HR) FIRE PARTITION WALL per IBC 703.2 AND AS COMPLEMENTED BY IBC 703.1 ITEMS 1&2
(2H)	TWO HOUR (2-HR) STRUCTURAL PARTITION WALL
(2HB)	TWO HOUR (2-HR) FIRE BARRIER WALL
(3H)	TWO HOUR (2-HR) FIRE BARRIER WALL
(3HB)	THREE HOUR (3-HR) FIRE BARRIER WALL
(F)	FIRE EXTINGUISHER CABINET SEE SHEET 10A51
(S)	INTERCONNECTED SMOKE & HEAT DETECTION SYSTEM w/ GARBAN MOUNTING DETECTORS per IBC 915 & SPS 362.095



LEVEL 1 - GARAGE/RETAIL FLOOR PLAN
 3/22/10



25217 S. WIND LAKE ROAD
 WIND LAKE, WISCONSIN 53185
 PHONE 262-409-2530

BUILDING 2 - THE TOWN CENTER
POPLAR CREEK
 400 BROOKTOWN BLVD. / 20200 W. BLUEMOUND RD.
 TOWN OF BROOKFIELD, WISCONSIN

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Sheet Title
 Overall Level 1
 Garage/Retail Floor Plan

Issued For: _____ Date: _____
 Date: 2/28/2025
 Job NO.: 20128.002
 Drawn By: djg
 Sheet No. _____

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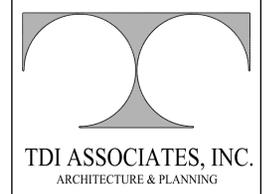
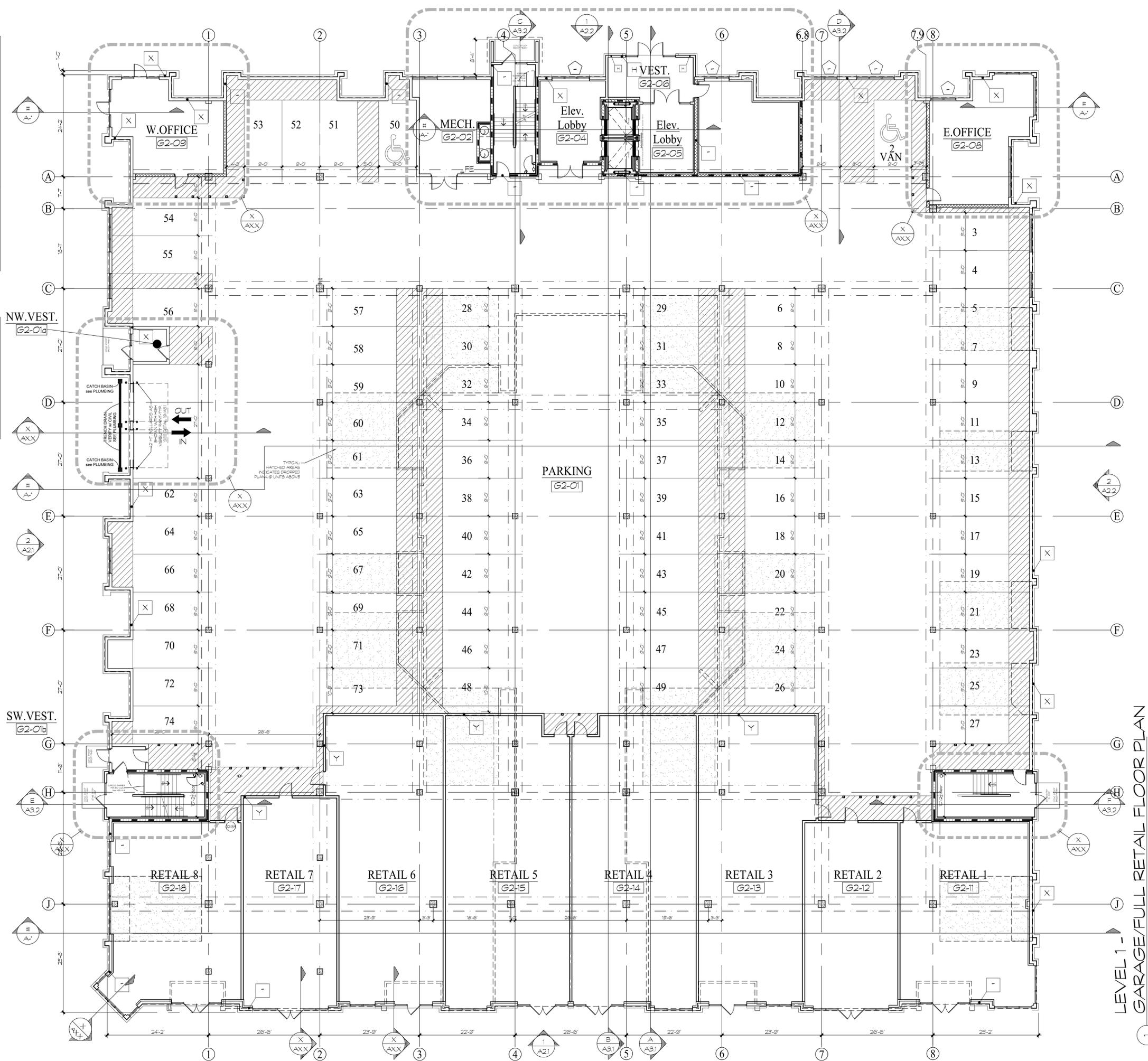
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SYMBOL LEGEND	
	DOOR TAG. SEE SHEET A1 FOR DOOR SCHEDULE
	WINDOW TAG. SEE A2 SERIES SHEETS FOR WINDOW TYPES
	WALL TYPE TAG. SEE SHEET A3.0 FOR WALL ASSEMBLIES
	BEARING WALL
	ONE HOUR (1-HR) FIRE PARTITION WALL per IBC 703.2 AND AS COMPLETED BY IBC 703.1 ITEMS 1&2
	TWO HOUR (2-HR) STRUCTURAL FIRE BARRIER WALL
	TWO HOUR (2-HR) FIRE BARRIER WALL
	THREE HOUR (3-HR) FIRE BARRIER WALL
	FIRE EXTINGUISHER CABINET SEE SHEET 10(A)1
	INTERCONNECTED SMOKE & HEAT DETECTION SYSTEM w/ CARBON MONOXIDE DETECTORS per IBC 915 & SPS 362.095



