

**MEETING: REGULAR MEETING OF THE PUBLIC SAFETY
COMMITTEE**

DATE & TIME: Monday, May 6, 2024 at 6:00 PM

**LOCATION: Germantown Village Hall Board Room
N112 W17001 Mequon Road**

Any member of the body and/or citizen may attend the meeting virtually through the WebEx platform, Meeting #: **2558 465 8452** Password: **qdSbcjjG635** which can be accessed by phone at **408-418-9388** or by logging on at <https://villageofgermantown.my.webex.com/villageofgermantown.my/j.php?MTID=m204b707e6b5e066bdaca1dd7b534d24e>

Citizens not wishing to attend the meeting personally or virtually may submit any public comments by sending an email to comments@germantownwi.gov by 4 p.m. on the day of the meeting so that it can be provided to the members of the body for their consideration.

Previously recorded Village Board Meeting Videos can be viewed at https://www.youtube.com/channel/UCOYp0EgELzTCa9X_iCohyhQ.

AGENDA

- I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*
- II. **ROLL CALL:**
- III. **CITIZEN INPUT:** *(Please be advised per 19.84(2) that information and comment will be received from the public. It is the policy of this municipality that public input be limited to a three (3) minute period per person with a time extension granted at the discretion of the Chairperson. Be advised that there may be limited discussion of the information received but no action will be taken under public comments.)*
- IV. **APPROVAL OF MINUTES:**
 - A. Approval of *corrected* PSC Meeting minutes of 3/4/24
 - B. Approval of PSC Meeting minutes of 04/04/24
- V. **REPORTS:**
 - A. Police Monthly Report
 - B. Fire - Monthly Report March & April
 - C. Overtime Report
 - D. Policy Updates
- VI. **UNFINISHED BUSINESS:**
 - A. Dispatch Consolidation (ongoing discussion)
- VII. **NEW BUSINESS:**
 - A. Application for Appointment of Successor Agent: Kwik Trip #631, W188N10963 Maple Rd; Agent for Consideration: Tammy Cwikla
 - B. Application for Appointment of Successor Agent: Speedway #4465, W178N9653 Riversbend Cir W; Agent for Consideration: Pamela Robinson
 - C. Application for a Temporary "Class B" Retailer's License - Faith Lutheran Church Youth of Faith Spaghetti Dinner, Raffle, and Silent Auction

PUBLIC SAFETY COMMITTEE AGENDA

May 6, 2024

Page 2

- D. Application for a Temporary Class "B"/"Class B" Retailer's License -
Deutschstadt Heritage Foundation Mai Fest
- E. Application for a Temporary Outside Premise Extension - Buzdum's Pub & Grill
Car Show
- F. Application for a **Reserve Combination** "Class B" Fermented Malt Beverage
and Intoxicating Liquor License for Sol Agave Taste of Mexico LLC,
N112W16344 Mequon Rd, Agent for Consideration: Juan Fuentes Hernandez
- G. Annual Outside Premise Extension Application for Sol Agave Taste of Mexico
LLC, N112W16344 Mequon Rd, d/b/a Sol Agave Taste of Mexico
- H. Purchase of Ford Escape

VIII. NEXT MEETING DATE:

IX. ADJOURNMENT:

UPON REASONABLE NOTICE, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For Additional information or to request this service please contact the Village Clerk at (262)250-4740 at least 2 days prior to the meeting.

MEETING:	REGULAR MEETING OF THE PUBLIC SAFETY COMMITTEE
DATE AND TIME:	Monday, March 4, 2024 6:00 PM
LOCATION:	Germantown Village Hall Board Room N112 W17001 Mequon Road

MINUTES

- I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*

Public Safety Committee Meeting was called to order at 6:00PM on 3/4/24.

II. **ROLL CALL:**

Present: Trustee Phil Hudson, Trustee Bill Neureuther, Trustee Dave Baum.

Also present: Police Chief Mike Snow, Fire Chief John Delain.

Absent: Trustee Jolene Pieper

Excused:

- III. **CITIZEN INPUT:** *(Please be advised per 19.84(2) that information and comment will be received from the public. It is the policy of this municipality that public input be limited to a three (3) minute period per person with a time extension granted at the discretion of the Chairperson. Be advised that there may be limited discussion of the information received but no action will be taken under public comments.)*

Melanie Smythe (Cedar Lane) asked for more information regarding 3rd shift coverage during the dispatch transition and after. Also requested the address for the (RFP) proposed Police/Fire building should be removed, suggests it not be a pre-determined location at this time.

Scott Hefle (Old Farm Rd) commented on the RFP for the Police/Fire building, concerned about the cost to run sewer & water to the old DPW location. Possibly look at locations that presently have sewer & water. Response time from that location will increase, as majority of the calls are South of Freistadt Rd.

Trustee Hudson read correspondence from The Schneiders (Bayberry Cr) voicing concerns about the Referendum information shared so far, and the need to ensure all residents are informed. How can we get larger grants, similar to Menomonee Falls Fire getting \$5.5 million.

Trustee Hudson showed the referendum flyer that he had received in his mailbox, and verified the mailing of it to all residents happening this week.

IV. APPROVAL OF MINUTES:

A. Approval of minutes of PSC meeting on 02/05/24

Motion: Approve 2/5/24 minutes of PSC meeting as presented

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

V. REPORTS:

A. Police Monthly Report

Chief Snow first addressed last month's question of large decrease in traffic violations and theft in the last year. Walmart theft reports went from Jan 2023 (40) to Jan 2024 (10), also noted there was a change in Walmart's Loss Prevention personnel which could be a factor in the reporting of those numbers. As for traffic violations, there were more requests for directed patrols in 2023.

Regarding the most recent monthly report, (4) Officers were recognized by the VFW last week for their performance in 2023. Solo patrol expected in March for our Officer completing Field Training. A recent hire that was attending the Academy has removed herself from pursuing employment with GPD. Unfortunately we are on the hook for the remainder of that cost, app \$4,000. We did offer a position to the next candidate on our list, starting Academy late March.

A theft investigation by GPD and Hartford last week resulted in the arrest of two suspects after a pursuit. Resulted in up to 20 charges, most felonies, many county agencies assisted.

B. Fire Department Monthly Report

Chief Delain noted that this past month there was an increase in calls by (70), which is our largest number ever at 266, and proof that we are only getting busier.

Public comments were read commending two of our Crew on a rescue call.

Residents have notified GFD that their ISO insurance ratings have changed from (3) to (10) which has nearly doubled their homeowners insurance. The ISO ratings relate to distance from the Fire Dept, whether there are hydrants, and recent ISO changes have affected some of our residents.

C. Overtime Report

Chief Snow reported the GPD OT is still on track with the past few months, and shortages are requiring more OT as we wait for new hires to complete Field Training and the Academy.

Chief Delain reported the GFD OT is extremely high due to vacations and an injury, with (2) employees logging 110 and 144 OT alone (starts to accrue after 53 hours).

Trustee Baum asked to confirm that someone worked almost 200 hours in one week? Chief explained the 72/12 State requirement.

D. Policy Updates

No Policy updates from GPD or GFD.

VI. UNFINISHED BUSINESS:

A. Dispatch Transition (ongoing discussion)

Chief Snow began with an update on the software transition which is on track for a 4/1/24 completion. Presently have 6 dispatchers, and we must retain those 6 until WashCo takes over 3rd shift dispatch by September.

Administrator Kreklow has seen the timeline, which is a milestone driven process (hiring, training, etc) and not a timeline driven process. There are multiple variations and contingencies of the timeline, with completion still on track for mid-2025.

Trustee Baum raised the question: will anyone will be in the building at all on 3rd shift, in case of citizen emergency at the Station.

Trustee Hudson reminded Administrator Kreklow that the Committee still has not seen a timeline document they will be able to look at to see what is going on. Administrator Kreklow will email to the Committee by the end of this week (03/08/24).

Trustee Baum asked for an update on the Hartford transition, how has it gone. Chief Snow reported it went as planned, a little late on the timeline but overall well.

VII. NEW BUSINESS:

A. Discussion on Public Safety Building Needs Assessment RFP

Chief Snow and Chief Delain provided history of this topic and specifics of the existing Police and Fire buildings too small for the growing needs.

Director of Public Works Matt Mortwedt was invited to speak regarding the proposed RFP.

Trustee Baum asked if the specific location could be removed from the RFP so that all Village locations could be considered. Also questioned cost and quality of those bidding on the RFP, and should the Construction Oversight Committee be involved.

Trustee Neureuther added the need for the location to be based on call volume (heat map), and not specified at this time in the RFP. Also was requested the winning party be present at the Village Board meeting for Q&A.

B. Knoxbox key Holders Purchase

Chief Delain gave information supporting the upgrade of the Knoxbox units in the GFD vehicles and the need for update to the electronic box. Funds are covered under the State of WI Act 102.

Trustee Neureuther asked for more specifics on the pricing presented.

Motion: Approve as presented

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

C. Repairs to Burn Tower

Chief Delain provided information regarding the 23-year old burn tower presently at Station 2. There are two quotes presented, equipment and labor, and the total cost was in this year's budget.

Trustee Baum asked how often the burn tower is used, is there another location we could use instead.

GFD uses the burn tower many times a month, other departments also use our tower, and the closest location we could use (for an hourly rate) would be Oak Creek. We would need to staff the Station to send crew and equipment to another location.

Motion: Approve as presented

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

D. Application for Temporary Class "B" / "Class B" Retailer's License - Kiwanis of Germantown

Motion: Approve as presented

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

E. Position Descriptions from Police System Specialist and Police Support Specialist

Chief Snow explained the consolidation of existing job assignments into these two proposed positions.

Motion: Approve the 2 job descriptions going to GGF for financial consideration.

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

F. Purchase of Support Therapy Dog

Lt. Penny Schmitt of the GPD presented information regarding the purchase proposal of a Support Therapy Dog for the PD. Chief Snow added this support dog would be handled by SRO Olson and live in her home.

Trustee Neureuther thanked Lt. Schmitt for the detailed letter that answered all of his questions, and he fully supports a proposal such as this.

Motion: Approve as presented

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

VIII. NEXT MEETING DATE:

Motion: We (PSC) follow suit with what the Village Board does regarding scheduling their next meeting on 4/1/24, we would have ours the one hour earlier. If they cancel, we will cancel.

Made by: David Baum

Seconded by: Bill Neureuther

No further discussion; voting as follows:

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

IX. ADJOURNMENT:

Meeting was adjourned at 7:05pm.

MEETING:	REGULAR MEETING OF THE PUBLIC SAFETY COMMITTEE
DATE AND TIME:	Thursday, April 4, 2024 6:00 PM
LOCATION:	Germantown Village Hall Board Room N112 W17001 Mequon Road

MINUTES

- I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*

Public Safety Committee Meeting was called to order at 6:00PM on 4/4/24.

II. **ROLL CALL:**

Present: Trustee Phil Hudson. Trustee Bill Neureuther, Trustee David Baum

Also Present: Police Chief Mike Snow, Fire Chief John Delain

Absent: Trustee Jolene Pieper

Excused:

- III. **CITIZEN INPUT:** *(Please be advised per 19.84(2) that information and comment will be received from the public. It is the policy of this municipality that public input be limited to a three (3) minute period per person with a time extension granted at the discretion of the Chairperson. Be advised that there may be limited discussion of the information received but no action will be taken under public comments.)*

Scott Hefle (Old Farm Rd) notes the election results show the majority of this community feel public safety is important; challenge for the Trustees and this Committee is to keep the momentum going and be smart regarding our responsibility to this community.

IV. **APPROVAL OF MINUTES:**

- A. Approval of minutes of PSC meeting on 03/04/24

Motion: Approve as presented

Made by: David Baum

Seconded by: Bill Neureuther, with the request that voting corrections be made throughout the minutes pertaining to Trustee Pieper noted as ABSENT instead of ABSTAIN.

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Corrected meeting minutes of 3/4/24 will be forwarded to the next meeting agenda for approval. No further discussion. Motion was passed.

V. REPORTS:

A. Police Monthly Report

CP Officer Bartelt reached out to local churches to offer additional patrol during their weekly service times. It was noted that police chases are up this month. GPD continues to cautiously participate with deploying spikes as situations allow. GPD is thankful for the referendum, next week begins meetings to fill the positions. Since 2020, there have been recruitment issues across the US, whether Fire or Police.

B. Fire Department Monthly Report

Structure fire in NE side of Village, MABAS resulted in numerous communities assisting. A dozen house pets were unfortunately lost, even with resuscitation efforts on scene.

Recent garbage truck fire on SE side of Village, we were able to contain the damage and move it off the roadway. GFD response times are being maintained.

GFD is grateful for the Referendum passing, and feedback from the Community showed that many don't realize everything we do. We will work toward better communication to the community.

Recruiting efforts beginning next week (1 applicant in the new hire academy now; have 10 positions to fill).

Trustee Neureuther asked Police/Fire their views on using Mueller Communication for this process: Both BC Holms and Chief Snow agreed Mueller did a great job with social media and community feedback to the Village.

Trustee Baum asked about the GFD call volume going up 20% in the last month. BC Holms confirmed that January was a high call volume month, it was our busiest call volume month ever. The numbers are trending higher, as the February call count was at 196.

C. Overtime Report

GFD: BC Holms reported OT increased this past month due to (1) FMLA and (1) work injury.

GPD: Chief Snow reported no noticeable changes; lateral hire should be through training at end of Spring. All (8) hires coming up are lateral candidates (no Academy, right to patrol).

D. Policy Updates

GPD and GFD had no policy updates to report.

VI. UNFINISHED BUSINESS

A. Dispatch Transition - Ongoing Discussion

Chief Snow provided a handout from Administrator Kreklow regarding the Dispatch Consolidation Timeline. Updates will be available as they are announced.
No questions, no further discussion.

