

PUBLIC NOTICE

AGENDA FOR REGULAR VILLAGE BOARD MEETING #2014

Tuesday, August 20, 2019 at 7:00 PM

Village Hall Board Room, 12621 W. Hampton Avenue

PLEASE TAKE NOTICE that a Regular Meeting of the Butler Village Board will be held on the 20th day of August, 2019 at 7:00 PM at the Village Hall Board Room, 12621 W. Hampton Avenue, Butler, Wisconsin, at which time and place the following items of business will be considered and possibly acted upon:

I. Pledge of Allegiance

II. Roll Call

III. Persons Desiring to be Heard

IV. Consent Agenda:

Note: Prior to voting on the Consent Agenda, items may be removed at the request of any Trustee and be placed on the agenda under New Business.

- 1) July 16, 2019 Regular Meeting Minutes and August 14, 2019 Special Village Board Strategic Meeting Minutes
- 2) Current Invoices
- 3) July Statement of Revenues and Expenditures
- 4) Applications for Alcohol Beverage Licenses – SCOOPS, 4753 N. 124 Street, Brett Mimosa LLC
- 5) Applications for Licenses to Sell Soda Water – SCOOPS. 4753 N. 124 Street
- 6) Bartender License: NONE
- 7) July Monthly Department Reports
- 8) Resolution 19-08; an Existing Employer Update Resolution Wisconsin Public Employers' Group Health Insurance Program.
- 9) Data Processing Services Property Tax Assessment and Billing contract for January 1, 2020 through December 31, 2021.
- 10) Resolution 19-09; Honoring and Expressing Appreciation to Marc VanGompel for his years on service on the Village Board.

V. Communications

VI. Committee Reports

- a. Building Board
- b. Finance Committee
- c. Park & Recreation Committee
- d. Library Board

VII. Report of the Administrator

VIII. Public Hearings:

- A) Public Hearing on a Large Gathering Permit for Shaun Bowe for the Hot Rods on Hampton Event on Sunday, September 8, 2019 in accordance with Section 30-303 of the Municipal Code.
- B) Public Hearing on a Conditional Use Permit for a dog training facility. No boarding or grooming services, dogs will not be left overnight at 5202 N. 126 Street, pursuant to Article V, Section 54-358 (2) of the Village of Butler Municipal Code of Ordinances. The property is Zoned M-1, Industrial District.

IX. New Business

- A) Presentation of the 2018 Audited Financial Statements.
- B) Discussion and Possible Action on Approving the Large Gathering Permit for Shaun Bowe for Hot Rods on Hampton on September 8, 2019.
- C) Discussion and Possible Action on approving Conditional Use Permit for a dog training facility. No boarding or grooming services, dogs will not be left overnight at 5202 N. 126 Street, pursuant to Article V, Section 54-358 (2) of the Village of Butler Municipal Code of Ordinances. The property is Zoned M-1, Industrial District.
- C) Discussion and Possible Action on approving a request from Shaun Bowe for an exemption from 4-131(1) (b) of the Municipal Code regarding Outside Consumption of Alcoholic Beverages for the Hot Rods on Hampton Event on September 8, 2019.
- D) Discussion and Possible Action on approving a Request from Shaun Bowe for an extension of premise for Bottoms Up in conjunction with the Hot Rods on Hampton Event on September 8, 2019.

- E) Discussion and Possible Action on Approving a Request from Cardinal Club II, LLC to set up booth to sell beverages (Soda, Water, Beer and Bloody Mary's) during the Hotrods on Hampton event on September 9, 2018 and an extension of premise for same event.
- F) Discussion and Possible Action on approving a contract with Aurora Health Care for an Employee Assistance Program.
- G) Discussion and Possible Action on Appointment of President Pro Tem in accordance with Section 2-59 of the Village of Butler Municipal Code.
- H) Discussion and Possible Action on 2019 Halloween Trick or Treat Hours.
- I) Discussion and Possible Action on Approving a Side Letter of Agreement between the Village of Butler and the Butler Professional Police Association Local No. 312 with regard to Lateral Transfers.
- J) Interviews of candidate to fill the Vacant Unexpired Term of Village Trustee.
- K) Discussion and Possible Action on an Appointment to fill the Vacant Unexpired Term of Village Trustee.

X. The Board may consider convening into Closed Session pursuant to Section 19.85(1) (c) to consider employment, promotion, compensation or performance evaluation of any public employee.

Items of Discussion:

- 1. Village Administrator Evaluation
- 2. 2019 Non-Represented Employee Wages

XI. Reconvene into open session and possible action on items discussed in closed session.

XII. Adjournment

Dated: August 15, 2019

VILLAGE OF BUTLER

Patricia Tiarks, President

Kayla Chadwick, Administrator/ Clerk

Notice: It is possible that members of, and possibly a quorum of, other governmental bodies of the Village may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to in the above notice. Please note that, upon reasonable notice, good faith efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact the Village Administrator /Clerk at 262-783-2525 at least 24 hours in advance of the meeting.

Minutes not formally approved until Regular Board Meeting on August 20, 2019

Village President Patricia Tiarks called the Board Meeting to order at 7:00 PM at the Village Hall Board Room.

PLEDGE OF ALLEGIANCE

ROLL CALL

Present: Village President Patricia Tiarks, Trustees, Thomas Sardina, Mark Holdmann, Michael Thew and Marc Van Gompel

Excused: Trustees William Benjamin (On Phone) and Jerry Orvis

Also present: Administrator Kayla Chadwick and Chief David Wentlandt

PERSONS DESIRING TO BE HEARD: None

CONSENT AGENDA:

- 1) June 17, 2019 Regular Meeting Minutes
- 2) Current Invoices
- 3) June Statement of Revenues and Expenditures
- 4) Parade Permit for St. Agnes Sam Berres Memorial Run/Walk on Saturday, August 24, 2019
- 5) Street Use Permit for Birthday Party on July 27, 2019 from 12 Noon to 4 PM, 126th between Lancaster and 3 Houses South, 60-75 People
- 6) Application for Temporary Class "B" /"Class B" Retailers License for Swiss American Fraternal Society for August 11, 2019 – Annual Swiss American Picnic
- 7) Bartender License: Nancy J. Mack Kwik Trip
Richelle R. Grays Kwik Trip
- 8) June Monthly Department Reports
- 9) Appointment of Teri Stegemeyer to the Library Board.

Motion by Holdmann, seconded by Thew to adopt the consent agenda. Motion carried unanimously.