TDI ASSOCIATES, INC.
ARCHITECTURE & PLANNING

25217 S. WIND LAKE ROAD
WIND LAKE, WISCONSIN 53185
PHONE 262-409-2530

BUILDING 2 - THE TOWN CENTER
POPLAR CREEK
400 BROOKTOWN BLVD. / 20200 W. BLUEMOUND RD.
TOWN OF BROOKFIELD, WISCONSIN

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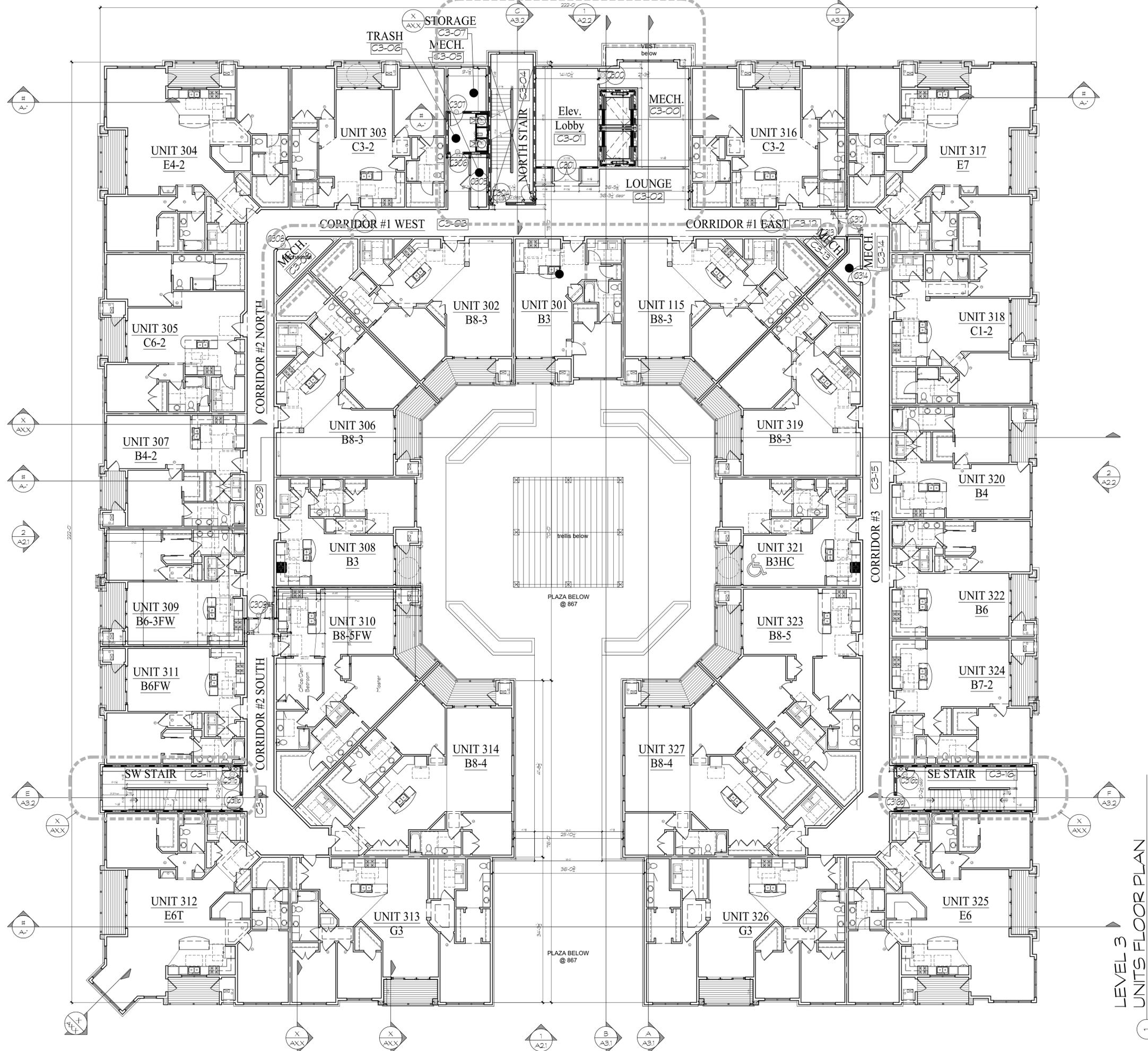
Sheet Title
Overall Level 1
Garage/ FULL Retail
Floor Plan

Issued For: _____ Date: _____

PRELIMINARY DRAWING
NOT FOR CONSTRUCTION

Date: 2/28/2025
Job NO.: 20128.002
Drawn By: dj/at
Sheet No. _____

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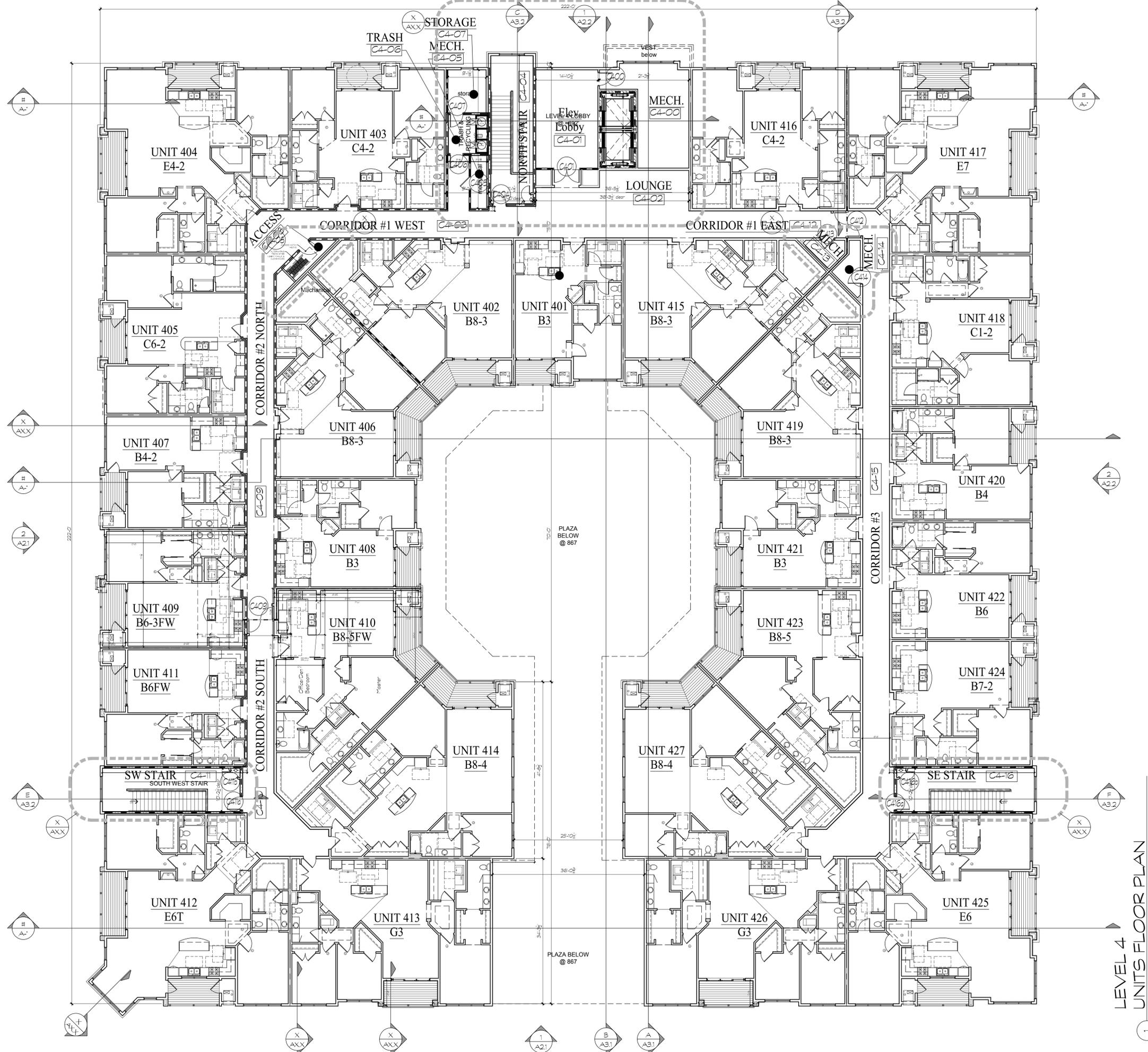
SYMBOL LEGEND