VII. NEW BUSINESS:

A. Change of Agent Application - ALDI Store #67 (located at N96W188838 County Line Rd, Germantown, WI 53022)

Motion: Approve as presented
Made by: David Baum
Seconded by: Bill Neureuther
No further discussion; voting as follows:
Yes: Hudson, Baum, Neureuther
No: none
Absent: Pieper
Motion was passed.

B. Radio Funding Request

Chief Snow reported the Washington County PSC approved this purchase with grant funding for mobile radios for GPD.

Motion: Approve as presented
Made by: David Baum
Seconded by: Bill Neureuther
No further discussion; voting as follows:
Yes: Hudson, Baum, Neureuther
No: none
Absent: Pieper
Motion was passed.

C. K9 Purchase

Chief Snow reported K9 Officer Hatto recently retired after 7 years with GPD. Replacement K9 will be \$15,000 which includes training. Funds are being made available from the Friends of Germantown K9 Committee for this purchase.

Motion: Approve as presented
Made by: David Baum
Seconded by: Bill Neureuther
Trustee Neureuther and Trustee Baum asked about the handler selection process and the previous K9 handler/Officer. Trustee Hudson thanked the Friends of Germantown K9 Committee

for making funds available.

Yes: Hudson, Baum, Neureuther

No: none

Absent: Pieper

Motion was passed.

VIII. NEXT MEETING DATE:

The next Public Safety Committee meeting was set for Monday, 5/6/24 @ 6:00pm.

IX. ADJOURNMENT:

Meeting was adjourned at 6:25pm.

The background of the entire page is a close-up, slightly blurred image of the American flag. The stars are white on a dark blue field, and the stripes are white and blue, flowing diagonally across the frame.

Germanatown Police Department

March 2024 Monthly Report

Prepared by:
Chief Mike Snow



GPD Monthly Activity Overview Report

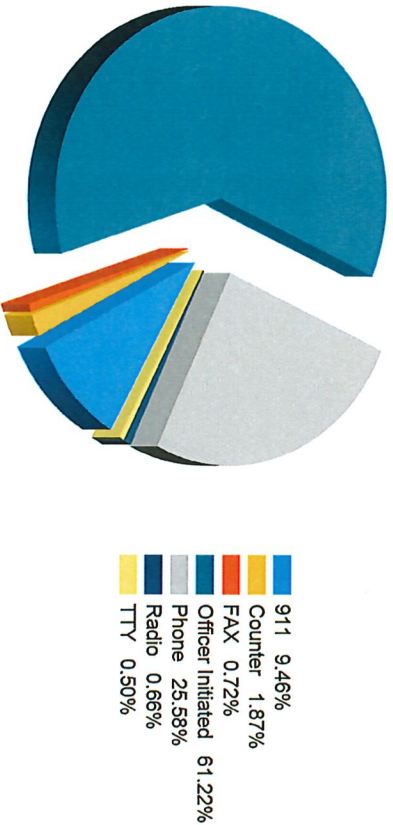
Printed On: 04/25/24 12:11

For Reporting Period: 03/01/2024 - 03/31/2024

Patrol Area: NULL

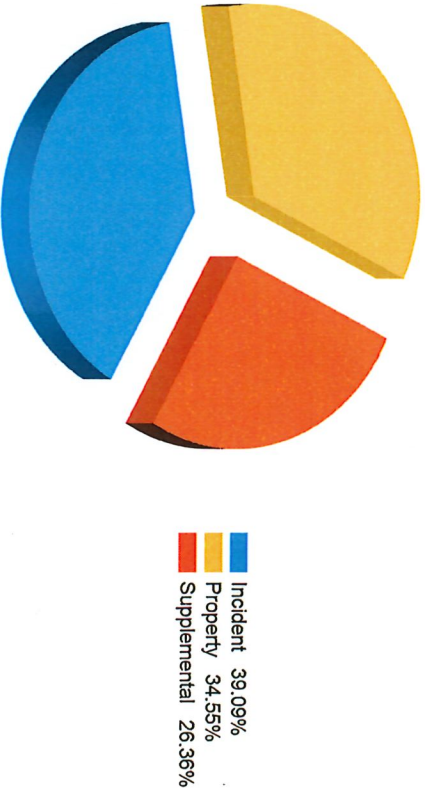
NOTE: This report cannot be run based on individual officer - it is based on unique Incident. This report is for specific overview purposes & counts. For individual Officer activities, please refer to Officer Activity Count reports.

Calls



	Total	0600			1401			2201		
		0600	1400	Hours	0600	2200	Hours	0600	1400	Hours
911	172	36	108		28					
Counter	34	7	24		3					
FAX	13	1	11		1					
Officer Initiated	1,113	474	297		342					
Phone	465	234	155		76					
Radio	12	0	8		4					
TTY	9	0	3		6					
Total		1,818	752	606	460					

Reports



	Total	0600			1401			2201		
		0600	1400	Hours	0600	2200	Hours	0600	1400	Hours
Incident	129	48	56		25					
Property	114	40	56		18					
Supplemental	87	19	45		23					
Total		330	107	157	66					

Reports are selected based upon Dttm report is written and selected if Dttm falls within date range above-specified.



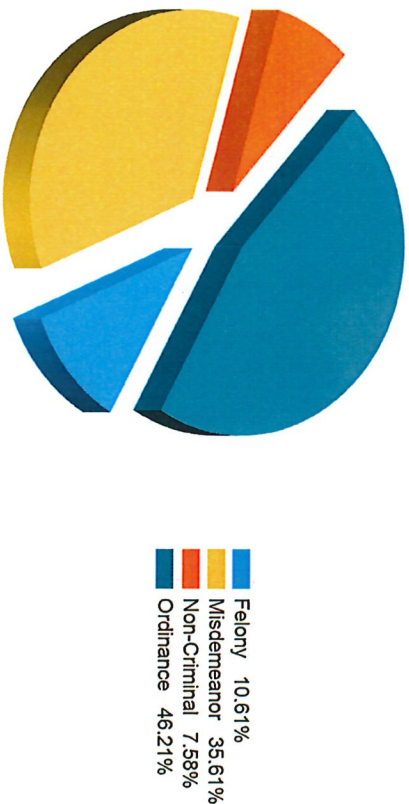
GPD Monthly Activity Overview Report

Printed On: 04/25/24 12:11

For Reporting Period: 03/01/2024 - 03/31/2024

Patrol Area: NULL

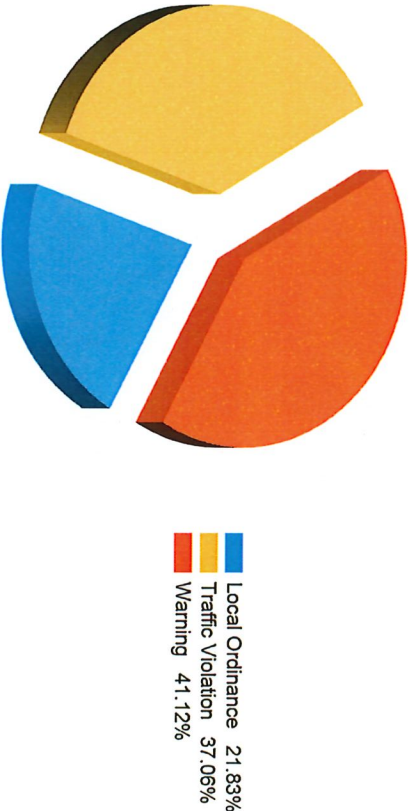
Arrests



	Total	0600			1401			2201		
		1400	Hours		2200	Hours		0600	Hours	
Felony	14	1			8			5		
Misdemeanor	47	12			18			17		
Non-Criminal	10	4			5			1		
Ordinance	61	21			28			12		
Total	132	38			59			35		

Arrests are selected based upon the charge type. Therefore if an arrest was made wherein three charges with different types are noted, the arrest will count under Each charge type.

Citations



	Total	0600			1401			2201		
		1400	Hours		2200	Hours		0600	Hours	
Local Ordinance	43	20			20			3		
Traffic Violation	73	18			43			12		
Warning	77	23			45			9		
Total	193	61			108			24		

Citations are counted by Citation Type alone.



Germantown Police Department

N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

GTPD Monthly Case Report

Thursday, April 25, 2024

12:14:03 pm

** For official use only **

2024 Case Reports

Germantown

	2024	2023	%Change
02 - Sexual Assault	1	0	-
04 - Battery/Aggravated Assault	3	1	200.00%
05 - Burglary	0	1	-
06 - Theft	35	42	-16.67%
07 - Motor Vehicle Theft	0	1	-
09 - Arson	1	0	-
10 - Forgery/Counterfeiting	1	0	-
11 - Fraud	3	8	-62.50%
12 - Embezzlement	0	1	-
13 - Stolen Property	0	2	-
15 - Weapons	2	1	100.00%
17 - Sex Offenses	1	0	-
18 - Narcotic Law Violations	11	6	83.33%
20 - Family Offenses	1	11	-90.91%
21 - Drunken Driving	3	6	-50.00%
24 - Disorderly Conduct	12	15	-20.00%
26 - All Other Offenses	11	5	120.00%
31 - Found/Recovered	3	9	-66.67%
32 - Traffic Violation Reported	8	59	-86.44%
37 - Property Damage MV Accident	0	1	-
43 - Animal Complaint	0	1	-
46 - DOA	1	3	-66.67%
48 - Mental Observation	10	8	25.00%
49 - Miscellaneous Service Report	2	2	0.00%
50 - Miscellaneous Public Report	7	8	-12.50%
55 - Health and Safety	2	0	-
73 - Public Order Crimes	1	3	-66.67%
90 - Administration	15	47	-68.09%
99 - CAD Codes	0	1	-
	134	242	



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

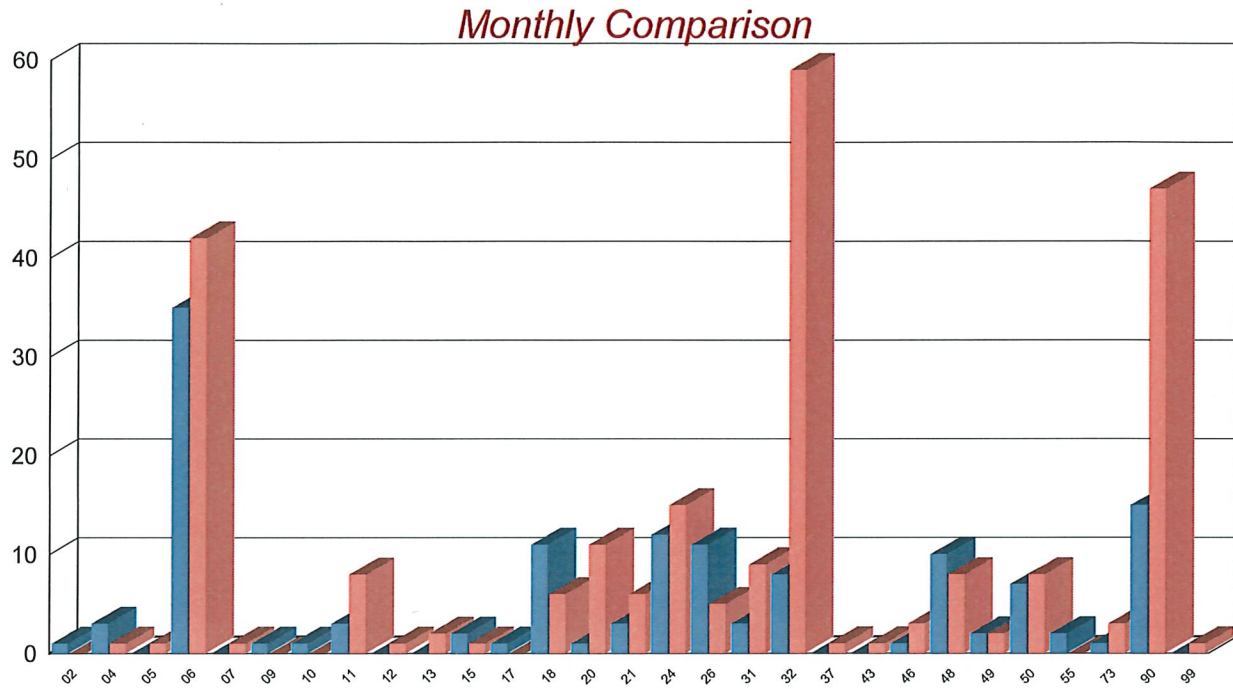
GTPD Monthly Case Report

Thursday, April 25, 2024

12:14:03 pm

**** For official use only ****

***** Case Reports





Citations by Statutes

Printed On: 04/25/24 12:16

Germantown

Reporting Period: 03/01/2024 - 03/31/2024

This report contains all citations.