COMMUNICATIONS – None

COMMITTEE REPORTS

Building Board

Trustee Sardina reported the following Building permits were approved:

- a. 12521 W. Hampton Ave., Awning of Front of Building
- b. 5052 N. 127 Street, Porch replacement

Finance Committee

Trustee Thew reported the current invoices were reviewed and approved. Trustee Thew reported the June Statement of Revenues and Expenditures were approved.

Park & Recreation Committee

Dani Ernst reported on Softball rain outs, Fall softball starts in September for 8 weeks and more Fall events are being planned.

Library Board

Trustee Sardina reported the Library Board met on July 9, 2019. Trustee Sardina reported on various items.

REPORT OF THE ADMINISTRATOR: Administrator Chadwick reported on road project updates.

NEW BUSINESS

- A) Motion by Holdmann; second by Van Gompel to approve a Façade Grant and enter into a Grant Agreement with Greg Wojczak for improvements at 12600-02 W. Hampton and 12610 W. Hampton Ave. Motion carried unanimously.
- B) Motion by Thew; second by Holdmann to approve Ordinance 19-03; an Ordinance Amending Section 2-212 of the Municipal Code of the Village of Butler with regard to the Membership of the Park and Recreation Committee. Motion carried unanimously.

C) Through F) Motion by Van Gompel; second by Sardina to approve the following Proclamations and Expressing Appreciation to Andrea Van Gompel; John Schauker; Paul Kasdorf and Jenni Thorpe for their service on the Library Board. Motion carried unanimously.

ADJOURNMENT

Motion by Thew; second by Sardina to adjourn. Motion carried unanimously. The meeting was adjourned at 7:13PM.

Submitted by:
Kayla Chadwick
Village Administrator/Clerk

Approval Date: _____
Correction/Amendment

Minutes not formally approved until Regular Board Meeting on August 20, 2019

Village President Patricia Tiarks called the Special Board Meeting to order at 5:00 PM at the Village Hall Board Room.

PLEDGE OF ALLEGIANCE

ROLL CALL

Present: Village President Patricia Tiarks, Trustees, Thomas Sardina, Mark Holdmann,

Excused: Trustees William Benjamin (On Phone) Michael Thew and Jerry Orvis

Also present: Administrator Kayla Chadwick

PERSONS DESIRING TO BE HEARD: None

CONSENT AGENDA:

- 1) Application for Temporary Class "B"/ "Class B" Retailer's License for MA Cares – Hope for Our Heroes Coed Softball Tournament on August 16, 2019 to August 18, 2019
- 2) Application for Temporary Class "B"/ "Class B" Retailer's License for St. Agnes Congregation Parish Festival on August 23rd – 25th, 2019.
- 3) Temporary Bartender License - Danielle A. Ernst Frontier Park, Diamond #1
James H. Mathews St. Agnes Congregation Festival

Motion by Holdmann, seconded by Sardina to adopt the consent agenda. Motion carried unanimously.

REPORT OF THE ADMINISTRATOR: None

NEW BUSINESS

- A) 2019 Strategic Planning Village Board Work Group

ADJOURNMENT

Motion by Sardina; second by Orvis to adjourn. Motion carried unanimously. The meeting was adjourned at 7:47 PM.

Submitted by:
Kayla Chadwick
Village Administrator/Clerk

Approval Date: _____
Correction/Amendment

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning 07/16/19 ending: 06/30/2020
(mm dd/yyyy) (mm dd/yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1030492021-04</u>	
FEIN Number <u>83-4695364</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$10,000
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 12.00
TOTAL FEE	\$ 10,012.00

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
BRETT NORMAN DAMES

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

President / Member Last Name <u>DAMES</u>	(First) <u>BRETT</u>	(Middle Name) <u>N</u>	Home Address (Street, City or Post Office, & Zip Code) <u>13455 W BURLINGTON RD 53005</u> <u>BROOKFIELD</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name SCOOPS Business Phone Number 713-927-7930
 2. Address of Premises 4753 N 124 ST Post Office & Zip Code 53007-1731

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
BAR ROOM - DINING ROOM KITCHEN,
STORAGE + RECORDS APARTMENT OFF MAIN
BAR

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? APRIBA MEXICAN RESTAURANT
LLC

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) DAMES		(first name) BRETT		(middle name) NORMAN	
Home Address (street/route) 13455 W. BURLEIGH		Post Office	City BROOKFIELD	State WI	Zip Code 53005
Home Phone Number 262-821-0535		Age 60	Date of Birth 04-15-1958	Place of Birth MILWAUKEE WI	

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

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

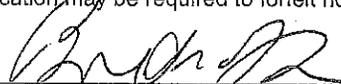
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **NONE - TEXAS RESIDENT WI PART TIME**
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name MIMOSA LLC	Employer's Address 4900 FOURNACE PI ST S20	Employed From 1985	To PRESENT
Employer's Name DAMES LLC	Employer's Address BULL AIR TX 77401	Employed From 1989	To PRESENT

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


(Signature of Named Individual)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain.** Yes No
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 5/6/19 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>DANES BRET NORMAN</u>	Title/Member <u>PRES</u>	Date
Signature <u>[Signature]</u>	Phone Number <u>719-927-7930</u>	Email Address <u>LVCKYDAMESI@YAHOO.COM</u> <u>LVCKYDAMESI@YAHOO.COM</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6/24/19</u>	Date reported to council / board <u>8-20-2019</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

VILLAGE OF BUTLER
12621 W. HAMPTON AVE.
BUTLER, WI: 53007
Phone : (262) 783-2525
WWW.BUTLERWI.GOV

Received From:
Date: 06/24/2019 Time: 3:59:13 PM
Receipt: 35831
Cashier: REGISTER

SCOOPS (ARRIBAS) RESERVE LICENSE

Batch:

ITEM REFERENCE	AMOUNT
LIQ CL B LIQUOR LICENSE CLASS B RESERVE	\$10,600.00
PUB FEE LICENSE PUBLICATION FEES	\$12.00
SODA SODA LICENSE	\$5.00

TOTAL	\$10,617.00
CHECK 177	\$10,617.00
Total Tendered:	\$10,617.00
Change:	\$0.00



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L0556894736

BRETT MIMOSA, LLC
 13455 W BURLEIGH RD APT 118
 BROOKFIELD WI 53005-3059

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BRETT MIMOSA, LLC
Business name: 4753 N 124TH ST
 BUTLER WI 53007-1731

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030492021-04



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1030492021-04

Legal/Real Name: BRETT MIMOSA, LLC

Signature _____



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov



BRETT MIMOSA, LLC
 13455 W BURLEIGH RD APT 118
 BROOKFIELD WI 53005-3059

Letter ID L1630636560



Wisconsin Business Tax Registration Certificate

Expiration date: June 30, 2021
 Legal/real name: BRETT MIMOSA, LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030492021-04
Withholding Tax	Withholding Tax	036-1030492021-02

\$5.00

Village of Butler
12621 West Hampton Avenue
Butler, WI 53007
(262) 783-2525

6-24, 2019

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES

To the Board of the Village of Butler, Wisconsin:

I hereby apply for a license to sell Soda Water Beverages at the premises described below,

in the Village of Butler, from date hereof until June 30, 2020, (unless sooner revoked) or on

6-20, 2020 to be consumed on or off the premises, subject to the limitations

imposed by Section 66.053(2) of the Wisconsin Statutes and acts amendatory thereof and

supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and

regulations affecting the sale of such beverages if a license be granted to me.