	DOOR TAG. SEE SHEET A11 FOR DOOR SCHEDULE
	WINDOW TAG. SEE A2 SERIES SHEETS FOR WINDOW TYPES
	WALL TYPE TAG. SEE SHEET A3.0 FOR WALL ASSIGNMENTS
	BEARING WALL
	ONE HOUR (1-HR) FIRE PARTITION WALL PER BC 202.2 AND AS COMPLETED BY IBC 708.1 ITEM 8.3
	TWO HOUR (2-HR) STRUCTURAL FIRE BARRIER WALL
	TWO HOUR (2-HR) FIRE BARRIER WALL
	TWO HOUR (2-HR) FIRE WALL
	THREE HOUR (3-HR) FIRE BARRIER WALL
	FIRE EXTINGUISHER CABINET SEE SHEET 10/A51
	INTERCONNECTED SMOKE & HEAT DETECTION SYSTEM w/ CARBON MONOXIDE DETECTORS PER BC 915 & SPS 302.095

LEVEL 3
UNITS FLOOR PLAN
3/22/10

PRELIMINARY DRAWING
NOT FOR CONSTRUCTION

A1.4



SYMBOL LEGEND

	DOOR TAG - SEE SHEET A11 FOR DOOR SCHEDULE
	WINDOW TAG - SEE A2 SERIES SHEETS FOR WINDOW TYPES
	WALL TYPE TAG - SEE SHEET A3.0 FOR WALL ASSEMBLIES
	BEARING WALL
	ONE HOUR (1-HR) FIRE PARTITION WALL PER IBC 708.2 AND AS COMPLEMENTED BY IBC 708.1, IBC 708.1E3
	TWO HOUR (2-HR) STRUCTURAL PARTITION WALL
	TWO HOUR (2-HR) FIRE BARRIER WALL
	TWO HOUR (2-HR) FIRE WALL
	THREE HOUR (3-HR) FIRE BARRIER WALL
	FIRE EXTINGUISHER CABINET SEE SHEET G1A1
	INTERCONNECTED SMOKE & HEAT DETECTION SYSTEM w/ CARBON MONOXIDE DETECTORS PER IBC 915 & IBC 902.09.5

**LEVEL 4
UNITS FLOOR PLAN**
3/22/20



PRELIMINARY DRAWING
NOT FOR CONSTRUCTION

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 A2.2 - 1 of 1 (3/32-1-0)



1 EAST COURTYARD EXTERIOR ELEVATION
3/16"=1'-0"



2 WEST COURTYARD EXTERIOR ELEVATION
3/16"=1'-0"

PRELIMINARY DRAWING
NOT FOR CONSTRUCTION











Building a Better World
for All of Us®

TOWN OF BROOKFIELD PLAN COMMISSION REPORT

TO: Plan Commission

FROM: Bryce Hembrook, AICP
Town Planner

REPORT DATE: April 24, 2025
PC MEETING DATE: April 28, 2025

RE: **The Corners – Market Street Reconfiguration – Site Plan Amendment
Market Street BKFT1123960**

SEH No. 171421, TASK 99

Applicant: Thomas Kafkes – Corners of Brookfield; IM Property Investments (USA) LLC

Application Type: Site Plan Amendment Approval

Request

Applicant is requesting site plan amendment approval for the reconfiguration of Market Street.

Summary of Request

- The Corners of Brookfield is a planned unit development – compact development form that was approved by the Town in 2015.
- The Corners of Brookfield is proposing to repair and reconfigure Market Street. This is considered to be a site plan amendment and requires review and recommendation by the Plan Commission and approval by the Town Board.
- Current parking spaces = 9
 - Proposed parking spaces = 11
- The existing street has parking provided on the east side of the street and the proposed layout shows 4 parking spaces on the east side and 7 spaces on the west side, including 2 ADA compliant stalls. The proposed changes also shows planters with seating, colored speed table crosswalks, bollards, and other streetscaping elements.
- The plans also show updated landscaping plans.
- The Town Engineer reviewed the plans and did not have any concerns with proposed changes.

Engineers | Architects | Planners | Scientists

Short Elliott Hendrickson Inc., 501 Maple Avenue, Delafield, WI 53018-9351
SEH is 100% employee-owned | sehinc.com | 262.646.6855 | 888.908.8166 fax

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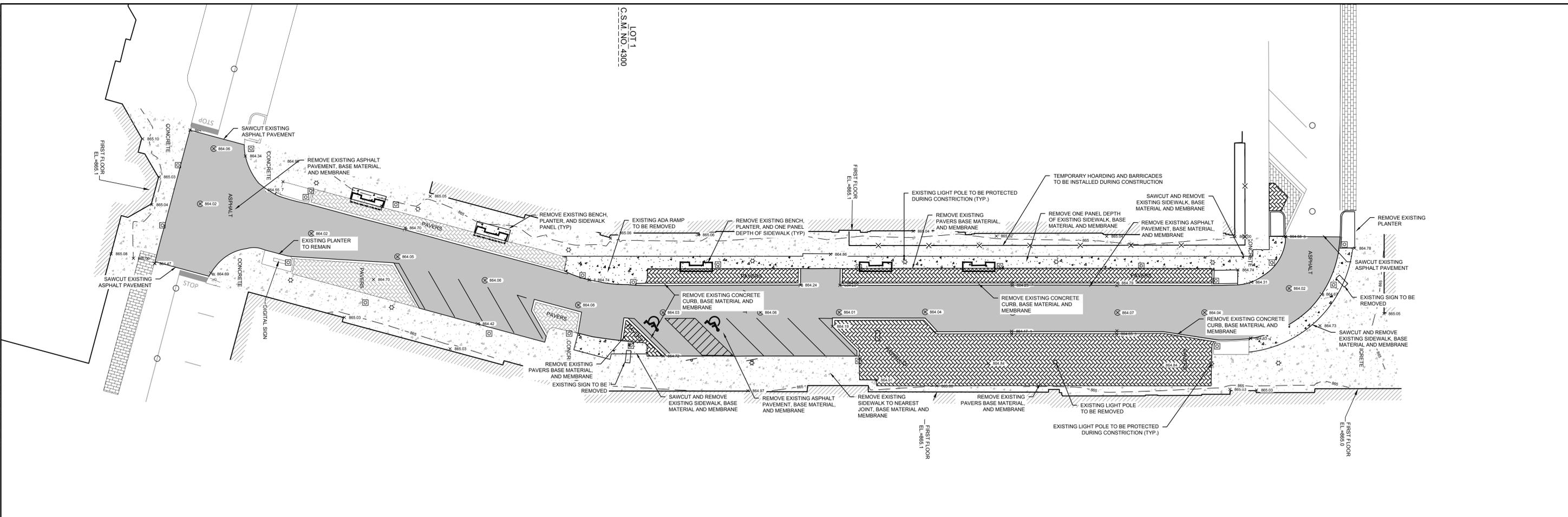
REVIEWED: AKH