	Total	Local Ordinance	Traffic Violation	Warning
341.03(1) - OPERATE AFTER REV/SUSP OF REGI	8	0	3	5
341.04(1) - NON-REGISTRATION OF AUTO, ETC	22	0	3	19
341.15(3)(b) - IMPROPER DISPLAY/PLATES (HARD	1	0	1	0
343.05(3)(a) - OPERATE W/O VALID LICENSE	17	0	16	1
343.44(1)(a) - OPERATING AFTER SUSPENSION	20	0	20	0
343.44(1)(b) - OPERATING WHILE REVOKED (FORFEITURE 4TH+)	1	0	1	0
343.44(1)(b) - OPERATING WHILE REVOKED (REV DUE TO ALC/CONT SUBST/REFUSAL)	7	0	7	0
344.62(1) - OPERATE MOTOR VEHICLE W/O INSURANCE	9	0	8	1
344.62(2) - OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE	1	0	1	0
346.04(2) - Failure to Obey Traffic Offic	1	0	0	1
346.04(3) - Operator Flee/Elude Officer-B	2	0	2	0
346.072(1m)(a) - FAIL/CHANGE LANE-PASSING STOP EMERG VEH	1	0	0	1
346.10(2) - Passing at Intersection	1	0	0	1
346.13(3) - DEVIATION FROM DESIGNATED LANE	1	0	0	1
346.14(1m) - AUTOMOBILE FOLLOWING TOO CLOSELY	1	0	1	0
346.175(1)(a) - Owner's Liability-Flee/Elude	1	0	1	0
346.18(2) - FAIL/YIELD WHILE MAKING LEFT T	1	0	0	1
346.31(2) - Improper Right Turn	2	0	1	1
346.31(3) - Improper Left Turn	1	0	0	1
346.34(1) - Fail/Signal Turn/Unsafe Turn	1	0	0	1
346.37(1)(c)1 - VIOLATE RED TRAFFIC	3	0	1	2
346.46(1) - FAIL TO STOP/IMPROPER STOP AT	1	0	0	1
346.57(2) - UNREASONABLE AND IMPRUDENT SPE	6	0	3	3
346.57(3) - DRIVING TOO FAST FOR CONDITION	1	0	1	0
346.57(4)(a) - SPEEDING IN SCHOOL ZONES	1	0	0	1
346.57(4)(gm)2 - SPEEDING ON FREEWAY (1-10 MPH)	1	0	0	1
346.57(4)(gm)2 - SPEEDING ON FREEWAY (11-15 MPH)	1	0	0	1
346.57(4)(gm)2 - SPEEDING ON FREEWAY (16-19 MPH)	1	0	0	1
346.57(5) - EXCEEDING SPEED ZONES, ETC. (1-10 MPH)	2	0	0	2
346.57(5) - EXCEEDING SPEED ZONES, ETC. (11-15 MPH)	5	0	0	5
346.57(5) - EXCEEDING SPEED ZONES, ETC. (16-19 MPH)	4	0	2	2
346.57(5) - EXCEEDING SPEED ZONES, ETC. (20-24 MPH)	4	0	4	0
346.57(5) - EXCEEDING SPEED ZONES, ETC. (25-29 MPH)	1	0	1	0
346.62(2) - Reckless Driving-Endanger Saf	1	0	1	0



Citations by Statutes

Printed On: 04/25/24 12:16

<i>This report contains all citations.</i>	Total	Local Ordinance	Traffic Violation	Warning
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE	1	0	1	0
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE(2ND)	1	0	1	0
346.63(1)(a) - OWI (1ST W/PASSENGER < 16 YRS OLD)	1	0	1	0
346.63(1)(a) - OWI (5TH OR 6TH)	1	0	1	0
346.63(1)(b) - OPERATING W/PAC (2ND)	1	0	1	0
346.63(1)(b) - OPERATING W/PAC (4TH)	1	0	1	0
346.63(1)(b) - OPERATING W/PAC-PASSENGER <16 YRS (1ST)	1	0	1	0
346.67(1) - HIT AND RUN	1	0	1	0
346.69 - HIT AND RUN-PROPERTY ADJACENT	1	0	1	0
346.89(1) - INATTENTIVE DRIVING	2	0	2	0
346.935(2) - POSSESS OPEN INTOXICANTS IN MV	1	0	1	0
347.06(1) - Operation w/o Required Lamps	2	0	0	2
347.06(3) - Unclean/Defective Lights or R	12	0	5	7
347.13(1) - No Tail Lamp/Defective Tail L	2	0	0	2
347.13(3) - Oper Veh w/o Registr Lamps	7	0	0	7
347.14(1) - OPERATE VEHICLE W/O STOPPING LIGHTS	8	0	1	7
347.413(1) - Ignition Interlock Device Tam	5	0	5	0
7.09 - Display of Power Prohibited	1	1	0	0
9.01(115) - POSSESSION OF MARIJUANA	4	4	0	0
9.01(18) - Negligent Handling of Burning	1	1	0	0
9.01(51) - Trespass to Dwellings	1	1	0	0
9.01(54) - Theft of Movable Property	2	2	0	0
9.01(63)A - SHOPLIFTING - TAKE MERCHANDISE	11	11	0	0
9.01(63)B - SHOPLIFTING - CONCEAL MERCHAND	5	5	0	0
9.01(82) - DISORDERLY CONDUCT	2	2	0	0
9.04(1) - 3390901267	1	1	0	0
9.04(1) - MARIJUANA POSSESSION PROHIBITED	2	2	0	0
9.041 - 254.92 TOB\NICOTINE\VAPE PROD PROHIB AGE 12-17 1ST	1	1	0	0
9.041 - 254.92 TOB\NICOTINE\VAPE PROD PROHIB AGE 12-17 2ND	1	1	0	0
9.041 - 254.92 TOB\NICOTINE\VAPE PROD PROHIB AGE 12-17 3RD	2	2	0	0
9.045(3) - 3390900253	2	2	0	0
9.045(3) - POSSESSION OF DRUG PARAPHERNALIA	3	3	0	0
9.045(3) - POSSESSION OF DRUG PARAPHERNALIA-2ND OFF	1	1	0	0
9.047(1) - 118.163(1)(b) HABITUAL TRUANCY (JUVENILE)	1	1	0	0
9.047(1) - 118.163(1)(d) TRUANCY (JUVENILE)	1	1	0	0



Citations by Statutes

Printed On: 04/25/24 12:16

This report contains all citations.

	Total	Local Ordinance	Traffic Violation	Warning
9.047(1) - 3390901077	1	1	0	0
TR305.32(4)(b)2 - VENT/SIDE WINDOW EXCESSIVE TIN	3	0	0	3
Total	225	43	101	81



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Thursday, April 25, 2024
12:17:50 pm

Monthly Calls for Service

** For official use only **

Column1: 03/01/24 - 03/31/24

Column2: 03/01/23 - 03/31/23

Germantown

	2024	2023	%Change
51 - Chapter 51	5	5	0.00%
911 - 911 Hang up/Abandoned/Misdial	54	91	-40.66%
A - Alarm - Automated	26	31	-16.13%
AC - Animal Complaints	13	7	85.71%
AF - Alarm-Fire	13	9	44.44%
AO - All Others	0	1	-
ASTV - Assist Village Dept	4	6	-33.33%
AV - Abandoned Vehicle	2	1	100.00%
B - Burglary	0	2	-
BC - Building Checks	99	91	8.79%
BITE - Animal Bite	2	2	0.00%
BUS - School Bus Violation	0	1	-
CHILD - Child Abuse/Neglect	1	4	-75.00%
CIV - Civil Matter	1	6	-83.33%
CKD - Accident-Traffic-Car Kill Deer	8	8	0.00%
CP - Community Policing	287	244	17.62%
CSUB - Controlled Substance	9	9	0.00%
CW - Check on the Welfare	31	29	6.90%
D - Death	0	2	-
DC - Disorderly Conduct	24	25	-4.00%
DIS - Disabled Vehicle	21	33	-36.36%
DRONE - Drone	2	1	100.00%
DRONETR - Drone Training	1	2	-50.00%
DV - Domestic Violence	2	2	0.00%
FAMT - Family Trouble Excludes Domestic	6	6	0.00%
FIRE - Fire	7	1	600.00%
FIRO - Fire-All Other	1	0	-
FLOC - Flock Activation	6	5	20.00%
FP - Found Property	6	14	-57.14%
FRAU - Fraudulent Activities	7	11	-36.36%
FW - Fireworks	0	1	-
G2 - Suicide or Attempt Suicide	1	0	-
HARA - Harassment (Includes phone calls)	6	6	0.00%
JUV - Juvenile-Status (Includes Runaway)	4	0	-



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Monthly Calls for Service

Thursday, April 25, 2024
12:17:50 pm

** For official use only **

Column1: 03/01/24 - 03/31/24

Column2: 03/01/23 - 03/31/23

K9Appreh - K9 Apprehension Deployment	0	1	-
K9Drug - K9 Drug Deployment	2	17	-88.24%
K9Other - K9 Deployment - Other	1	0	-
K9PR - K9 Public Relations Event	1	4	-75.00%
K9Track - K9 Track Deployment	0	1	-
LP - Lost Property	0	2	-
LPC - License Premise Check	18	9	100.00%
MA - Mutual Aid Given	22	24	-8.33%
MISS - Missing	0	1	-
MS - Misc Non-Call Activity	0	1	-
MUVI - Municipal Violation	5	2	150.00%
MVTH - Motor Vehicle Theft	1	0	-
NC - Noise Complaint	4	4	0.00%
OPEN - Unlocked Buildings	1	0	-
OWI - Operating while Intoxicated	4	7	-42.86%
PARK - Parking Complaint	9	16	-43.75%
PC - Positive Contact	171	148	15.54%
PDO - Accident/PDO	30	47	-36.17%
PI - Accident/PI	0	2	-
POWER - Power Outage Reports	1	0	-
PR - Public Relations/Education	9	23	-60.87%
PRINT - Fingerprinting	2	4	-50.00%
Q1 - Public Records Request	30	53	-43.40%
RBOD - Request By Other Dept	7	5	40.00%
RCAL - Rescue Call	143	124	15.32%
RCOV - Recovered Property	1	0	-
RFAS - Request For Assistance	15	17	-11.76%
RH - Road Hazard	15	10	50.00%
RO - Restraining Order Violation	0	1	-
RR - Report For Record	28	28	0.00%
RUN - Runaway	0	1	-
SA - Suspicious Activity	31	32	-3.13%
SC - School Check	50	70	-28.57%
SEXO - Sex Offense	1	0	-
SOFF - Sex Offense	2	1	100.00%
SOL - Soliciting	2	0	-
SP - Stolen Property	0	2	-



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Monthly Calls for Service

Thursday, April 25, 2024
12:17:50 pm

** For official use only **

Column1: 03/01/24 - 03/31/24

Column2: 03/01/23 - 03/31/23

SS - Special Assignment .	2	3	-33.33%
SUSO - Speak Up Speak Out	2	0	-
SUSP - Suspicious Person/Vehicle/Situation	1	0	-
T - Theft	42	48	-12.50%
TA - Traffic Assignment	17	16	6.25%
TRUA - Truancy	3	3	0.00%
TS - Traffic Stop	278	330	-15.76%
V - Vandalism	2	4	-50.00%
VAP - Vaping Device	1	1	0.00%
VC - Vehicle Check	7	1	600.00%
VDC - Vehicle Complaint	48	42	14.29%
VEN - Entry into Vehicle	1	0	-
VID - Vehicle in Ditch-no Damage	3	9	-66.67%
VLO - Vehicle Lock Out	11	14	-21.43%
WA - Warrant Arrest	17	13	30.77%
WEAP - Weapons Offense	4	2	100.00%
XPAT - Extra Patrol/Watch	124	62	100.00%
Total	1,818	1,861	



Arrests by Statute Report

Printed On: 04/25/24 12:19

Reporting Period: 03/01/24 - 03/31/24

This report contains all arrest charges.

	Total	Felony	Misdemeanor	Non-Criminal	Ordinance
17.07 - VIOL OF ZONING CODE REG/GENERAL PROVISIONS-1ST OFF	1				1
343.05(3)(a) - OPERATE W/O VALID LICENSE	4			4	
343.301(1g) - Fail To Install Ignition Interlock Device	2			2	
343.44(1)(b) - Operating While Revoked / OWI	7		7		
346.04(3) - Operator Flee/Elude Officer-Bodily Harm	2	2			
346.62(2) - Reckless Driving-Endanger Safety	1		1		
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE	2				2
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE (2ND)	1		1		
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE (4TH+)	1	1			
346.63(1)(b) - OPERATING W/PAC (1ST)	1				1
346.63(1)(b) - OPERATING W/PAC (2ND)	1		1		
346.63(1)(b) - OPERATING W/PAC (4TH+)	1	1			
346.67(1) - HIT AND RUN	1		1		
347.413(1) - Ignition Interlock Device Tampering	3		3		
51.15 - Emergency Detention Ch 51	2			2	
9.01(115) - POSSESSION OF MARIJUANA	4				4
9.01(51) - Trespass to Dwellings	1				1
9.01(54) - Theft of Movable Property	3				3
9.01(63)A - SHOPLIFTING - TAKE MERCHANDISE	12				12
9.01(63)b - SHOPLIFTING - CONCEAL MERCHANDISE	2				2
9.04(1) - 961.41(3g)(e)MARIJUANA POSSESSION PROHIBITED	2				2
9.04(3) - Possession of Drug Paraphernalia	2				2
9.041 - 254.92 TOB\NICOTINE\VAPE PROD PROHIB AGE 12-17 1ST	1				1
9.041 - 254.92 TOBACCO\NICOTINE\VAPE PROD PROHIB AGE 12-17-3RD	2				2
9.045(3) - 961.573(1) POSSESSION OF DRUG PARAPHERNALIA	3				3
9.047(1) - 118.163(1)(b) HABITUAL TRUANCY (JUVENILE)	1				1
9.047(1) - 118.163(1)(d) TRUANCY (JUVENILE)	1				1
90Z3 - Warrant/Hold - Probation & Parole	4				4
90Z4 - Warrant - Other Dept Pickup	11				11
90Z5 - Warrant Pickup - GTPD	6				6
940.19(1) - Battery	2		1	1	
940.235(1) - Strangulation and Suffocation	2	2			
941.10 - Negligent Handling of Burning Materials	1			1	
941.10(1) - Negligent Handling of Burning Material	1		1		
941.23 - Carrying a Concealed Weapon	5		5		
943.50 - Shoplifting	4		4		
943.50(1m)(a) - Retail Theft-Alter Price <=\$2,500	1		1		
943.50(1m)(b) - Retail Theft-Intentionally Take	1		1		



Arrests by Statute Report

Printed On: 04/25/24 12:19

Reporting Period: 03/01/24 - 03/31/24

This report contains all arrest charges.