Please answer the following questions fully and completely:

Name of Applicant BRETT DAMIS
(print name)

Organization/Business Name SCOOPS

Address of Applicant 4753 N-124 ST BUTLER WI 53007

Location where business is to be conducted 13455 W. BURLEIGH RD
#118 BROOK HILL WI 53006

FEE: \$5.00

(Make check Payable to: Village of Butler)

[Signature]
Signature of Applicant

License No. Issued: _____

Date Approved: _____

To: President Tiarks
Village Board of Trustees
From: Kayla Chadwick, Village Administrator
Date: August 15, 2019
Re: July Administration/Finance Report



**VILLAGE OF
BUTLER**
EST 1913

Administrator

- Attended 6 meetings on behalf of the Village.
- Prepared for 1 Village Board Meetings, 1 Finance Committee Meeting, and 1 building board.
- Continued with 2020 Budget preparations.
- Attended Waukesha County Clerks meeting regarding election updates.
- Organized staff strategic planning surveying.

Clerk/Elections

- Created Clerk Department 2020 budget.
- Front counter customer service.
- Filed and distributed permits to businesses/residents
- Prepared and distributed agenda, packets/minutes for all public meetings.

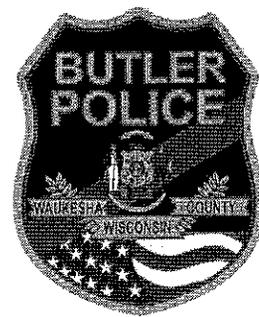
Treasurer

- Completed payroll and accounts payable activities.
- Filed and distributed permits to businesses/residents
- Completed bank reconciliations.
- Front counter customer service.

Building

- Issued 12 Permits
 - 1 Sign
 - 2 HVAC Permit
 - 3 Electrical
 - 2 Plumbing
 - 4 Building
 - 0 Zoning
 - 0 Occupancy
 - 0 Fire System
 - 0 Plan Review
- Issued permits resulted in \$3,073.52 of revenue.

To: President Tiarks
 Village Board of Trustees
From: David Wentlandt, Chief of Police
Date: August 15, 2019
Re: July Police Report