DESIGNED:

DRAFTED: DNL

www.pinnacle-engr.com

EXISTING CONDITIONS & DEMOLITION PLAN



LOT 1
O.S.M. NO. 4300

- GENERAL SPECIFICATIONS FOR CONSTRUCTION ACTIVITIES**
1. THE PROPOSED IMPROVEMENTS SHALL BE CONSTRUCTED ACCORDING TO THE WISCONSIN D.O.T. STANDARD SPECIFICATIONS FOR HIGHWAY AND STRUCTURE CONSTRUCTION, LATEST EDITION, THE STANDARD SPECIFICATIONS FOR SEWER & WATER IN WISCONSIN, AND WISCONSIN ADMINISTRATIVE CODE, SPS 360, 382-383, AND THE LOCAL ORDINANCES AND SPECIFICATIONS.
 2. THE CONTRACTOR SHALL OBTAIN ALL PERMITS REQUIRED FOR EXECUTION OF THE WORK. THE CONTRACTOR SHALL CONDUCT HIS WORK ACCORDING TO THE REQUIREMENTS OF THE PERMITS.
 3. THE CONTRACTOR SHALL NOTIFY THE OWNER AND THE MUNICIPALITY FORTY- EIGHT (48) HOURS PRIOR TO THE START OF CONSTRUCTION.
 4. THE MUNICIPALITY SHALL HAVE THE RIGHT TO INSPECT, APPROVE, AND REJECT THE CONSTRUCTION OF THE PUBLIC PORTIONS OF THE WORK. THE OWNER SHALL HAVE THE RIGHT TO INSPECT, APPROVE, AND REJECT THE CONSTRUCTION OF ALL PRIVATE PORTIONS OF THE WORK.
 5. THE CONTRACTOR SHALL INDEMNIFY THE OWNER, THE ENGINEER, AND THE MUNICIPALITY, THEIR AGENTS, ETC, FROM ALL LIABILITY INVOLVED WITH THE CONSTRUCTION, INSTALLATION, AND TESTING OF THE WORK ON THIS PROJECT.
 6. SITE SAFETY SHALL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR.
 7. THE CONTRACTOR IS RESPONSIBLE FOR FIELD VERIFYING ALL UTILITY INFORMATION SHOWN ON THE PLANS PRIOR TO THE START OF CONSTRUCTION.
 8. ANY ADJACENT PROPERTIES OR ROAD RIGHT-OF-WAYS WHICH ARE DAMAGED DURING CONSTRUCTION MUST BE RESTORED BY THE CONTRACTOR.
 9. TRASH AND DEBRIS SHALL BE NOT BE ALLOWED TO ACCUMULATE ON THIS SITE AND THE SITE SHALL BE CLEAN UPON COMPLETION OF WORK. THE OWNER SHALL HAVE THE RIGHT TO HAVE ALL MATERIALS USED IN CONSTRUCTION TESTED FOR COMPLIANCE WITH THESE SPECIFICATIONS.



GRAPHICAL SCALE (FEET)
0 1" = 20' 40'

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ENGINEERING | NATURAL RESOURCES | SURVEYING

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20725 WATERTOWN ROAD, SUITE 100
BROOKFIELD, WI 53186
(262) 754-8888
CHICAGO | MILWAUKEE | NATIONWIDE