	Total	Felony	Misdemeanor	Non-Criminal	Ordinance
943.50(4)(bf) - Retail Theft - Felony	2	2			
946.41(1) - Resisting/Obstructing Officer	1		1		
946.49(1)(a) - Bail Jumping-Misdemeanor	5		5		
946.49(1)(b) - Bail Jumping-Felony	2	2			
947.01 - Disorderly Conduct	7		5		2
961.41(1m)(cm)3 - Possess w/Intent-Cocaine (>15-40g)	1	1			
961.41(3g)(am) - Possession of Narcotic Drugs	3	3			
961.41(3g)(c) - Possession of Cocaine/Coca	3		3		
961.41(3g)(d) - Possess Amphetamine/LSD/Psilocin	1		1		
961.41(3g)(e) - Marijuana Possession Prohibited	2		2		
961.573(1) - Possess Drug Paraphernalia	3		3		
Total	132	14	47	10	61



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Thursday, April 25, 2024
12:21:23 pm

Monthly Accidents

**** For official use only ****

ACCIDENTS

Column1: 03/01/24 - 03/31/24

Column2: 03/01/23 - 03/31/23

Germantown

	2024	2023	%Change
CKD - Accident-Traffic-Car Kill Deer	6	7	-14.29%
CP - Community Policing	1	0	-
FIRE - Fire	1	0	-
OWI - Operating while Intoxicated	1	1	0.00%
PDO - Accident/PDO	17	29	-41.38%
PI - Accident/PI	0	2	-
Total	26	39	

Germantown Police Department



Roll Call Log 1

24-003759	Public Relations/Education	Disposition	Police Assist Given
03/01/24 09:0410	N132W18473 Rockfield Rd	Unit	736
		Officer	KCL088

DARE

24-003763	Public Relations/Education	Disposition	Police Assist Given
03/01/24 09:5051	3294 Willow Creek Rd	Unit	745
		Officer	JLS084

DARE

24-004302	Public Relations/Education	Disposition	Unable To Locate
03/10/24 07:3541	W180N11501 River Ln	Unit	736
		Officer	SPW095

GHS basketball

24-004314	Public Relations/Education	Disposition	Police Assist Given
03/10/24 11:1553	W180N11501 River Ln	Unit	732
		Officer	RPB092

GHS basketball

24-004505	Public Relations/Education	Disposition	Police Assist Given
03/13/24 10:1304	W204N11968 Goldendale Rd	Unit	706
		Officer	PAS117

St Boniface Dare

24-004902	Public Relations/Education	Disposition	Police Assist Given
03/20/24 09:4443	3294 Willow Creek Rd	Unit	740
		Officer	JLS084

Amy Belle Dare

24-004903	Public Relations/Education	Disposition	Police Assist Given
03/20/24 10:2238	W204N11968 Goldendale Rd	Unit	706
		Officer	PAS117

St Boniface Dare

24-005030	Public Relations/Education	Disposition	Police Assist Given
03/22/24 09:0357	N132W18473 Rockfield Rd	Unit	733
		Officer	KCL088

Rockfield Elementary Dare

Germantown Police Department



Roll Call Log 1

24-003759**Public Relations/Education**Disposition **Police Assist Given**

03/01/24 09:0410

N132W18473 Rockfield Rd

Unit **736**
Officer **KCL088**

DARE

24-003763**Public Relations/Education**Disposition **Police Assist Given**

03/01/24 09:5051

3294 Willow Creek Rd

Unit **745**
Officer **JLS084**

DARE

24-004302**Public Relations/Education**Disposition **Unable To Locate**

03/10/24 07:3541

W180N11501 River Ln

Unit **736**
Officer **SPW095**

GHS basketball

24-004314**Public Relations/Education**Disposition **Police Assist Given**

03/10/24 11:1553

W180N11501 River Ln

Unit **732**
Officer **RPB092**

GHS basketball

24-004505**Public Relations/Education**Disposition **Police Assist Given**

03/13/24 10:1304

W204N11968 Goldendale Rd

Unit **706**
Officer **PAS117**

St Boniface Dare

24-004902**Public Relations/Education**Disposition **Police Assist Given**

03/20/24 09:4443

3294 Willow Creek Rd

Unit **740**
Officer **JLS084**

Amy Belle Dare

24-004903**Public Relations/Education**Disposition **Police Assist Given**

03/20/24 10:2238

W204N11968 Goldendale Rd

Unit **706**
Officer **PAS117**

St Boniface Dare

24-005030**Public Relations/Education**Disposition **Police Assist Given**

03/22/24 09:0357

N132W18473 Rockfield Rd

Unit **733**
Officer **KCL088**

Rockfield Elementary Dare

Germantown Police Department



Roll Call Log 1

24-003768**K9 Deployment - Other**

03/01/24 10:5403

W180N11501 River Ln

Disposition **Police Assist Given**
Unit **713**
Officer **JLP137**

K9 presence walkthrough at GHS

24-003998**K9 Drug Deployment**

03/05/24 08:4230

County Line Rd/Shady Ln

Disposition **Police Assist Given**
Unit **713**
Officer **JLP137**

Sgt conducted a K9 drug sniff on WI Reg. AVH2902 ref GPD traffic stop #24-3997. The K9 indicated for drugs by scratching the front driver side door handle of the vehicle. THC gummies weighing 4.68 grams were located inside of the vehicle.

24-004063**K9 Drug Deployment**

03/06/24 09:0815

S I 41/County Line Rd

Disposition **Police Assist Given**
Unit **713**
Officer **JLP137**

Sgt conducted a K9 drug sniff on WI Reg. AEU9954 ref GPD traffic stop #24-4061. The K9 indicated for drugs by scratching the rear driver side door handle of the vehicle. Marijuana weighing 2.3 grams was located inside of the vehicle.

24-005223**K9 Public Relations Event**

03/26/24 08:1006

N115W18752 Edison Dr

Disposition **Police Assist Given**
Unit **713**
Officer **JLP137**

OP K9 Medical Class Media Interview

Germantown

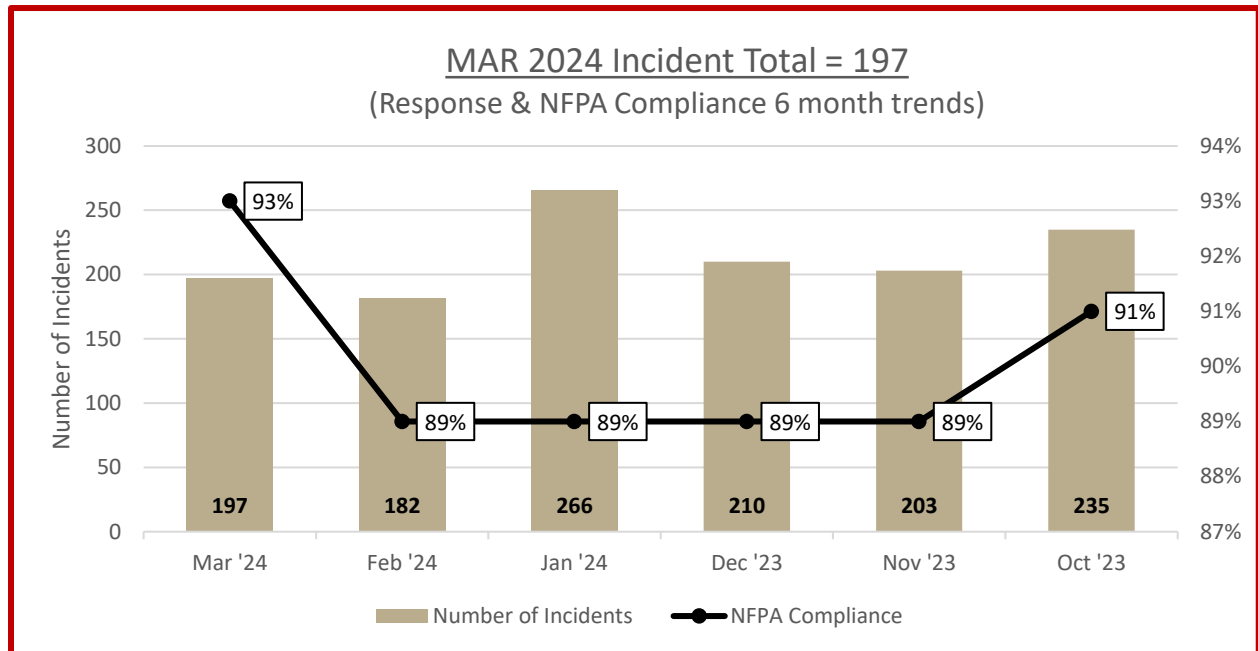
Fire Department

**Monthly Report
March 2024**



**John Delain
Fire Chief**

RESPONSE

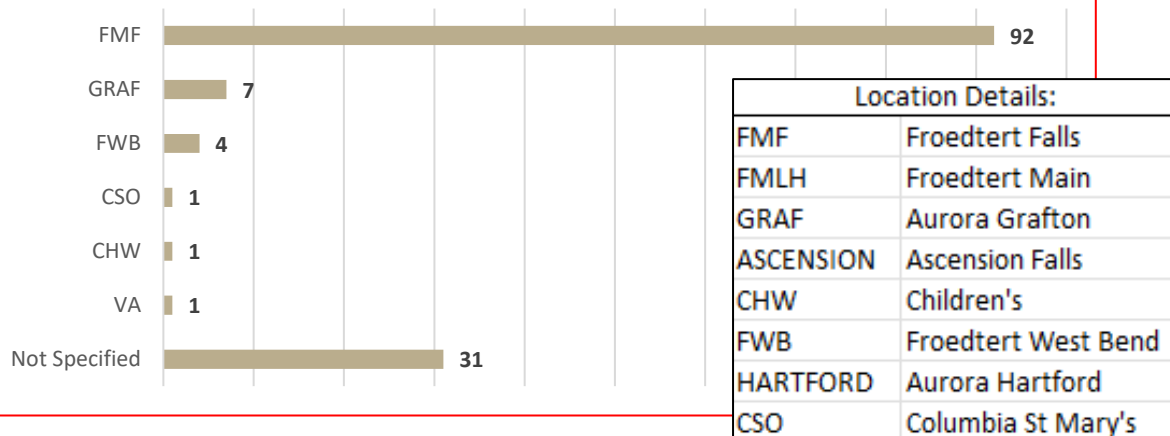


Performance Target: Arrival of crews within 8 minutes according to NFPA 1710 standard, and within 5:20 minutes per ISO Guidelines (NFPA standard is 90%).

Incident Type Group	MAR	# of Incident
111 -Building fire		2
131 -Passenger vehicle fire		1
132 -Road freight or transport vehicle fire		1
142 -Brush, or brush and grass mixture fire		1
321 -EMS call, excluding vehicle accident with injury		151
322 -Vehicle accident with injuries		1
412 -Gas leak (natural gas or LPG)		1
424 -Carbon monoxide incident		3
511 -Lock-out		1
531 -Smoke or odor removal		3
561 -Unauthorized burning		4
611 -Dispatched & canceled en route		10
715 -Local alarm system, malicious false alarm		1
730 -System malfunction, other		1
735 -Alarm system sounded due to malfunction		10
740 -Unintentional transmission of alarm, other		2
746 -Carbon monoxide detector activation, no CO		1
900 -Special type of incident, other		1

INCIDENTS

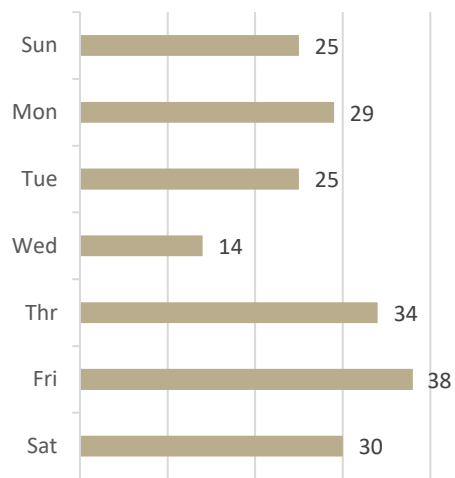
MAR HOSPITAL TRANSPORTS = 137



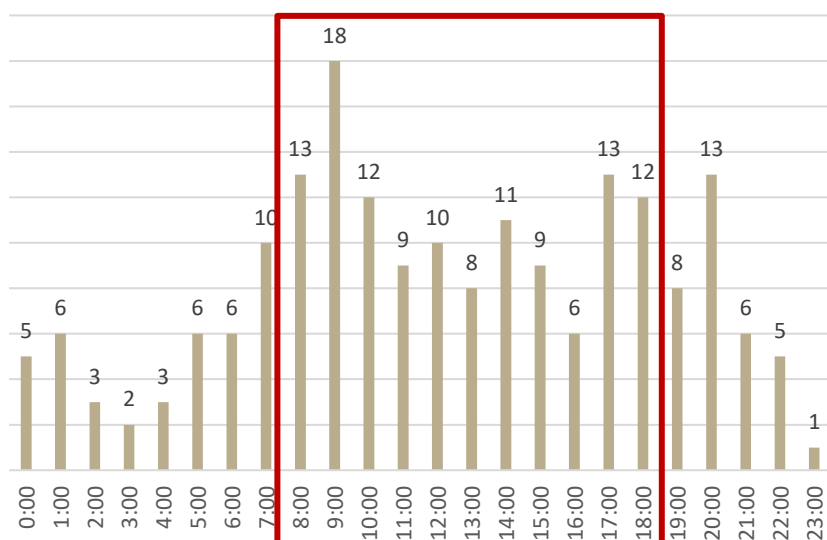
MAR Monthly EMS Calls = 151 (non-MVA)



MAR - Calls by Day of Week

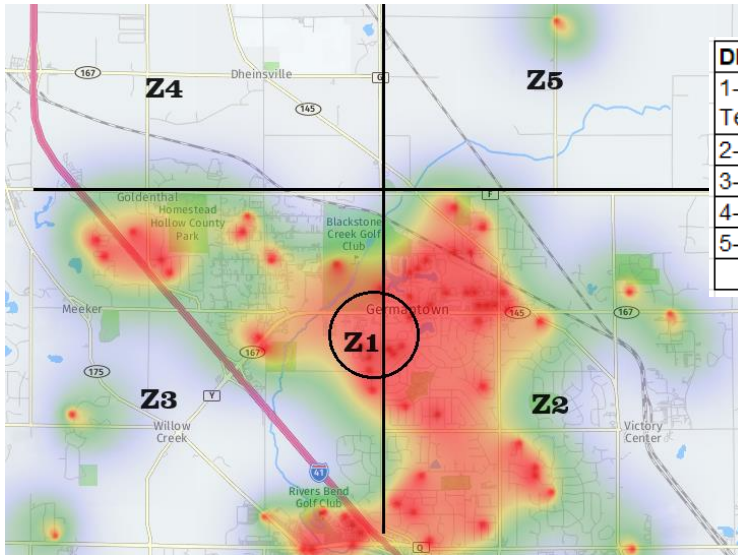


MAR - Calls by Time of Day



INCIDENTS

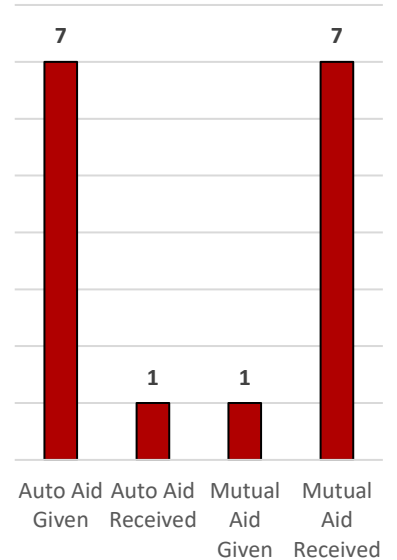
Call volume "Heat Map" indicating incidents in the Village by Zone.