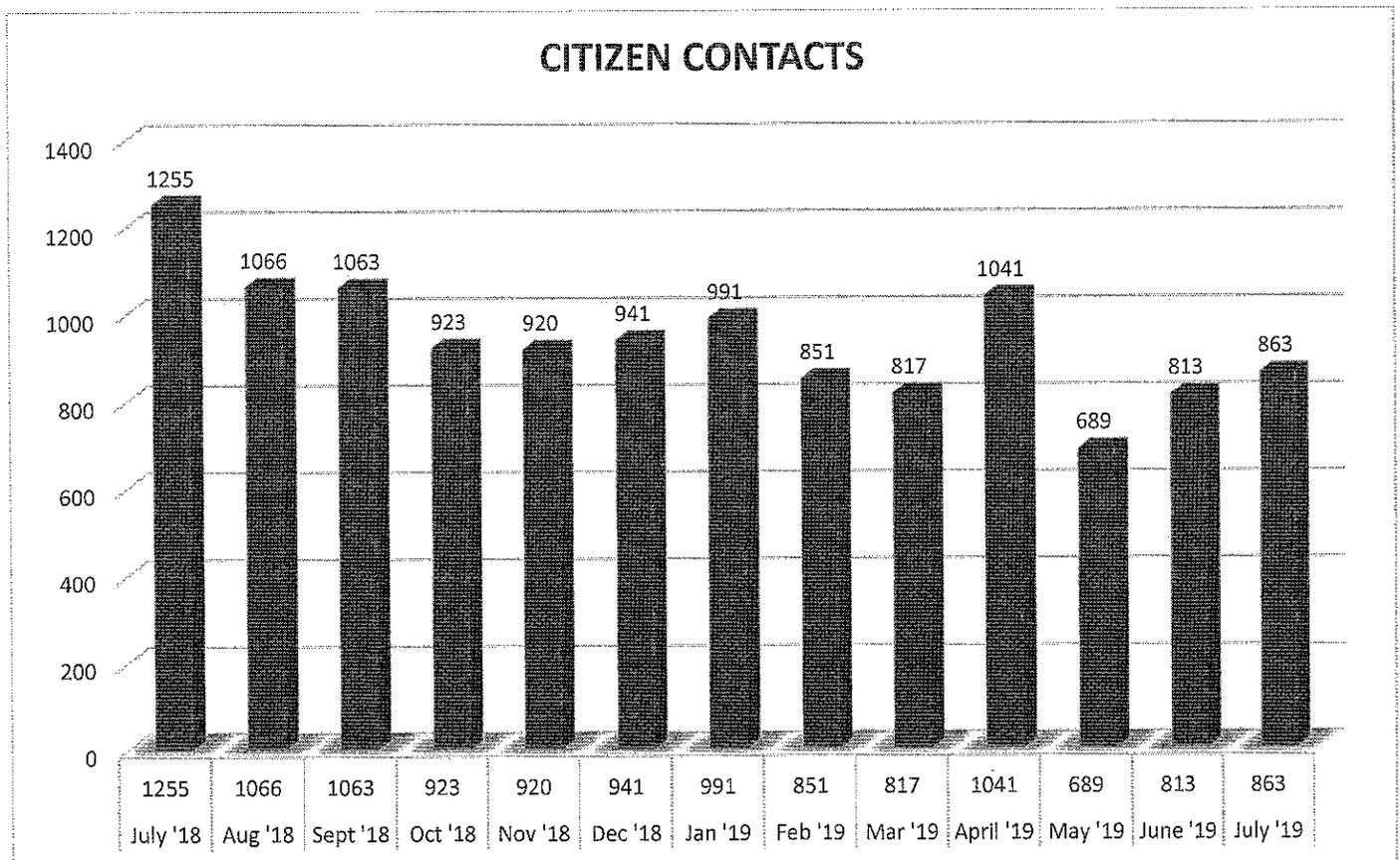


Squad Car Usage

	<u>Miles</u>	<u>Gallons</u>	<u>MPG</u>
All Squads	3053	461.336	6.61

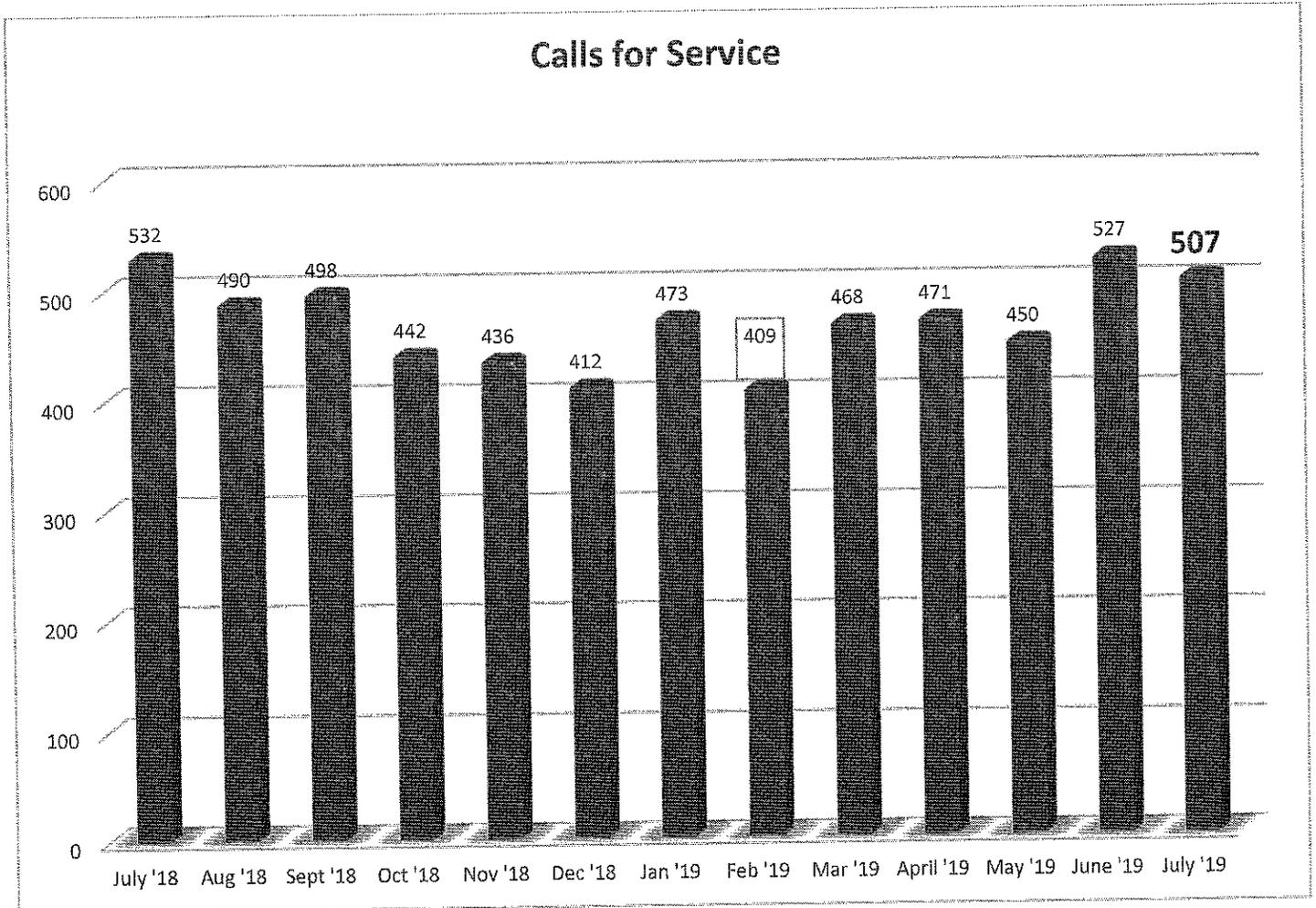
Notes of Interest

- The department continued the search for a police officer to replace Officer Eisenhardt. We are still on track for an early August start date.
- Officers participated in a multi-jurisdictional firearms training with several Lakes area departments.
- Officers had a total of 863 citizen contacts throughout the month. This equals 27.83 contacts per day or just over **9.27** contacts per shift.
- The Village of Butler Police Department had 507 calls for service in July 2019.