THE CORNERS - MARKET STREET
BROOKFIELD, WI

EXISTING CONDITIONS & DEMOLITION PLAN

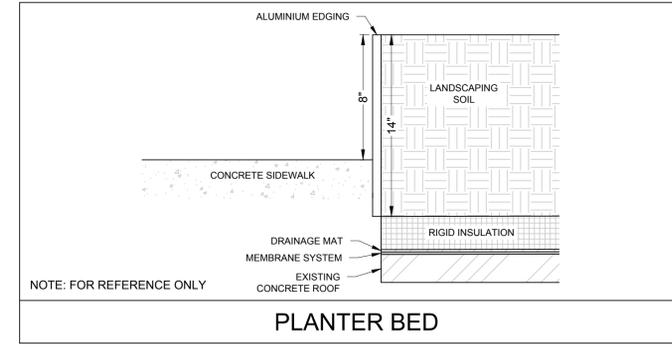
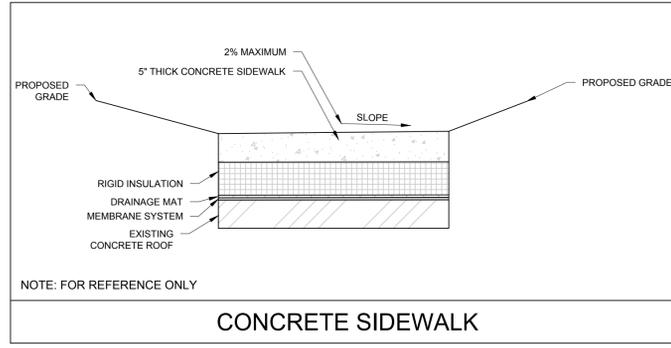
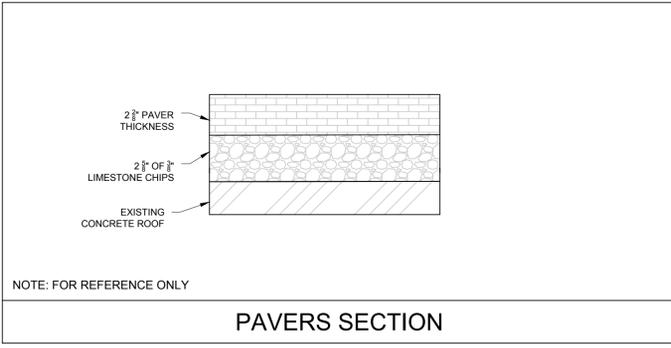
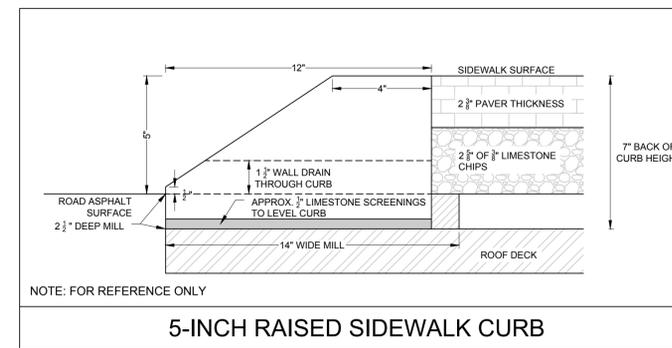
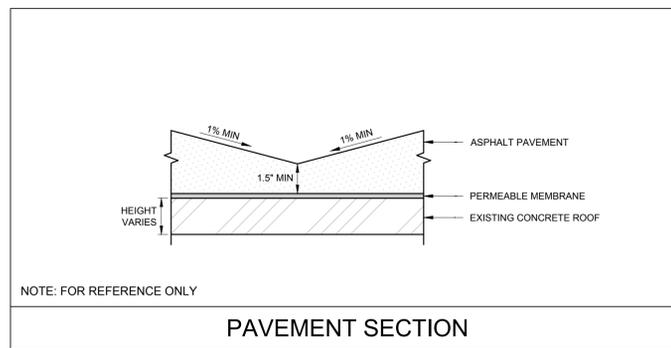
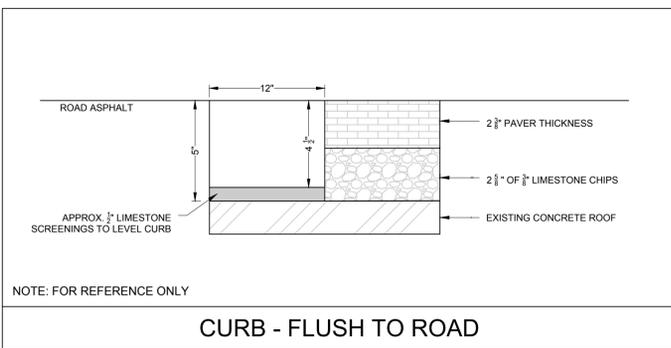
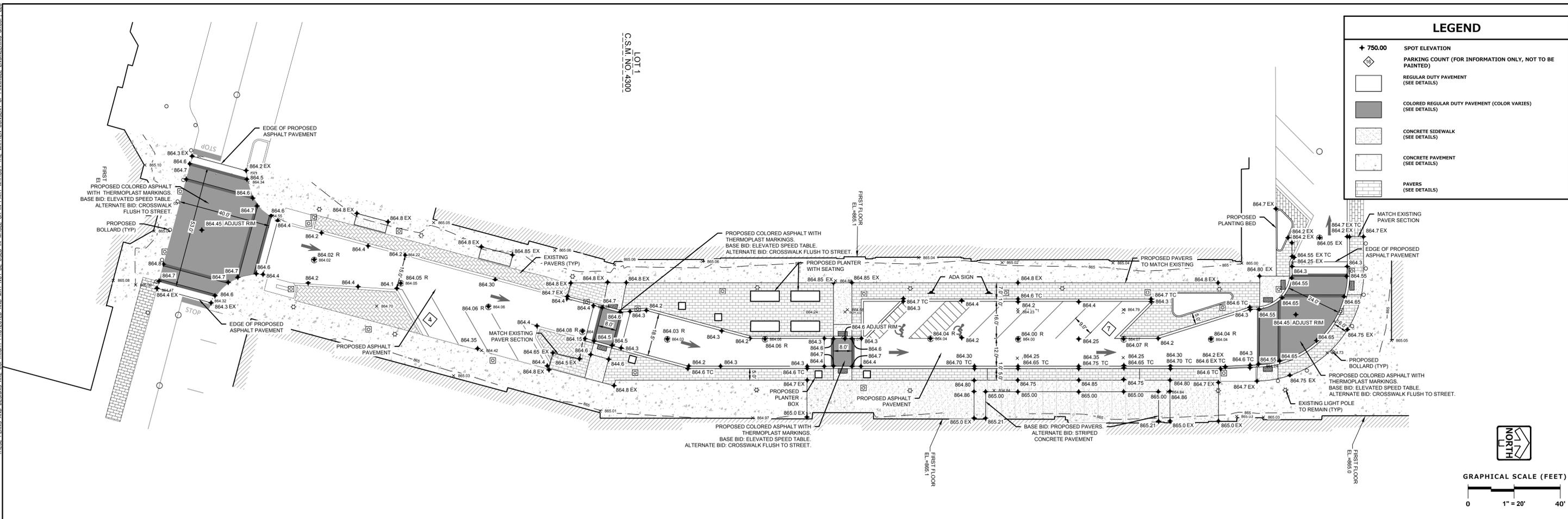
REVISIONS	