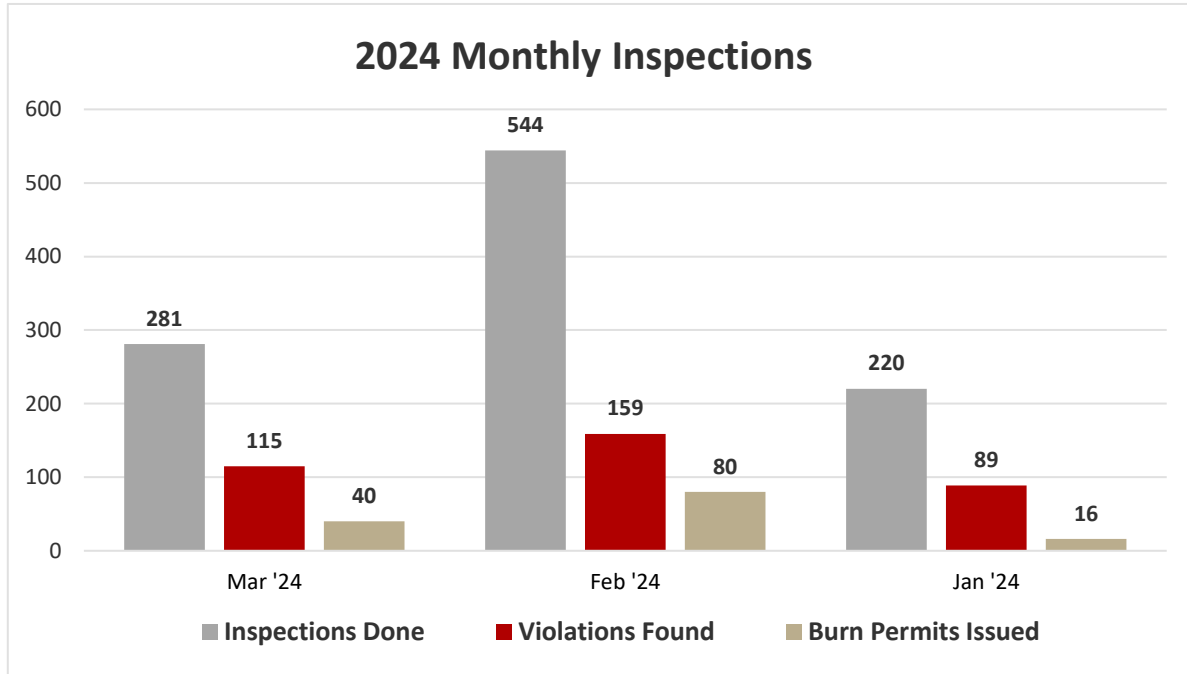
DISTRICT RESPONDED	MAR
1-Zone 1 - Gables, Virginia Highlands, Tender Reflections, Fairway Knoll	42
2-Zone 2 - Southeast	81
3-Zone 3 - Southwest	54
4-Zone 4 - Northwest	5
5-Zone 5 - Northeast	4
Total	186

	Mar	# of Incidents	# of Units
Auto Aid Given		7	7
.....Menomonee Falls			
Auto Aid Received		1	1
.....Menomonee Falls			
Mutual Aid Given		1	1
.....Menomonee Falls			
Mutual Aid Received		7	36
.....Butler		1	1
.....Cedarburg		1	1
.....Brookfield		1	1
.....Mequon		2	3
.....Grafton		1	2
.....Hartford		1	2
.....Jackson		3	6
.....Lisbon		2	3
.....Menomonee Falls		3	5
.....North Shore		1	2
.....Pewaukee		2	2
.....Richfield Rural		1	2
.....Richfield Volunteer		2	2
.....Slinger		3	4
Total:		16	45

Mar - Mutual Aid Incidents (including MABAS)



INSPECTIONS



PUBLIC EDUCATION

MARCH:

- (2) GFD Department Training
- (2) Post 17 Explorers Training
- Career Day @ Kennedy Middle School
- Girl Scout Cookie Distribution Day
 - Half of the vehicle bay filled with pallets of cookies for local Troops to pickup and distribute
- Firefighters are your Friends class (1)
- K9 Medical & Transport Training Classes (2)
- Police & Fire Commission Meeting
- (2) new hires training shifts (4)
- (2) ride-along days

Germantown

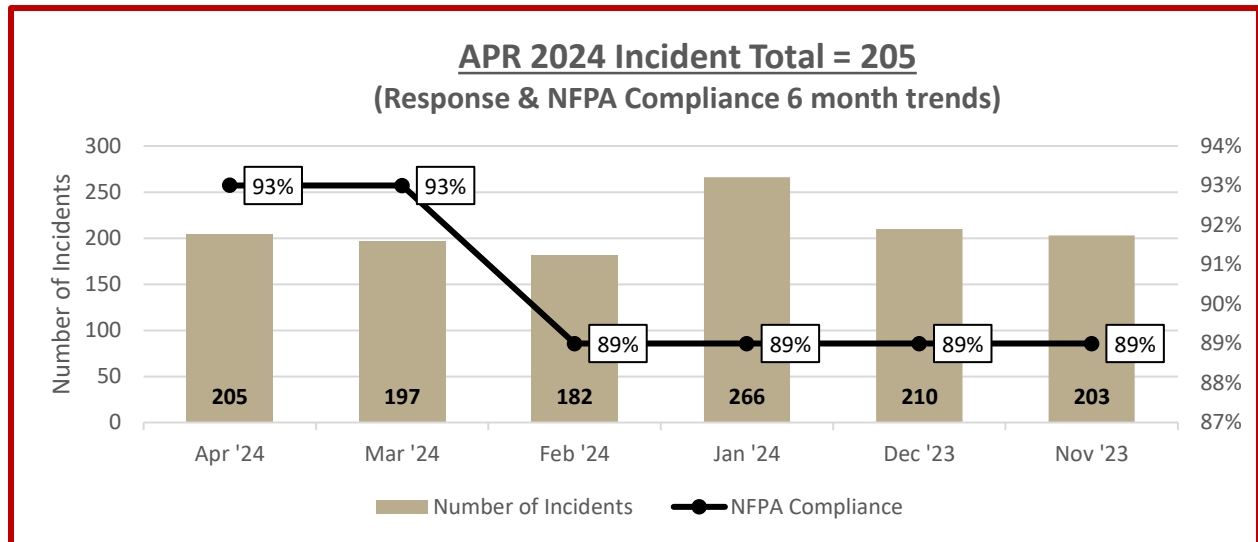
Fire Department

**Monthly Report
April 2024**



**John Delain
Fire Chief**

RESPONSE

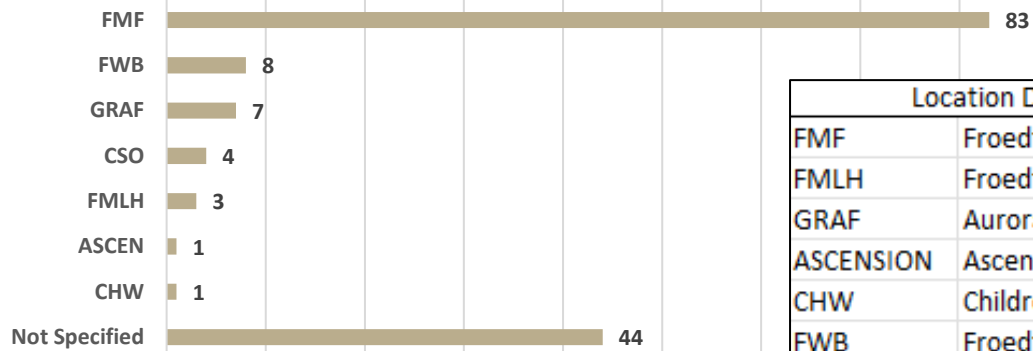


Performance Target: Arrival of crews within 8 minutes according to NFPA 1710 standard, and within 5:20 minutes per ISO Guidelines (NFPA standard is 90%).

NFIRS Incident Type	APRIL
Incident Type Group	# of Incident
100 -Fire, other	1
111 -Building fire	2
162 -Outside equipment fire	1
321 -EMS call, excluding vehicle accident with injury	150
322 -Vehicle accident with injuries	3
324 -Motor vehicle accident with no injuries	1
411 -Gasoline or other flammable liquid spill	1
412 -Gas leak (natural gas or LPG)	4
424 -Carbon monoxide incident	1
444 -Power line down	2
463 -Vehicle accident, general cleanup	1
510 -Person in distress, other	1
531 -Smoke or odor removal	3
542 -Animal rescue	1
550 -Public service assistance, other	1
553 -Public service	1
611 -Dispatched & canceled en route	8
621 -Wrong location	1
652 -Steam, vapor, fog or dust thought to be smoke	1
700 -False alarm or false call, other	2
735 -Alarm system sounded due to malfunction	13

INCIDENTS

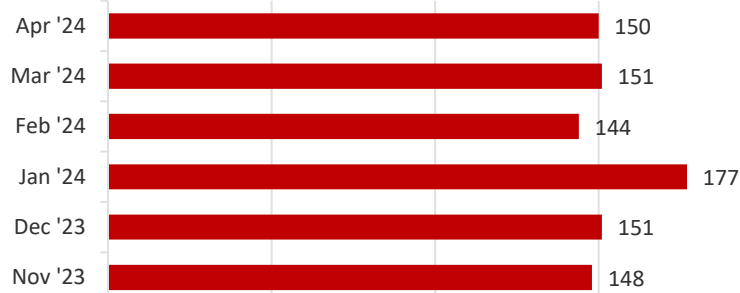
APR HOSPITAL TRANSPORTS = 151



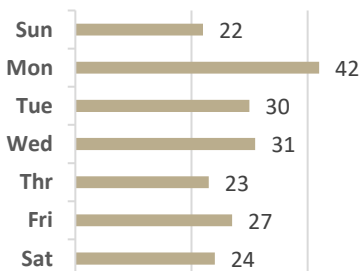
Location Details:

FMF	Froedtert Falls
FMLH	Froedtert Main
GRAF	Aurora Grafton
ASCENSION	Ascension Falls
CHW	Children's
FWB	Froedtert West Bend
HARTFORD	Aurora Hartford
CSO	Columbia St Mary's

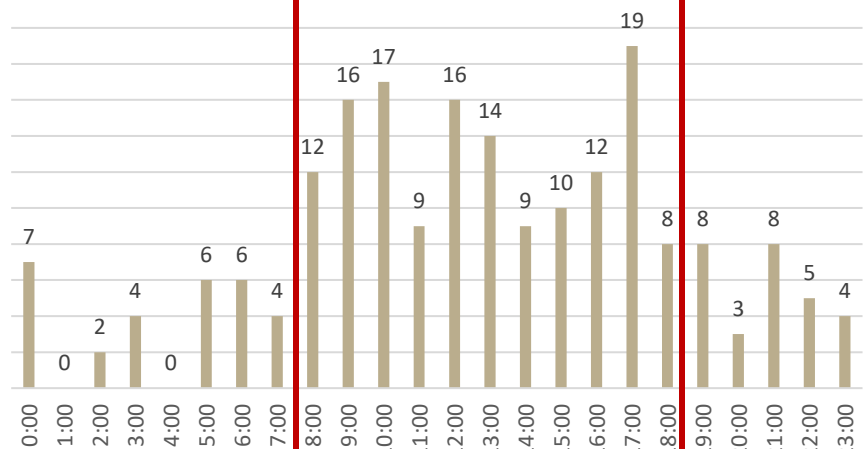
APR Monthly EMS Calls = 150 (non-MVA)



APR - Calls by Day of Week

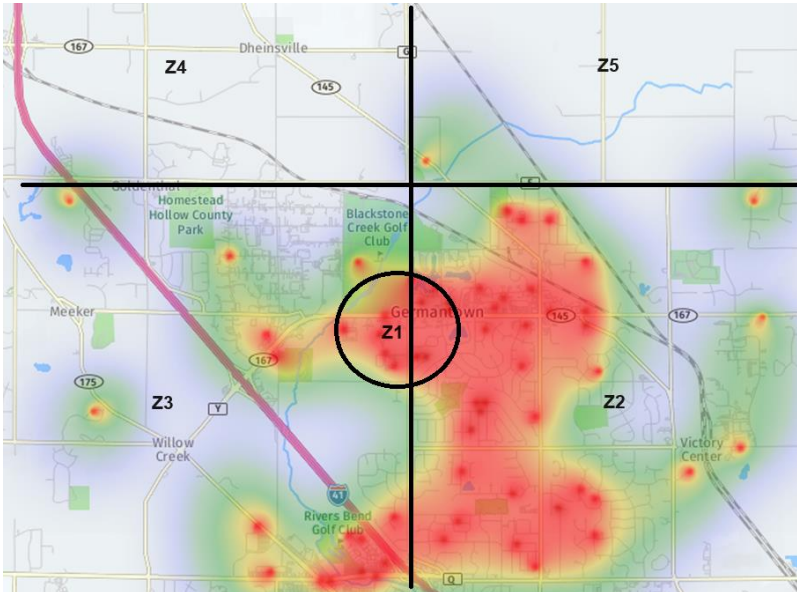


APR - Calls by Time of Day



INCIDENTS

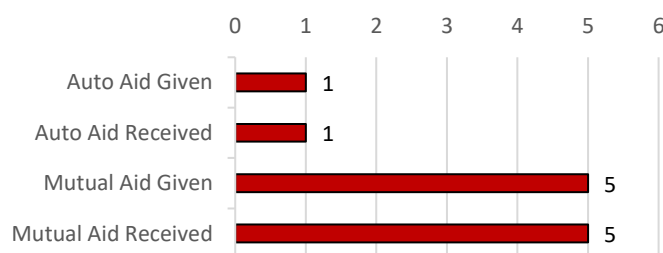
Call volume "Heat Map" indicating incidents in the Village by Zone.