Total Calls for Service

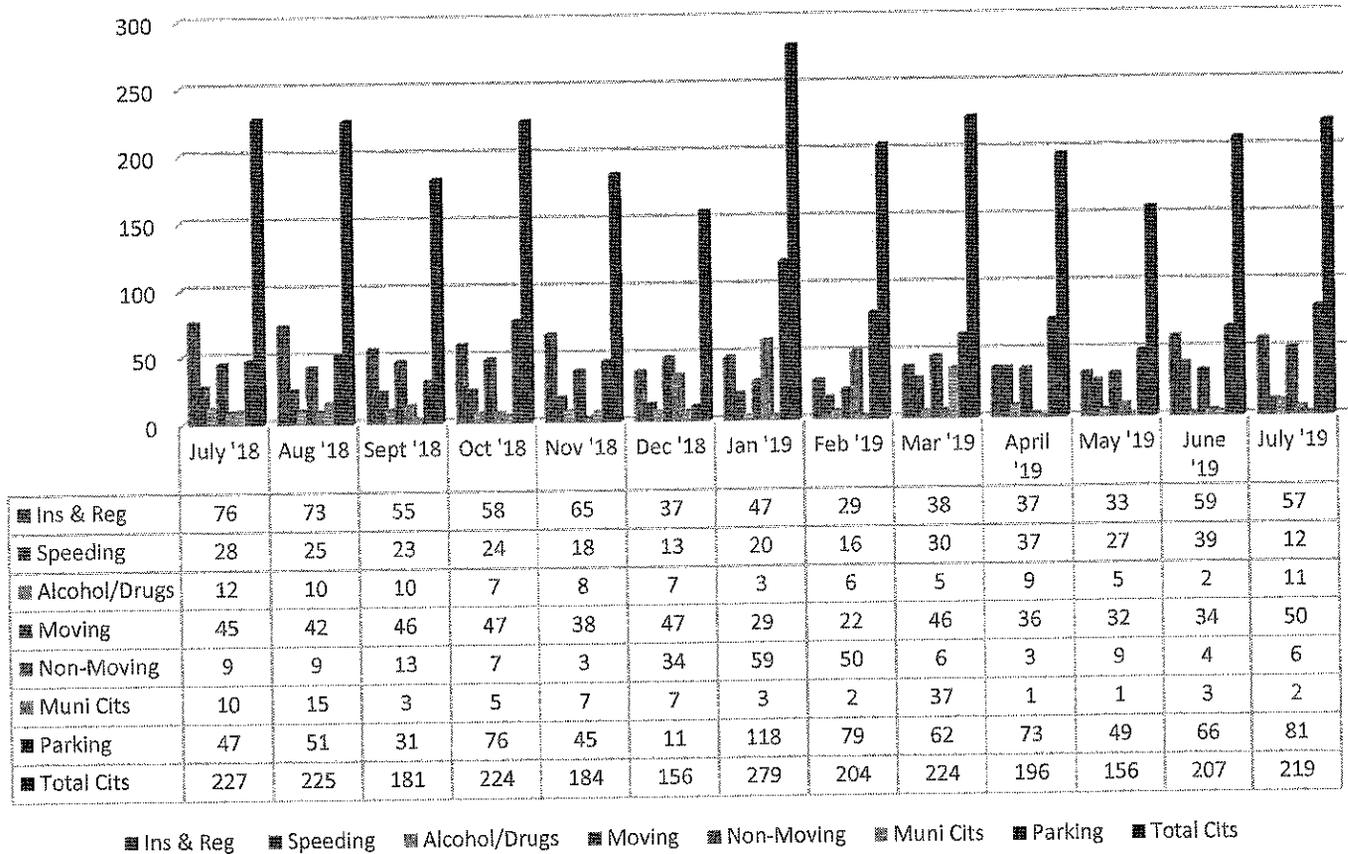
June '18	556
July '18	532
Aug '18	490
Sept '18	498
Oct '18	442
Nov '18	436
Dec '18	412
Jan '19	473
Feb '19	409
Mar '19	468
April '19	471
May '19	450
June '19	527
July '19	507



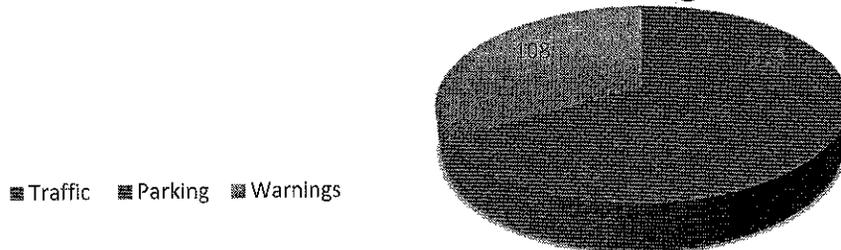
July Citation Totals

Insurance, Registration Citations	57
Speeding Citations	12
Alcohol/Drugs Citations	11
Moving Citations	50
Non-Moving Citations	6
Municipal Citations	2
Parking Citations	81
Warnings Issued	108
Total Citations & Warnings Issued:	327