REG JOB No. 1987.10	REG PM AREK	SHEET C-1
START DATE 02/11/25	SCALE 1" = 20'	SHEET C-2

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DESIGNED: DNL

REVIEWED: AKH



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GRADING PLAN

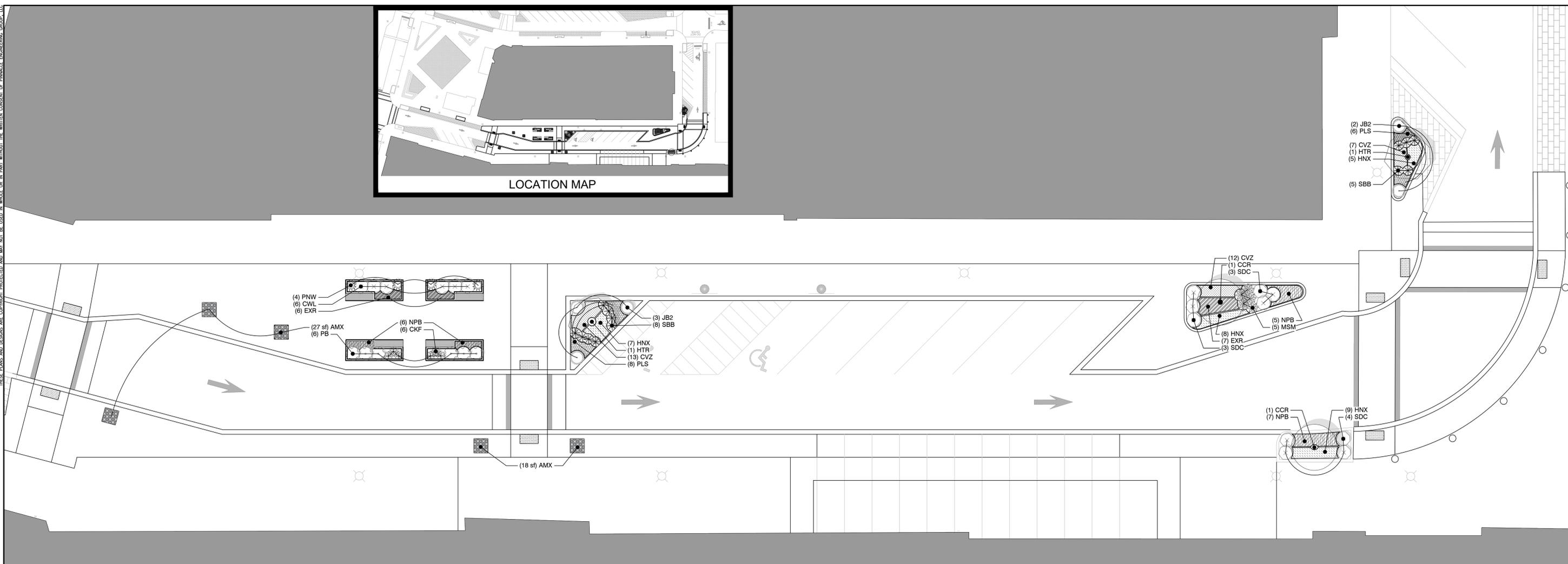
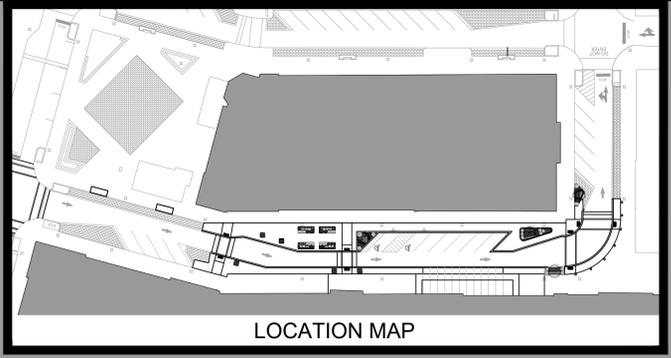
REVISIONS

REG JOB No. 1987-10	REG PM AER	SHEET C-2
START DATE 02/13/25	SCALE 1" = 20'	SHEET C-2

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GRADING PLAN

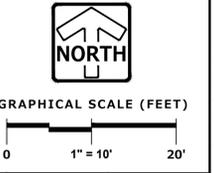
DESIGNED: JSJ
 DRAFTED: JSJ
 REVIEWED: DJB
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PLANT SCHEDULE					
SYMBOL	CODE	QTY	BOTANICAL NAME	COMMON NAME	SIZE
SHRUBS					
	CWL	6	Cotinus coggygria 'Lilla'	Lilla Dwarf Smoke Tree	18" Ht.
	PB	6	Potentilla fruticosa 'Minporoug01'	Happy Face Orange Bush Cinquefoil	18" Ht.
	SDC	10	Spiraea japonica 'NCSX1'	Double Play Candy Corn Spirea	18" Ht.
EVERGREEN SHRUBS					
	JB2	5	Juniperus horizontalis 'Blue Forest'	Blue Forest Creeping Juniper	2 gal.
ORNAMENTAL GRASSES					
	CKF	6	Calamagrostis x acutiflora 'Karl Foerster'	Feather Reed Grass	1 gal.
	MSM	5	Miscanthus sinensis 'Malepartus'	Malepartus Miscanthus	1 gal.
	PNW	4	Panicum virgatum 'Northwind'	Northwind Switch Grass	1 gal.
	SBB	13	Schizachyrium scoparium 'Blue Heaven'	Blue Heaven Little Bluestem	1 gal.
TREE FORM SHRUB					
	CCR	2	Cotinus coggygria 'Royal Purple' TF	Royal Purple Smokebush TF	5' Ht.
	HTR	2	Hydrangea paniculata 'Tardiva' TF	Tardiva Panicle Hydrangea TF	5' Ht.

SYMBOL	CODE	QTY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING
ANNUALS						
	AMX	45 sf	Annual Mix	Annual Mix (To be Provided by Owner)	---	
PERENNIALS						
	CVZ	32	Coreopsis verticillata 'Zagreb'	Zagreb Coreopsis	4.5" cont.	16" o.c.
	EXR	13	Echinacea x 'IFECSSRA'	SunSeekers Rainbow Coneflower	4.5" cont.	24" o.c.
	HNX	29	Hemerocallis x 'New Hybrids Mix'	New Hybrids Mix Daylily	4.5" cont.	20" o.c.
	NPB	18	Nepeta x faassenii 'Purrsian Blue'	Purrsian Blue Catmint	4.5" cont.	24" o.c.
	PLS	14	Perovskia atriplicifolia 'Little Spire'	Little Spire Russian Sage	4.5" cont.	22" o.c.

* ALTERNATIVE PLANTS FOR ANNUALS IN 3' x 3' PLANTERS				
SYMBOL	QTY	BOTANICAL NAME	COMMON NAME	SIZE
	15	Schizachyrium scoparium 'Blue Heaven'	Blue Heaven Little Bluestem	1 gal.



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THE CORNERS - MARKET STREET

BROOKFIELD, WI

LANDSCAPE PLAN

REVISIONS	

REG. JOB No. 1987.10
 REG. PM: AEK
 START DATE: 03/05/25
 SCALE: 1" = 10'
 SHEET: L-1, L-2
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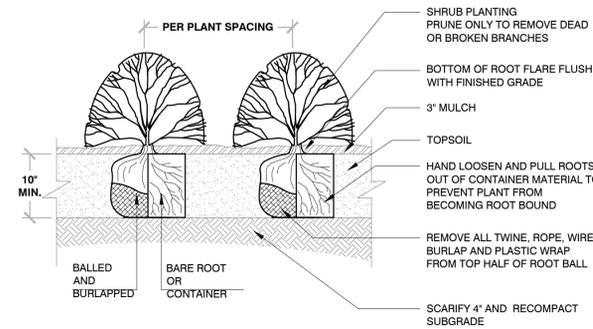
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 DESIGNED: JSJ
 DRAWN: JSJ
 REVIEWED: DUB
 DATE: 03/05/23