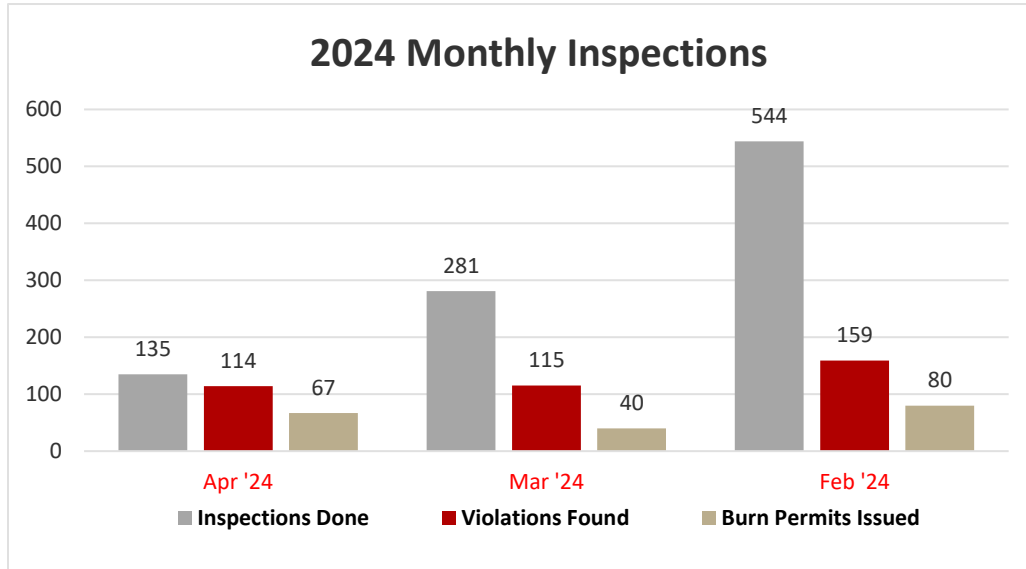
DISTRICT RESPONDED	APR
1-Zone 1 - Gables, Virginia Highlands, Tender Reflections,	42
2-Zone 2 - Southeast	92
3-Zone 3 - Southwest	40
4-Zone 4 - Northwest	10
5-Zone 5 - Northeast	4
6-Zone 6 - Areas outside of Village	6
Total	194

Mutual Aid Summary - APRIL	# of Incidents	# of Units
Auto Aid Given	1	1
.....Menomonee Falls	1	1
Auto Aid Received	1	1
.....Menomonee Falls	1	1
Mutual Aid Given	5	5
.....Menomonee Falls	4	4
.....West Bend	1	1
Mutual Aid Received	5	6
.....Mequon	1	1
.....Jackson	2	2
.....Menomonee Falls	2	2
.....Richfield	1	1
Total:	12	13

APR - Mutual Aid Incidents (including MABAS)



INSPECTIONS



PUBLIC EDUCATION

APRIL:

- (2) GFD Department Training
- (2) Post 17 Explorers Training
- Station 2 (a lot of moving equipment & furniture):
 - painting – interior and bay
 - interior carpet cleaning
 - interior floor scrub
- Fire Extinguisher training, Metals USA (55 employees)
- Home Alone class @ DPW (Rec Dept)
- (1) new hire 2-week Onboarding Academy
- (1) ride-along day

BUSINESS OF THE PUBLIC SAFETY COMMITTEE

MEETING DATE: May 6, 2024

PLACEMENT: Presentation

ITEM TITLE: Dispatch Consolidation (ongoing discussion)

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

Alcohol Beverage
Individual Questionnaire

Date 4/3/24

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) Kwik Trip, Inc.	
2. Business Trade Name or DBA Kwik Trip 631	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Cwikla		2. First Name Tammy		3. M.I. L.	
4. Relationship to Business (Title) Agent		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City [REDACTED]		9. State [REDACTED]		10. Zip Code [REDACTED]	
11. Date of Birth [REDACTED]		12. Drivers License/State ID State of Issuance WI			

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? <table><tr><td>Years</td><td>Months</td></tr><tr><td colspan="2">Entire life</td></tr></table>				Years	Months	Entire life	
Years	Months						
Entire life							
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			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 3		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 4		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 5		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County		
WI	Washington						
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 1996 DUI	Location Washington County, WI	Conviction Date 1996
Penalty Imposed Loss of license.		Was sentence completed? ☒ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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

Tammy Awikala

Date

4/3/04

Form

AB-101

Alcohol Beverage Appointment of Agent

Date

4/3/24

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)

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 631

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

New manager assigned to oversee the store.

Part B: Agent Information

1. Last Name

Cwikla

2. First Name

Tammy

3. M.I.

L.

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes ☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes ☐ No

Continued →

Part D: Business Attestation

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

Last Name Zietlow		First Name Scott	M.I. P.
Title President	Email licensingdept@kwiktrip.com		Phone [REDACTED]
Signature <i>Scott P. Zietlow</i>		Date 4-3-24	

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 Cwicki		First Name Tammy	M.I. L.
Signature <i>Tammy Cwicki</i>		Date 4/3/24	

Form

CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Date **4/3/21****Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 631

3. Entity Type (check one)



Sole Proprietor



Partnership



Limited Liability Company



Corporation

Part B: Individual Information

1. Name (Last)

Cwikla

2. Name (First)

Tammy

3. Name (M.I.)

4. Relationship to Business (Title)

Agent

5. Email

6. Phone

7. Home Address

8. City

9. State

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

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

Previous Address 6

City

State

Zip Code

If applicable, 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

Washington

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated 1996 DUI	Location Washington County, WI	Trial Date NA
Penalty Imposed Loss of license.	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed 10 MONTHS (Already in Above) LOSS of LICENSE	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature **X Tammy Wickler** Date **X 4/3/24**

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-102

**Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent**

Date 4/3/24

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name -Cwikla	2. First Name Tammy	3. M.I. L
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City [REDACTED]	8. [REDACTED]	
10. Date of Birth [REDACTED]	11. Driver's License/State ID Number [REDACTED]	12. Driver's License/State ID State of Issuance [REDACTED]

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 631

3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation

4. Premises Address
W188N10963 Maple Rd

5. City
Germantown

6. State
WI

7. Zip Code
53022

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee (officer, member, or authorized signatory) Scott P. Zietlow	Date 4-3-24
Name of Person Signing for Licensee Scott P. Zietlow	Title President

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent Tammy Cwikla	Date 4/3/24
------------------------------------	----------------

CTV-102 (N. 2-24)

Wisconsin Department of Revenue

Alcohol Beverage
Individual QuestionnaireDate 4/19/24

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)

Speedway LLC

2. Business Trade Name or DBA

Speedway 4465

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Robinson

2. First Name

Pamela

3. M.I.

I.

4. Relationship to Business (Title)

C-Store Leader

5. Email

6. Phone

7. Home Address

8. City

9. State

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

4

Months

2

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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>TX</u>	<u>Dallas</u>	<u>TX</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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

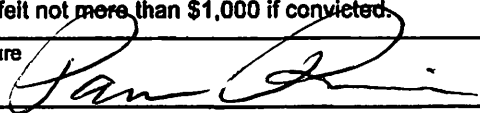
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

4-19-24

Alcohol Beverage
Appointment of AgentDate
4/19/24

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)

Speedway

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

Previous General Manager no longer with company.

Part B: Agent Information

1. Last Name

Robinson

2. First Name

Pamela

3. M.I.

I

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

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 <i>Robinson</i>	First Name <i>Pamela</i>	M.I. <i>I.</i>
Title <i>Store Leader</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>Pam R.</i>		Date <i>4-19-2024</i>

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 <i>Robinson</i>	First Name <i>Pamela</i>	M.I. <i>I.</i>
Signature <i>Pam R.</i>		Date <i>4-19-2024</i>

May 6 PS/VB

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

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

FEE \$ 10

Application Date: 04/22/2024

☐ Town ☒ Village ☐ City of Germantown

County of Washington

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

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

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

at the premises described below during a special event beginning 05/19/2024 and ending 05/19/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

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

(a) Name Faith Lutheran Church

(b) Address W172N11187 Division Rd Germantown, WI 53022
(Street) ☐ Town ☒ Village ☐ City

(c) Date organized 12/31/1963

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President David Johnson

Vice President Dennel Meinzer

Secretary Bonnie Gilmiester

Treasurer Rus Sommer

(g) Name and address of manager or person in charge of affair: Christopher Totsky
W177N8616 Lynwood Dr Menomonee Falls, WI 53051

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

(a) Street number W172N11187 Division Rd Germantown, WI 53022

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? All - within building; Fellowship hall and Northex

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

3. Name of Event

(a) List name of the event Youth of Faith Spaghetti Dinner, Raffle, and Silent Auction

(b) Dates of event 05/19/2024 4pm - 8pm

DECLARATION

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

Officer David Johnson
(Signature / Date)

Faith Lutheran Church
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

R# 561-0042

PS/UB May 6

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

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

FEE \$ 10

Application Date: 4-23-2024

☐ Town ☒ Village ☐ City of GERMANTOWN

County of WASHINGTON

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

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

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

at the premises described below during a special event beginning May 17 2024 and ending May 19 2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☐ Bona fide Club

☐ Church

☒ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name DEUTSCHSTADT HERITAGE FOUNDATION

(b) Address N112W16240 MEQUON RD, GERMANTOWN
(Street)

☐ Town ☒ Village ☐ City

(c) Date organized 1989

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President CHARLES J. HARGAN

Vice President KEN MILLER

Secretary JUDY LASTRILLA

Treasurer MICHELLE DANBYK

(g) Name and address of manager or person in charge of affair: _____

CHARLES J. HARGAN, W16N11504 BISCLAYNE DR, GERMANTOWN, WI 53022

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

(a) Street number MARKET PLAZ #2 N112 W16560 Mequon Rd

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event MAI FEST 18th: 11am - 11:30pm

(b) Dates of event MAY 17 - 19 17th: 5pm - 11pm 19th: 12pm - 7:30pm

DECLARATION

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

Officer Charles J. Hargan 4/23/2024
(Signature) (Date)

DEUTSCHSTADT HERITAGE FOUNDATION
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

R# 564 0011

OUTSIDE PREMISE EXTENSION APPLICATION

Application for Class "B" Beer & "Class B" Liquor License

Outside Premise Extension

- Additional permits or approvals may be required by other Departments (sign permits, temporary use permits, building permits, electrical permits, etc.). You are responsible for obtaining those permits prior to approval of this application. Contact Community Development at 250-4735 for further information.
- Approved licenses are valid upon issuance and expire June 30 the following year, unless otherwise noted for One Time/Special Events. If there are any changes to the previously approved application, site plan approval and Plan Commission review will be needed.

☐	Annual Extension Request	\$25
☒	One Time/Special Event Extension Request	\$25
Total:		25

IF YOUR APPLICATION SHOULD BE DENIED BY THE VILLAGE BOARD, THE FEES ARE NON-REFUNDABLE.