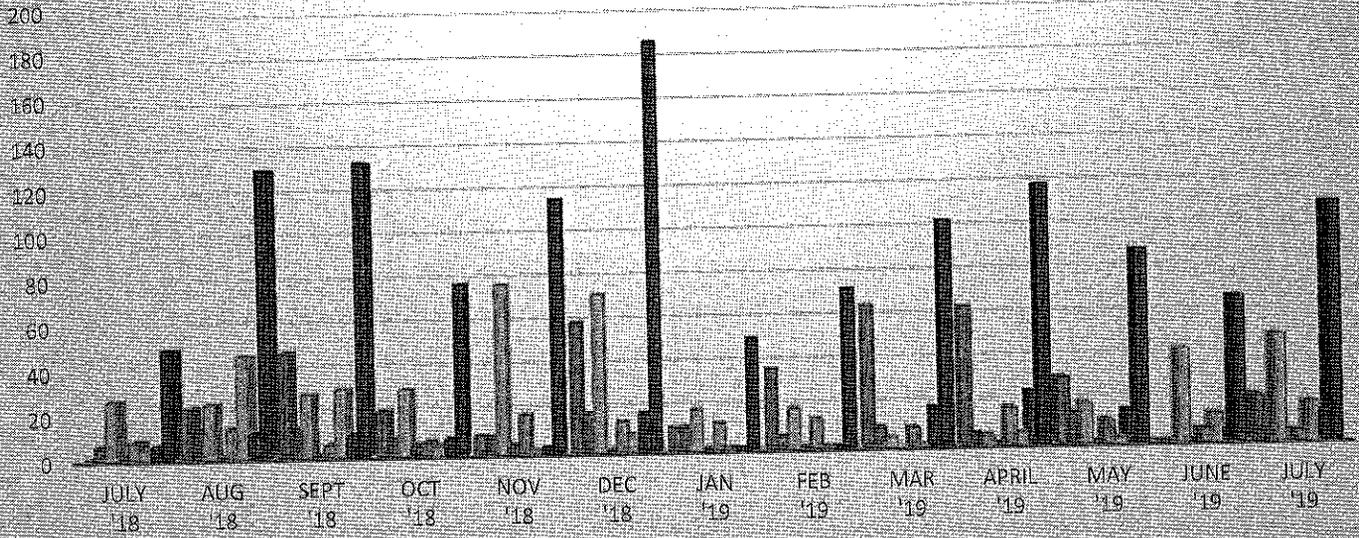
Citation Totals



Citations v. Parking v. Warnings



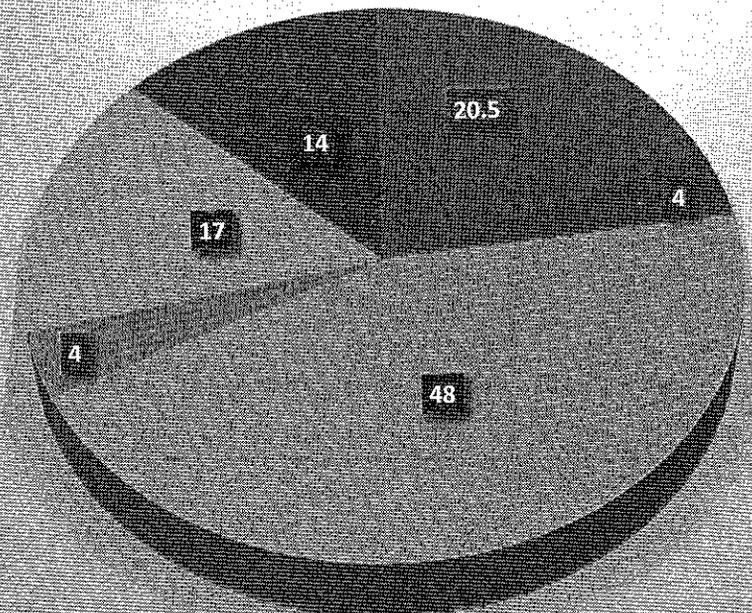
Overtime Totals



	July '18	Aug '18	Sept '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	April '19	May '19	June '19	July '19
Training	0	22.5	47	20	8	58.5	10	36	64	62.75	30	0	20.5
Court	6	13	12.5	7	7	17	10	5	8.5	5	13	0	4
Vac/Hol	26	24	28	29.5	76	71	18	18	4	4	18	42	48
Sick	0	0	0	4	3.5	0	0	0		0	0	0	0
Calls for service	7.5	13	5	5.5	17	18.25	11.75	12.75	8.25	16.5	10	5.25	4
Special Events	3.75	46	29.75	4	1	7.25	0	0	0	5	2	12.5	17
Misc	5.75	10.75	9.5	6.75	2	16.75	0	0	17	23.75	14.25	6	14
Total	49	129.25	131.75	76.75	114.5	183.75	49.75	71.75	101.75	117	87.25	65.75	107.5

■ Training ■ Court ■ Vac/Hol ■ Sick ■ Calls for service ■ Special Events ■ Misc ■ Total

July 2019 OT Breakdown



■ Training
 ■ Court
 ■ Vac/Hol
 ■ Sick
 ■ Calls for service
 ■ Special Events
 ■ Misc

Municipal Court

Docket: July 11, 2019

Total: 251 adult cases/0 juvenile

Appearances: 41 Persons

- 37 Adjournment
- 135 Initial appearance
- 74 Indigency hearing
- 0 Motions
- 4 Pre-Trial
- 1 Sentencing hearing
- 0 Trial

Citation List for 7-11-19 court date:

- Total due \$16,147
- Total paid \$3,777
- Balance due \$12,370

Monthly financial total \$14,119

AMOUNT RETAINED BY MUNICIPALITY: \$9,749

- Above includes \$0 received through the WI State Income Tax Refund Intercept program (TRIP).

Parking ticket payments received in July: \$2,290

To: President Tiarks
 Village Board of Trustees
From: Jim Bremberger, DPW Supervisor
Date: August 15, 2019
Re: July DPW Report



**VILLAGE OF
 BUTLER**
 EST 1913

The top July priorities were;

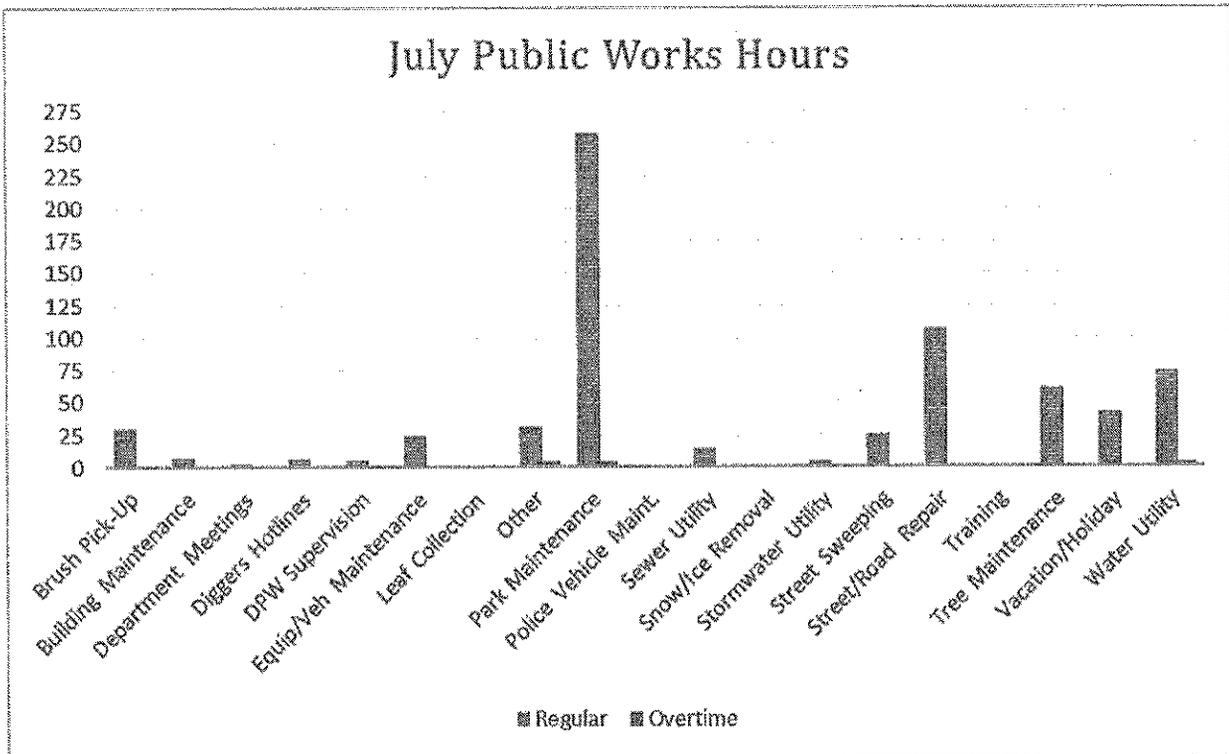
- Paint crosswalks
- Stump grinding of previously removed trees
- Oversee road project