GENERAL PLANTING NOTES

- THE LAYOUT OF SHRUBS AND PERENNIALS WITHIN PLANTING BEDS SHALL BE PLACED BY THE CONTRACTOR IN ADVANCE OF INSTALLATION. AN APPROVED REPRESENTATIVE WILL REVIEW THESE LOCATIONS WITH THE CONTRACTOR AND MAKE MINOR ADJUSTMENTS AS NECESSARY. BED LAYOUT SHALL ALSO INCLUDE PERENNIAL GROUPINGS BY SPECIES.
- THE CONTRACTOR IS RESPONSIBLE FOR INDEPENDENTLY DETERMINING THE PLANT MATERIAL QUANTITIES REQUIRED BY THE LANDSCAPE PLANS. REPORT ANY DISCREPANCIES TO THE LANDSCAPE ARCHITECT.
- NO PLANT MATERIAL OR PLANT SIZE SUBSTITUTIONS WILL BE ACCEPTED WITHOUT APPROVAL BY THE LANDSCAPE ARCHITECT. ANY CHANGES SHALL BE SUBMITTED TO THE LANDSCAPE ARCHITECT IN WRITING PRIOR TO INSTALLATION.
- ALL BNB STOCK SHALL BE NURSERY GROWN IN A CLAY LOAM SOIL FOR A MINIMUM OF THREE GROWING SEASONS WITHIN 200 MILES OF PROJECT LOCATION, IN A ZONE COMPATIBLE WITH USDA HARDINESS ZONE 5A. EXISTING SOIL SHALL BE AMENDED PER SOIL ANALYSIS REPORT TO ENSURE A PROPER GROWING MEDIUM IS ACHIEVED.
- ALL PLANT MATERIAL SHALL COMPLY WITH STANDARDS DESCRIBED IN AMERICAN STANDARD OF NURSERY STOCK - Z60.1 ANSI. LANDSCAPE ARCHITECT OR OWNERS AUTHORIZED REPRESENTATIVE RESERVES THE RIGHT TO INSPECT AND POTENTIALLY REJECT ANY PLANT MATERIAL DEEMED TO NOT MEET THE REQUIRED STANDARDS.
- ALL STOCK SHALL BE FREE OF DISEASES AND HARMFUL INSECTS, DAMAGE, DISORDERS AND DEFORMITIES.
- ALL PLANT MATERIAL SHALL BE INSTALLED IN ACCORDANCE WITH PLANTING DETAILS.
- ALL PLANTING BEDS SHALL HAVE A MINIMUM 10" DEPTH OF PREPARED SOIL. WITH APPROVAL, EXISTING SOIL MAY BE UTILIZED PROVIDED THE PROPER SOIL AMENDMENTS ARE TILLED THOROUGHLY INTO THE TOP 10" OF SOIL. REFER TO SOIL PLACEMENT NOTES.
- WHILE PLANTING SHRUBS, BACKFILL 2/3 OF PLANTING HOLE AND WATER THOROUGHLY BEFORE INSTALLING THE REMAINDER OF SOIL MIXTURE. AFTER ALL SOIL HAS BEEN PLACED INTO THE PLANTING HOLE WATER THOROUGHLY AGAIN.
- ALL PLANTING BEDS SHALL BE MULCHED WITH 3" DEEP SHREDDED HARDWOOD MULCH, AS SHOWN IN PLANTING DETAILS.
- ALL DISTURBED AREAS WITHIN THE PROJECT SHALL BE RESTORED TO ORIGINAL OR BETTER CONDITION.
- ALL DISTURBED AREAS OUTSIDE THE LIMITS OF WORK SHALL BE RESTORED TO ORIGINAL OR BETTER CONDITION AT NO ADDITIONAL COST TO THE OWNER.
- THE CONTRACTOR SHALL VERIFY ALL EXISTING UTILITIES, INCLUDING ANY IRRIGATION LINES, PRIOR TO DIGGING. CONSULT DIGGERS HOTLINE.
- THE CONTRACTOR SHALL ENSURE THAT SOIL CONDITIONS AND COMPACTION ARE ADEQUATE TO ALLOW FOR PROPER DRAINAGE AROUND THE CONSTRUCTION SITE. UNDESIRABLE CONDITIONS SHALL BE BROUGHT TO THE ATTENTION OF THE LANDSCAPE ARCHITECT PRIOR TO BEGINNING OF WORK. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO ENSURE PROPER SURFACE AND SUBSURFACE DRAINAGE IN ALL AREAS
- THE CONTRACTOR IS RESPONSIBLE FOR ALL PERMITS, FEES, AND LICENSES NECESSARY FOR THE INSTALLATION OF THIS PLAN.
- THE CONTRACTOR IS TO REVIEW ALL SITE ENGINEERING DOCUMENTS PRIOR TO INSTALLATION. ANY CONFLICTS MUST BE REPORTED TO THE LANDSCAPE ARCHITECT. THESE LANDSCAPE DRAWINGS ARE FOR THE INSTALLATION OF PLANT MATERIALS ONLY UNLESS OTHERWISE STATED.
- THE CONTRACTOR SHALL PROVIDE WATERING AND MAINTENANCE SERVICES FOR A PERIOD OF 60 DAYS TO ENSURE VEGETATIVE ESTABLISHMENT. UPON COMPLETION OF THE PROJECT, CONTRACTOR SHALL SUPPLY THE OWNER IN WRITING WITH ONGOING WATERING AND MAINTENANCE INSTRUCTIONS.
- PLANT MATERIALS SHALL BE GUARANTEED FOR A PERIOD OF ONE (1) YEAR FROM TIME OF OWNER ACCEPTANCE. ONLY ONE REPLACEMENT PER PLANT WILL BE REQUIRED DURING THE WARRANTY PERIOD EXCEPT IN THE EVENT OF FAILURE TO COMPLY WITH THE SPECIFIED REQUIREMENTS.
- THE CONTRACTOR IS RESPONSIBLE TO CONDUCT A FINAL WALK THROUGH WITH THE LANDSCAPE ARCHITECT AND OR OWNERS REPRESENTATIVE TO ANSWER QUESTIONS, PROVIDE INSTRUCTIONS, AND ENSURE THAT PROJECT REQUIREMENTS HAVE BEEN MET.