Applicant Name Boro Buzdum	Phone Number [REDACTED]	Email [REDACTED]
--------------------------------------	----------------------------	---------------------

Name of Licensed Premise Fawn Lane LLC, DBA Buzdum's Pub & Grill
--

Street Address of Licensed Premise W188N10515 Maple Rd	City Germantown	State WI	Zip 53022
--	---------------------------	--------------------	---------------------

Describe the area of outside extension. You MUST include a detailed drawing of the area with dimensions and access points

Annual applied for:
Parking lot; back patio & grass area

One Time/Special Events - List Dates and Times of Event

(Municipal Code limits time to 10:00pm unless otherwise authorized by Village Board)

Annual Extensions - List Times In Use

Monday May 27th car show 9am-4pm

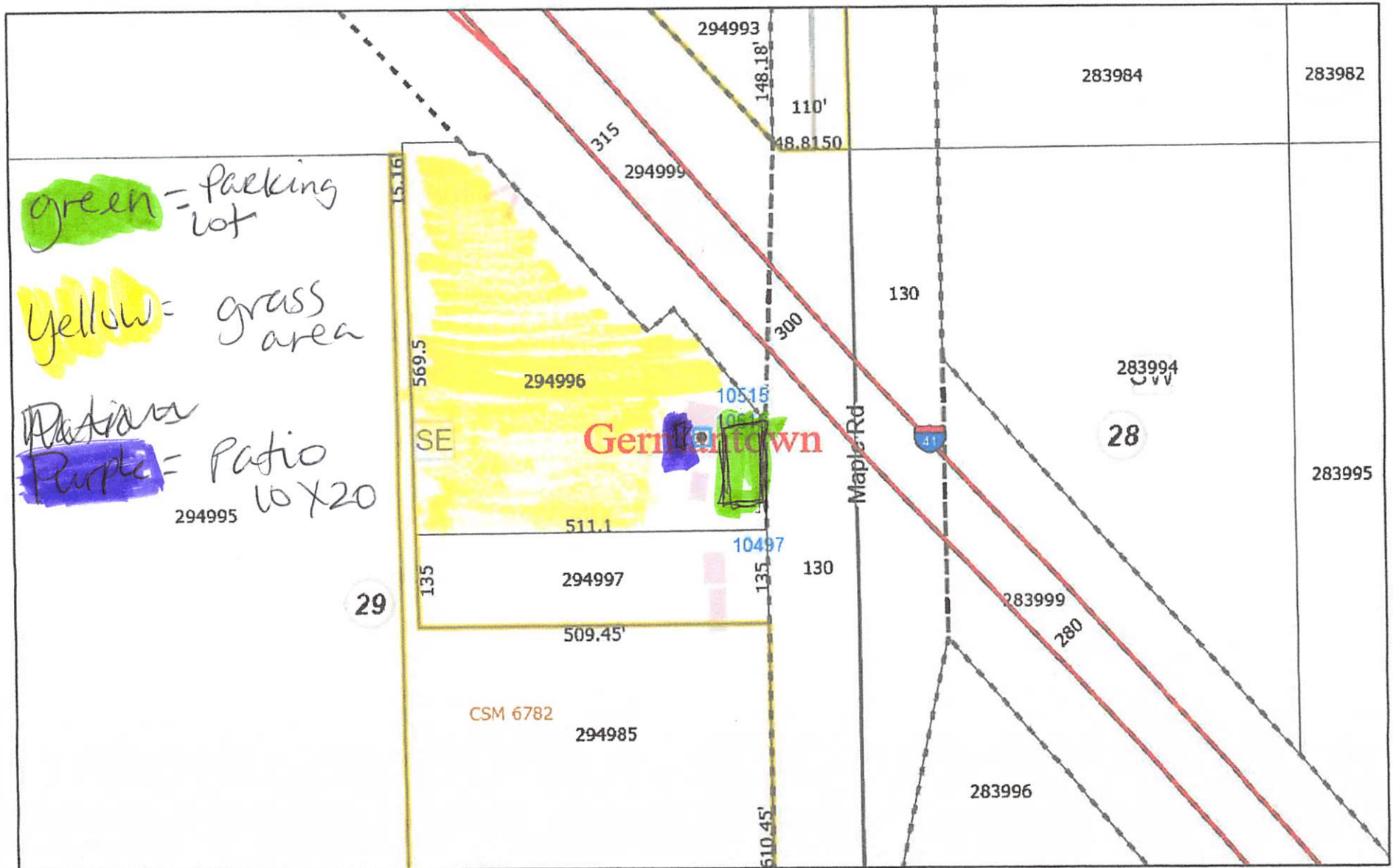
I hereby certify that the answers on this application are complete, true and correct to the best of my knowledge and belief and make application for an Extension of Premise in the Village of Germantown, Wisconsin, subject to the provisions and limitations of Wisconsin Statutes and Germantown Municipal Code, and hereby agree to comply with all laws, resolutions, ordinances, and regulations, affecting said activity, if a license be granted to me.

Boro Buzdum
 Applicant Signature

4.29.2024
 Date

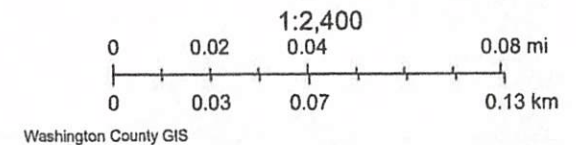
For Office Use Only: Date: <i>4-25-24</i>	Initials: _____	Amount Paid: <i>25</i>	Receipt # _____
Community Development Reviewed: _____	Plan Commission Date (New/Changes Only): _____	Date 300' Noticed Mailed: _____	
Police Chief Date Notified _____	Police Dept: _____	Approve or _____ Deny (Attach basis for denial). Police Chief or Designee: _____	Date: _____
Fire Chief Date Notified _____	Fire Dept: _____	Approve or Deny (Attach basis for denial). Fire Chief or Designee Approval: _____	Date: _____
Public Safety Meeting Date _____	Approved/Denied (Circle One)	Village Board Meeting Date _____	Approved/Denied (Circle One)
License Number: _____	Village Clerk Approval: _____		

Washington County, Wisconsin



4/2/2024, 10:23:34 AM

- | | | | | |
|--|--|--|---|---|
| <ul style="list-style-type: none"> Current Parcel Road Centerline STH, CTH Ramp Road Centerline I, USH Interstate | <ul style="list-style-type: none"> Address Point Lot Number Certified Survey Number Leader Lines | <ul style="list-style-type: none"> Parcel Taxkey & Acreage PLSS Boundary PLSS Section PLSS Quarter | <ul style="list-style-type: none"> Lot Plat Certified Survey Map Right-of-Way | <ul style="list-style-type: none"> Municipality Local Road Labels Local Road |
|--|--|--|---|---|



PS: May 6 2024
VB: May 6 2024

Form
AT-106

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	Village of Germantown
License Period	commence: and June 30, 2024

License(s) Requested

- ☐ Class "A" Beer \$ _____ ☐ "Class A" Liquor \$ _____
- ☒ Class "B" Beer \$ 100.00 ☒ "Class B" Liquor \$ 600.00
- ☐ "Class C" Wine \$ _____ ☐ "Class A" Liquor (Cider Only) \$ _____
- ☒ Reserve "Class B" Liquor \$ 10,000 ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$10,600.00
Publication Fee	\$43.00
Background Check	\$ _____
Total Fees	\$10,643.00

extension 25.00
\$10,668.00

Part A: Premises/Business Information

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

Sol Agave Taste of Mexico LLC

2. Trade Name or DBA

Sol Agave Taste of Mexico

3. Premises Address

1112 W 16344 Mequon Rd Germantown WI 53022

4. County

Washington

5. Municipality

6. Aldermanic District

7. Mailing Address (if different from premises address)

8. FEIN

99-1470240

9. Wisconsin Seller's Permit Number

456-1031614856-04

10. Premises Phone

11. Premises Email

12. Entity Type (check one)

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

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.

Alcohol will be stored Behind bar, and liquor room
Alcohol will be served at Bar, Dining Room, and
patio. The premise is located at 1112 W 16344 Mequon Rd
Germantown WI 53022, IT DOES INCLUDE Bar, Kitchen, Dining
Room, patio and storage room.

Part B: Questions

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

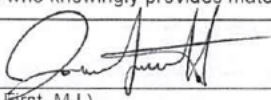
Police Dept. Appr.
4/12/24
Page 55 of 76

Part C: For Corporate/LLC Applicants Only		
1. State of Registration <u>WISCONSIN</u>	2. Date of Registration <u>02/21/2024</u>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ☐ Yes ☒ No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name <u>Fuentes</u>	Agent's First Name <u>Juan</u>	Phone

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

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

Last Name	First Name	Title	Phone
Fabian Arcate Romero	Fabian	member	
Alonso Arcellano	Ernesto	member	
Fuentes Hernandez	Juan Antonio	member/Agent	

Part E: Attestation	
Who must sign this application? • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date <u>March 7th, 2024</u>
Name (Last, First, M.I.) <u>Fuentes Hernandez Juan A.</u>	
Title <u>member Agent</u>	Email Phone

Part F: For Clerk Use Only		
Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date

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

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

Sol Agave Taste of Mexico LLC

2. Trade Name or DBA

Sol Agave Taste of Mexico

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)

Alonso Arellano Ernesto

2. Relationship to Registered Entity (Title)

LLC Member

3. Email

4. Phone

5. Home Address

[REDACTED]

6. City

[REDACTED]

7. State

[REDACTED]

8. Zip Code

[REDACTED]

9. Date of Birth

[REDACTED]

10. Drivers License/State ID Number

[REDACTED]

11. Drivers License/State ID State of Issuance

[REDACTED]

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

[REDACTED]

Previous City, State, Zip

[REDACTED]

Dates (MM/YYYY - MM/YYYY)

[REDACTED]

Previous Address 2

[REDACTED]

Previous City, State, Zip

[REDACTED]

Dates (MM/YYYY - MM/YYYY)

[REDACTED]

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Tequilas Bar & Grill

Employer's Address

126 S Ludington St Columbus WI 53925

Dates Employed (MM/YYYY - MM/YYYY)

09-2021-12-2022

Employer's Name

El Simador Mexican Grill

Employer's Address

N65W24838 Main St Sussex WI 53089

Dates Employed (MM/YYYY - MM/YYYY)

12-2022 - Present

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☒ No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☒ No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No Indiana		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 2	Months 6
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No		

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: 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 Ernesto Alonso Arellano	Date 3-7-2024

Alcohol Beverage License Application
Supplemental Questionnaire

Date

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

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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) <i>Sol Agave Taste of Mexico LLC</i>	
2. Trade Name or DBA <i>Sol Agave taste of Mexico</i>	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) <i>Fuentes Hernandez Juan A</i>			
2. Relationship to Registered Entity (Title) <i>LLC member</i>		3. Email [REDACTED]	
4. Phone [REDACTED]		5. Home Address [REDACTED]	
6. City [REDACTED]	7. State [REDACTED]	8. Zip Code [REDACTED]	9. Date of Birth [REDACTED]
10. Drivers License/State ID Number [REDACTED]		11. Drivers License/State ID State of Issuance [REDACTED]	

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

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name <i>El Jimador Mexican Grill</i>	
Employer's Address <i>N65 W24838 main st Sussex WI 53089</i>	Dates Employed (MM/YYYY - MM/YYYY) <i>12/2022 - Present</i>
Employer's Name <i>Pedros Grill and cantina</i>	
Employer's Address <i>7 8th St Cloquet MN 55720</i>	Dates Employed (MM/YYYY - MM/YYYY) <i>09/2013 - 07/2022</i>

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? ☐ Yes ☒ No
-----------------	---

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? ☐ Yes ☒ No
-----------------	---

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

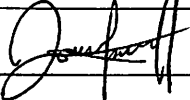
Minnesota

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 1	Months 9
--	------------	-------------

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 3/7/2024
--	------------------

Alcohol Beverage License Application
Supplemental Questionnaire

Date

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

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

Sol Agave Taste of Mexico LLC

2. Trade Name or DBA

Sol Agave Taste of Mexico

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Name (Last, First, M.I.)

Arzate Ramirez Fabian

2. Relationship to Registered Entity (Title)

member

3. Email

4. Phone

5. Home Address

6. City

7. State

8. Zip Code

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Arandas Fucate LLC

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? ☐ Yes ☒ No
-----------------	---

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? ☐ Yes ☒ No
-----------------	---

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

IL

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 13	Months
--	-------------	--------

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 3-7-2024
---	------------------

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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☒ Village of Germantown County of Washington
Jefferson City

The undersigned duly authorized officer/member/manager of Sol Agave Taste of Mexico LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Sol Agave Taste of Mexico
(Trade Name)

located at N 112 W 16344 Mequon Rd Germantown WI 53022

appoints Juan Antonio Fuentes Hernandez
(Name of Appointed Agent)

[Redacted]
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

El Jimador Mexican Grill LLC - Waukesha County / El Jimador LLC - Waukesha County

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 1 Year 9 months

Place of residence last year [Redacted]

For: Sol Agave taste of Mexico LLC
(Name of Corporation / Organization / Limited Liability Company)

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Juan Antonio Fuentes Hernandez, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 3/07/2024
(Signature of Agent) (Date)

Agent's age [Redacted]

Date of birth [Redacted]

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

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

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

TEMPORARY OUTSIDE PREMISE EXTENSION APPLICATION
Application for Amendment of Class "B" Fermented Malt Beverage
& "Class B" Intoxicating Liquor License Outside Premise Extension

Filling out your application

Additional permits or approvals may be required by other Village Departments (sign permits, temporary use permits, electrical permits, etc.). You are responsible for obtaining those permits prior to your event. Contact the Community Development Department at 262-250-4735 for further information.

Review of your application

The Village of Germantown Police Department and Fire Department will review your application and give a recommendation to the Public Safety Committee and Village Board.

OUTSIDE PREMISE EXTENSION FEES

☐	Temporary Premise Extension	\$25
	Total:	

IF YOUR APPLICATION SHOULD BE DENIED BY THE VILLAGE BOARD, THE FEES ARE NON-REFUNDABLE.

Name of Licensed Premise

SOL Agave Taste Mexico LLC

Street Address of Licensed Premise

N112 W16344 Mequon Rd

City

Germantown

State

WI

Zip

53022

Person in Charge of Event

Juan Fuentes

Phone

[REDACTED]

Date of Birth

[REDACTED]

Mail Address

[REDACTED]

Dates and Times of Event (Municipal Code limits time to 10:00pm)

Fri - Sat 11:00 AM - 10:00 PM
Sun - Thurs 11:00 AM - 9:00 PM

Purpose for Requesting the Outside Extension

Out-Door Seating for Bar and Restaurant

Describe the area of outside extension (INCLUDE A DETAILED DRAWING OF THE AREA with dimensions)

Fenced in patio

I hereby certify that the answers on this application are complete, true and correct to the best of my knowledge and belief and make application for a Temporary Extension of Premise in the Village of Germantown, Wisconsin, subject to the provisions and limitations of Wisconsin Statutes and Germantown Municipal Code, and hereby agree to comply with all laws, resolutions, ordinances, and regulations, affecting said activity, if a license be granted to me.