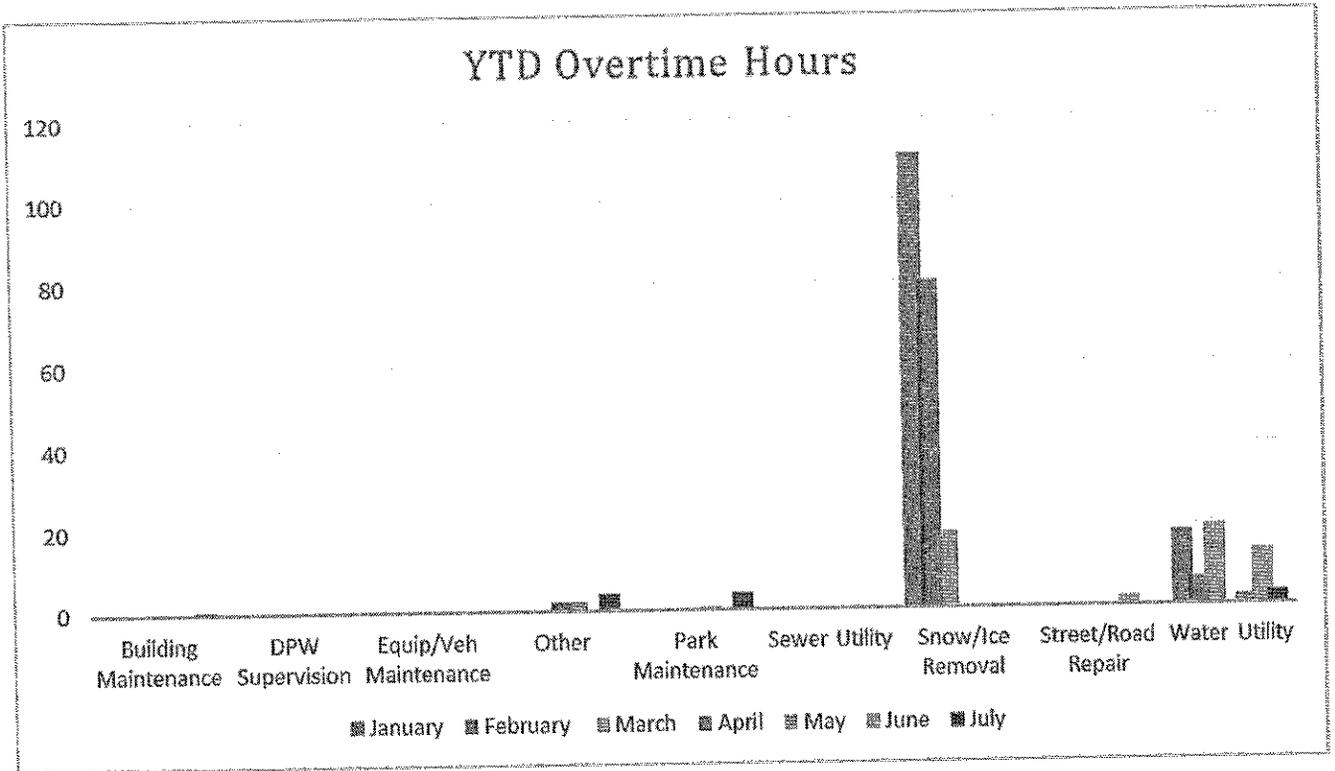
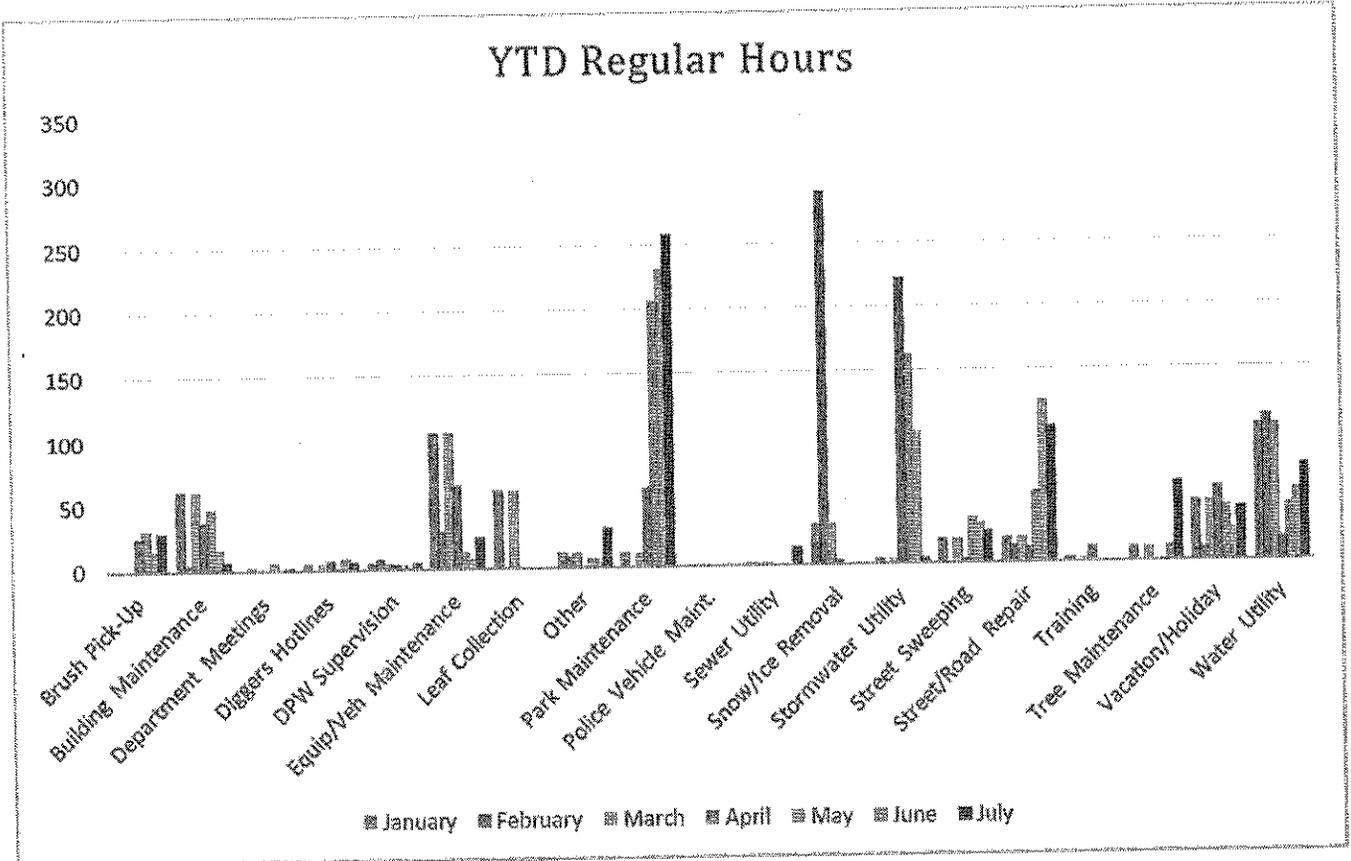
July Activity

- Complete crosswalk painting
- Stump grind and top soil areas
- Oversee road project
- Asphalt old water main breaks

Utility Activity

- Daily, monthly, and quarterly water samples.
- Water main break at 4713 N. 126th Street on July 11.