SOIL PLACEMENT NOTES

- LOOSEN SUBGRADE TO A MINIMUM DEPTH INDICATED IN PLANTING NOTES USING A CULTI-MULCHER OR SIMILAR EQUIPMENT, AND REMOVE STONES MEASURING OVER 1-1/2 INCHES IN ANY DIMENSION, STICKS, RUBBISH AND OTHER EXTRANEIOUS MATTER. AREAS ADJACENT TO WALKS AND PAVEMENT SHALL BE FREE OF EXCESS STONE AND PAVING MATERIALS SO AS TO PROVIDE AN UNINTERRUPTED CROSS SECTION OF SOIL.
- THOROUGHLY BLEND PLANTING SOIL MIX FOR PLANTING BED AREAS. (1 PART EXISTING SOIL, 1 PART TOPSOIL, 1 PART ORGANIC SOIL AMENDMENT, 2.9 POUNDS PER CUBIC YARD OF 4-4-4 ANALYSIS SLOW-RELEASE FERTILIZER)
- SHRUB HOLES SHALL BE FILLED WITH A PREPARED PLANTING MIXTURE OF 1 PART TOPSOIL, 2 PARTS PLANTING SOIL MIX.
- SPREAD SOIL AND SOIL AMENDMENTS TO DEPTH INDICATED ON DRAWINGS, BUT NOT LESS THAN REQUIRED TO MEET FINISH GRADES AFTER NATURAL SETTLEMENT. (FINISH GRADE OF PLANTING BEDS SHALL BE 3" BELOW ALL ADJACENT SURFACES. FINISH GRADE OF TURF SEEDING AREAS SHALL BE 1" BELOW ALL ADJACENT HARD SURFACES, WALKS, AND CURBS.)
- PLACE APPROXIMATELY 1/2 OF TOTAL AMOUNT OF SOIL REQUIRED. WORK INTO TOP OF LOOSENED SUBGRADE TO CREATE A TRANSITION LAYER, THEN PLACE REMAINDER OF THE SOIL. SOIL TRANSITION LAYER SHALL BE TILLED TO A MINIMUM DEPTH OF 6" BELOW THE DEPTH OF NEWLY PLACED SOIL. PARKING LOT ISLANDS SHALL BE CROWNED TO A HEIGHT OF 6" TO PROVIDE PROPER DRAINAGE UNLESS OTHERWISE NOTED.
- DO NOT SPREAD IF PLANTING SOIL OR SUBGRADE IS FROZEN, MUDDY, OR EXCESSIVELY WET.
- FINISH GRADING: GRADE SOIL TO A SMOOTH, UNIFORM SURFACE PLANE WITH A LOOSE, UNIFORM FINE TEXTURE.
- ROLL AND RAKE, REMOVE RIDGES, AND FILL DEPRESSIONS TO MEET FINISH GRADES.
- RESTORE PLANTING BEDS IF ERODED OR OTHERWISE DISTURBED AFTER FINISH GRADING AND BEFORE PLANTING.

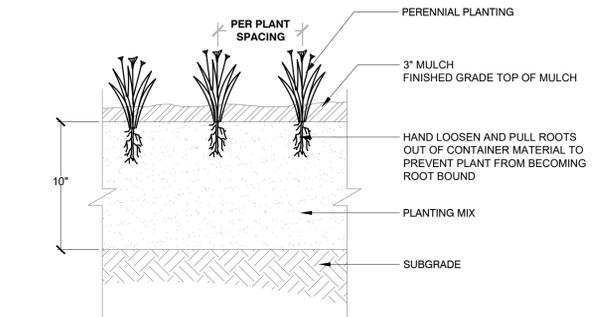


- BAREROOT PLANTING NOTES:**
- SOAK ROOTS IN WATER FOR AT LEAST ONE HOUR BUT NOT MORE THAN 24 HOURS PRIOR TO PLANTING.
 - SCARIFY SIDES AND BOTTOMS OF HOLE.
 - PROCEED WITH CORRECTIVE PRUNING OF THE TOP AND BOTTOM ROOTS.
 - TRANSFER PLANT DIRECTLY FROM WATER TO HOLE. SET PLANT SO THE ROOT FLARE IS APPROXIMATELY AT THE FINISHED SOIL ELEVATION. SPREAD ROOTS OUT EVENLY. PLUMB AND IMMEDIATELY BACKFILL WITH PLANTING SOIL MIX.
 - WATER THOROUGHLY WITHIN 2 HOURS TO SETTLE PLANTS AND FILL VOIDS.
 - BACKFILL VOIDS AND WATER SECOND TIME.
 - PLACE MULCH WITHIN 48 HOURS OF THE SECOND WATERING UNLESS SOIL MOISTURE IS EXCESSIVE.

1 SHRUB PLANTING

1/2" = 1'-0"

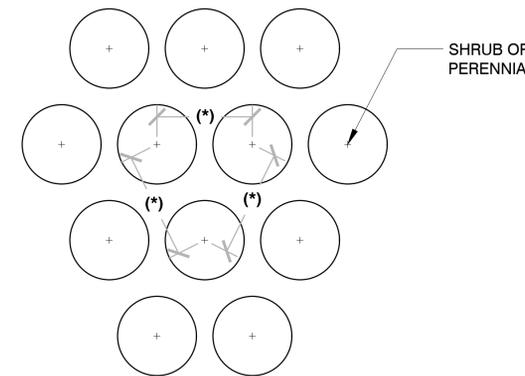
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2 PERENNIAL PLANTING

1" = 1'-0"

32 93-01



(*) = SPECIFIED PLANT SPACING PER PLANTING LIST

3 PLANT SPACING

3/4" = 1'-0"

32 93-02

PLANT KEY			PLANT KEY		
PHOTO	SYMBOL	BOTANICAL / COMMON NAME	PHOTO	SYMBOL	BOTANICAL / COMMON NAME
SHRUBS			ANNUALS		
					Annual Mix Annual Mix (To be Provided by Owner)
					PERENNIALS
		Cotinus coggygria 'Lilla' Lilla Dwarf Smoke Tree 4' T x 3' W			Coreopsis verticillata 'Zagreb' Zagreb Coreopsis 20' T x 16' W
		Potentilla fruticosa 'Minporoug01' Happy Face Orange Bush Cinquefoil 2.5' T x 3' W			Echinacea x 'FECSSRA' SunSeekers Rainbow Coneflower 36" T x 24" W
		Spirea japonica 'NCSX1' Double Play Candy Corn Spirea 2' T x 3' W			Hemerocallis x 'New Hybrids Mix' New Hybrids Mix Daylily 20" T x 20" W
EVERGREEN SHRUBS					Nepeta x 'fassenii' 'Purrsian Blue' Purrsian Blue Catmint 14' T x 24' W
		Juniperus horizontalis 'Blue Forest' Blue Forest Creeping Juniper 1' T x 4' W			Perovskia atriplicifolia 'Little Spire' Little Spire Russian Sage 24' T x 24' W
ORNAMENTAL GRASSES					
		Calamagrostis x acutiflora 'Karl Foerster' Feather Reed Grass 36" T x 24" W			
		Miscanthus sinensis 'Malepartus' Malepartus Miscanthus 48" T x 30" W			
		Panicum virgatum 'Northwind' Northwind Switch Grass 48" T x 30" W			
		Schizachyrium scoparium 'Blue Heaven' Blue Heaven Little Bluestem 36" T x 26" W			
TREE FORM SHRUB					
		Cotinus coggygria 'Royal Purple' TF Royal Purple Smokebush TF 12' T x 12' W			
		Hydrangea paniculata 'Tardiva' TF Tardiva Panicle Hydrangea TF 10' T x 10' W			

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 BROOKFIELD, WI

LANDSCAPE GENERAL NOTES & DETAILS

REVISIONS	

SHEET
L-2
 L-2
 REG. JOB No. 1987-10
 REG. PM: ALEK
 START DATE: 03/05/23
 SCALE: VARIES
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