[Signature]
 Applicant Signature

3/10/2024
 Date

For Office Use Only:

Date: _____ Initials: _____ Amount Paid: _____ Date 300' Notices Mailed Out: _____ Village Board Approval Date: _____

Police Chief Date Notified 4/11 Police Dept: X Approve or _____ Deny (Attach basis for denial). Police Chief or Designee Approval: _____ Date: 4/12/24

Fire Chief Date Notified _____ Fire Dept: _____ Approve or _____ Deny (Attach basis for denial). Fire Chief or Designee Approval: _____ Date: _____

Public Safety Meeting Date _____ Approved/Denied (Circle One) Village Board Meeting Date _____ Approved/Denied (Circle One)

License Number: _____ Date Effective _____ Village Clerk Approval: _____

BUSINESS OF THE PUBLIC SAFETY COMMITTEE

MEETING DATE: May 6, 2024

PLACEMENT: Action Item

ITEM TITLE: Purchase of Ford Escape

SUBMITTED BY: Mike Snow, Police Chief

SUMMARY EXPLANATION:

The department recently received a grant award from DOJ in the amount of \$35,926. The grant was written to fund, in part, an administrative vehicle to be used for a variety of tasks and assignments.

We are requesting to use \$30,736 for the purchase of a 2024 Ford Escape.

ATTACHMENT:

1. Germantown '24 AWD Escape

RECOMMENDATION:

ACTION BY Committee:



Germantown Police Department

Prepared For: Captain Pat Merten
262-253-7780
pmerten@germantownpolicewi.gov

Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD





Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD (Complete)

Quote Worksheet

	MSRP
Base Price	\$31,665.00
Dest Charge	\$1,495.00
Total Options	\$310.00
Subtotal	\$33,470.00
Subtotal Pre-Tax Adjustments	\$0.00
Less Customer Discount	(\$2,734.00)
Subtotal Discount	(\$2,734.00)
Trade-In	\$0.00
Subtotal Trade-In	\$0.00
Taxable Price	\$30,736.00
Sales Tax	\$0.00
Subtotal Taxes	\$0.00
Subtotal Post-Tax Adjustments	\$0.00
Total Sales Price	\$30,736.00

Comments:

2024 Ford Escape AWD to the specifications as detailed. Registration fees are not included. Due to current market, lead time can not be guaranteed.

Currently have 3 on order- Vapor Blue, White, and Iconic Silver

Dealer Signature / Date

Customer Signature / Date



Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD ( Complete)

Standard Equipment

Package

Cold Weather Package -inc: Heated Front Row Seats, Heated Sideview Mirrors, Remote starter system, Heated Steering Wheel

Mechanical

- Engine: 1.5L EcoBoost -inc: auto start-stop technology (STD)
- Transmission: 8-Speed Automatic (STD)
- 3.81 Axle Ratio
- 50-State Emissions System
- Transmission w/Driver Selectable Mode and Oil Cooler
- Automatic Full-Time All-Wheel
- Battery w/Run Down Protection
- 1013# Maximum Payload
- GVWR: TBD
- Gas-Pressurized Shock Absorbers
- Front And Rear Anti-Roll Bars
- Electric Power-Assist Speed-Sensing Steering
- Quasi-Dual Stainless Steel Exhaust w/Chrome Tailpipe Finisher
- 15.7 Gal. Fuel Tank
- Permanent Locking Hubs
- Strut Front Suspension w/Coil Springs
- Short And Long Arm Rear Suspension w/Coil Springs
- 4-Wheel Disc Brakes w/4-Wheel ABS, Front Vented Discs, Brake Assist, Hill Hold Control and Electric Parking Brake
- Brake Actuated Limited Slip Differential

Exterior

- Wheels: 17" Shadow Silver-Painted Aluminum
- Tires: 225/65R17 AS BSW
- Steel Spare Wheel
- Compact Spare Tire Mounted Inside Under Cargo
- Clearcoat Paint
- Body-Colored Front Bumper w/Metal-Look Rub Strip/Fascia Accent and Black Bumper Insert

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD (Complete)

Exterior

- Black Rear Bumper w/Metal-Look Rub Strip/Fascia Accent
- Black Bodyside Cladding and Black Wheel Well Trim
- Black Side Windows Trim
- Body-Colored Door Handles
- Black Power Side Mirrors w/Manual Folding
- Fixed Rear Window w/Fixed Interval Wiper and Defroster
- Speed Sensitive Variable Intermittent Wipers
- Deep Tinted Glass
- Fully Galvanized Steel Panels
- Lip Spoiler
- Black Grille w/Chrome Accents
- Power Liftgate Rear Cargo Access
- Tailgate/Rear Door Lock Included w/Power Door Locks
- Autolamp Auto On/Off Aero-Composite Led Low/High Beam Auto High-Beam Daytime Running Lights Preference Setting Headlamps w/Delay-Off
- Perimeter/Approach Lights
- LED Brakelights
- Headlights-Automatic Highbeams

Entertainment

- AM/FM/Satellite w/Seek-Scan, Clock and Radio Data System
- Radio: AM/FM Stereo -inc: 6 speakers, speed compensated volume, steering wheel mounted controls and SiriusXM w/360L w/a 3 month prepaid subscription, Note: SiriusXM audio and data services each require a subscription sold separately, or as a package, by Sirius XM Inc, Your SiriusXM service will automatically stop at the end of your trial unless you decide to subscribe, If you decide to continue service after your trial, the subscription plan you choose will automatically renew thereafter and you will be charged according to your chosen payment method at then- current rates, Fees and taxes apply, To cancel you must call SiriusXM at 1-866-635-2349, See SiriusXM Customer Agreement for complete terms at www.siriusxm.com, All fees and programming subject to change, Not all vehicles or devices are capable of receiving all services offered by SiriusXM, Current information and features may not be available in all locations, or on all receivers, Satellite and streaming lineups vary slightly, 2020 Sirius XM Inc, Sirius, XM, SiriusXM and all related marks and logos are trademarks of Sirius XM Inc SiriusXM service is not available in Alaska and Hawaii.
- Integrated Roof Antenna
- SYNC 4 -inc: 8" LCD capacitive touch-screen w/swipe capability, wireless phone connection, cloud connected, AppLink w/app catalog, 911 Assist, wireless Apple CarPlay and Android Auto, digital owners manual
- Wireless Phone Connectivity

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD (Complete)

Entertainment

2 LCD Monitors In The Front

Interior

- Bucket Front Seats w/Cloth Back Material and Power 2-Way Driver Lumbar
- 8-Way Power Driver Seat -inc: Power Recline, Height Adjustment, Fore/Aft Movement and Power 2-Way Lumbar Support
- 4-Way Passenger Seat -inc: Manual Recline and Fore/Aft Movement
- 60-40 Folding Split-Bench Front Facing Manual Reclining Fold Forward Seatback Cloth Rear Seat w/Manual Fore/Aft
- Manual Tilt/Telescoping Steering Column
- Gauges -inc: Speedometer, Odometer, Engine Coolant Temp, Tachometer, Trip Odometer and Trip Computer
- Power Rear Windows and Fixed 3rd Row Windows
- Mobile Hotspot Internet Access
- Leatherette Steering Wheel
- Front Cupholder
- Rear Cupholder
- Compass
- Remote Keyless Entry w/Integrated Key Transmitter, Illuminated Entry, Illuminated Ignition Switch and Panic Button
- Proximity Key For Doors And Push Button Start
- Valet Function
- Remote Releases -Inc: Power Cargo Access
- FordPass Connect -inc: 4G LTE Wi-Fi hotspot that connects up to 10 devices (includes a wireless data trial that begins upon AT&T activation and expires at the end of 3 months or when 3GB of data is used, whichever comes first, but cannot extend beyond the trial subscription period for remote features, To activate, go to www.att.com/ford), Remote start w/specific time scheduling, lock and unlock, locate parked vehicle and check vehicle status (the FordPass App and complimentary connected services are required for remote features (see FordPass terms for details), Connected services and features depend on compatible AT&T network availability, Evolving technology/cellular networks/vehicle capability may limit functionality and prevent operation of connected features, Connected services exclude Wi-Fi hotspot)
- Cruise Control w/Steering Wheel Controls
- Dual Zone Front Automatic Air Conditioning
- HVAC -inc: Underseat Ducts and Console Ducts
- Glove Box
- Driver Foot Rest

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD (Complete)

Interior

- Interior Trim -inc: Piano Black/Metal-Look Instrument Panel Insert, Metal-Look Door Panel Insert, Metal-Look Console Insert and Metal-Look Interior Accents
- Full Cloth Headliner
- Metal-Look Gear Shifter Material
- Unique Cloth Front Bucket Seats -inc: 8-way power driver (fore/aft, up/down, recline, lumbar) and 4-way manual front passenger (fore/aft w/manual recline)
- Day-Night Rearview Mirror
- Driver And Passenger Visor Vanity Mirrors w/Driver And Passenger Illumination, Driver And Passenger Auxiliary Mirror
- Full Floor Console w/Covered Storage, Mini Overhead Console w/Storage and 2 12V DC Power Outlets
- Front And Rear Map Lights
- Fade-To-Off Interior Lighting
- Full Carpet Floor Covering -inc: Carpet Front And Rear Floor Mats
- Carpet Floor Trim
- Cargo Area Concealed Storage
- Trunk/Hatch Auto-Latch
- Cargo Space Lights
- Tracker System
- Smart Device Integration
- FOB Controls -inc: Cargo Access
- Driver / Passenger And Rear Door Bins
- Power 1st Row Windows w/Driver 1-Touch Down
- Delayed Accessory Power
- Power Door Locks w/Autolock Feature
- Driver Information Center
- Redundant Digital Speedometer
- Trip Computer
- Outside Temp Gauge
- Digital Appearance
- Manual Adjustable Front Head Restraints and Manual Adjustable Rear Head Restraints
- Front Center Armrest and Rear Center Armrest
- 1 Seatback Storage Pocket

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD ( Complete)

Interior	
	Securilock Anti-Theft Ignition (pats) Immobilizer
	Air Filtration
	2 12V DC Power Outlets
Safety-Mechanical	
	AdvanceTrac w/Roll Stability Control Electronic Stability Control (ESC) And Roll Stability Control (RSC)
	ABS And Driveline Traction Control
Safety-Exterior	
	Side Impact Beams
Safety-Interior	
	Dual Stage Driver And Passenger Seat-Mounted Side Airbags
	Emergency Sos
	BLIS (Blind Spot Information System) Blind Spot
	Pre-Collision Assist with Automatic Emergency Braking (AEB)
	Lane Keeping Alert Lane Keeping Assist
	Lane Keeping Alert Lane Departure Warning
	Collision Mitigation-Front
	Driver Monitoring-Alert
	Collision Mitigation-Rear
	Tire Specific Low Tire Pressure Warning
	Dual Stage Driver And Passenger Front Airbags
	Safety Canopy System Curtain 1st And 2nd Row Airbags
	Personal Safety System Airbag Occupancy Sensor
	Driver Knee Airbag
	Rear Child Safety Locks
	Outboard Front Lap And Shoulder Safety Belts -inc: Rear Center 3 Point, Height Adjusters and Pretensioners
	Back-Up Camera

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD ( Complete)

WARRANTY

Basic Years: 3
Basic Miles/km: 36,000
Drivetrain Years: 5
Drivetrain Miles/km: 60,000
Corrosion Years: 5
Corrosion Miles/km: Unlimited
Roadside Assistance Years: 5
Roadside Assistance Miles/km: 60,000

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD ( Complete)

Selected Model and Options

MODEL		
CODE	MODEL	MSRP
U9G	2024 Ford Escape Active AWD	\$31,665.00
COLORS		
CODE	DESCRIPTION	
K1	Vapor Blue Metallic	
ENGINE		
CODE	DESCRIPTION	MSRP
99N	Engine: 1.5L EcoBoost -inc: auto start-stop technology (STD)	\$0.00
TRANSMISSION		
CODE	DESCRIPTION	MSRP
448	Transmission: 8-Speed Automatic (STD)	\$0.00
OPTION PACKAGE		
CODE	DESCRIPTION	MSRP
200A	Equipment Group 200A -inc: Heated Front Row Seats, Heated Sideview Mirrors, Remote starter system, Heated Steering Wheel	\$0.00
PRIMARY PAINT		
CODE	DESCRIPTION	MSRP
K1	Vapor Blue Metallic	\$0.00
SEAT TYPE		
CODE	DESCRIPTION	MSRP
CB	Ebony, Unique Cloth Front Bucket Seats -inc: 8-way power driver (fore/aft, up/down, recline, lumbar) and 4-way manual front passenger (fore/aft w/manual recline)	\$0.00
ADDITIONAL EQUIPMENT - EXTERIOR		
CODE	DESCRIPTION	MSRP
153	Front License Plate Bracket -inc: Standard in states requiring two license plates and optional to all others	\$0.00

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD ( Complete)

ADDITIONAL EQUIPMENT - INTERIOR

CODE	DESCRIPTION	MSRP
50Q	Cargo Mat	\$100.00

DEALER INSTALLED OPTIONS

CODE	DESCRIPTION	MSRP
—	Splash Guards	\$210.00
Options Total		\$310.00

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Vehicle: [Fleet] 2024 Ford Escape (U9G) Active AWD ( Complete)

Price Summary

PRICE SUMMARY	
	MSRP
Base Price	\$31,665.00
Total Options	\$310.00
Vehicle Subtotal	\$31,975.00
Destination Charge	\$1,495.00
Grand Total	\$33,470.00

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