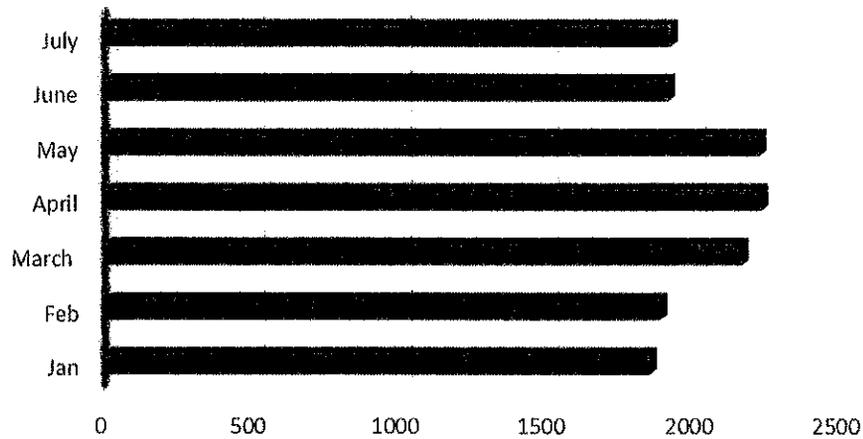
To: President Tiarks
 Village Board of Trustees
From: Jodi Kessel Szpiszar, Library Director
Date: August 15, 2019
Re: July Library Report



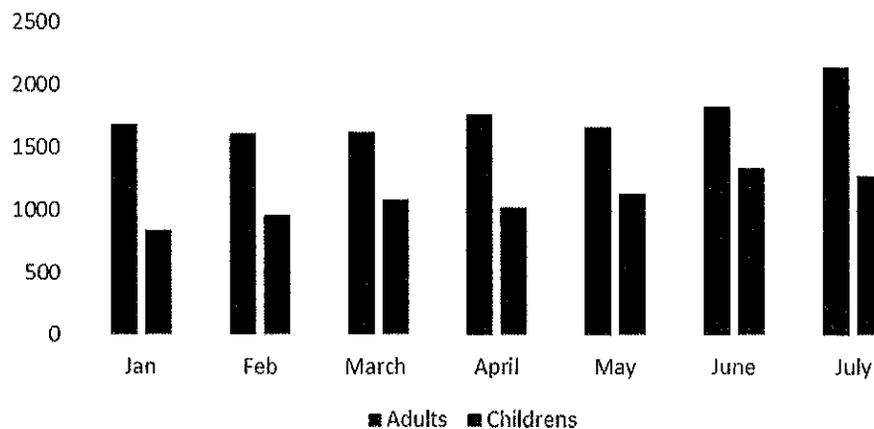
**VILLAGE OF
 BUTLER**
 EST 1913

- Children's Programs:
 - January – 40 attendees
 - February – 51 attendees
 - March – 66 attendees
 - April – 57 attendees
 - May – 65 attendees
 - June – 95 attendees
 - July – 142 attendees
- Adult Programs – 31 attendees
- New Library Cards Issued: 24
- Conference Room Usage: 16 uses, 76 patrons

2019 Patron/Visitors



Circulation by Month



**EXISTING EMPLOYER UPDATE RESOLUTION
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the Village Board of the Village of Butler
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to continue in the Wisconsin Public Employers (WPE) Group Health Insurance program that is offered to eligible personnel through the program of the State of Wisconsin Group Insurance Board (Board), and agrees to abide by the terms of the program as set forth in the *Local Employer Health Insurance Standards, Guidelines and Administration Manual (ET-1144)*.

We will continue to participate in the program option in which we are currently enrolled. If we wish to elect a new program option for 2020 we will file a separate resolution to do so.

All participants in the WPE Group Health Insurance program need to be enrolled in a program option. Individual employees cannot choose between program options.

The resolution must be received by the Department of Employee Trust Funds as soon as possible, but no later than October 1, in order to continue participation without lapse. If more time is needed, contact ETF.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the Board to provide such Group Health Insurance.

Certification

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the 20 day of August, year 2019 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 20 day of August, year 2019.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

39-1595955
Federal tax identification number (FEIN/TIN)

69-036-1188000
ETF employer identification number

Number of eligible employees 14

Waukesha
Employer county

Kchadwick@butterwi.gov
Employer benefit contact email address

Kayla Chadwick
Authorized employer representative signature

Kayla Chadwick
Authorized employer representative printed name

Village Administrator / Clerk
Authorized representative title

12221 W. Hampton Ave

Butler, WI 53007
Mailing address

Submit completed form to ETF at ETF SMBESSNewEmployer@etf.wi.gov
or fax to 608-267-4549.

WAUKESHA COUNTY
DATA PROCESSING SERVICES
PROPERTY TAX ASSESSMENT AND BILLING

This Agreement is entered into this _____ day of July, 2019, by and between Waukesha County, a municipal corporation, hereinafter referred to as the County, located at 515 W. Moreland Blvd., Waukesha, WI 53188 and Village of Butler, hereinafter referred to as the Municipality, located at 1621 W. Hampton Ave., Butler, WI 53007. The authority for this agreement is that contained in the Wisconsin Statutes Section 66.0301, which permits intergovernmental cooperation for public purposes.

By this agreement, the County proposes to provide data processing services and access to some functionality and data within the Property Tax Application (PTA) Tax Software System, to assist the Municipal Assessors, Clerks and Treasurers (hereinafter collectively referred to as "Municipality") in the preparation of notices of assessment, assessment rolls and tax bills.

1. The County proposes to provide the following services, electronic reports and forms to Municipality as part of the Tax Listing Services provided to municipality at no charge:
 - A. Maintenance of an Assessment tax file database.
 - B. Maintain special districts' codes.
 - C. Electronic Assessment Rolls.
 - D. Statement of Assessment Summary transmitted to DOR.
 - E. Make and keep accurate lists and descriptions of all real property parcels in the county which are subject to tax and also those which are exempt from such tax.
 - F. Provide various reports, maps and descriptions of Real Property Tax parcels in the County for the Assessors, upon request.
 - G. Supply electronic versions of State of Wisconsin Prescribed Forms of assessment, to the Assessors and Clerks of cities, towns and villages within the County, as needed in the discharge of their duties.
 - H. Provide assessors with electronic copies of all new pertinent platted information for the municipality the assessor is working with.
 - I. Provide the necessary research for determination of status of ownership of all real property parcels within Waukesha County, as needed to clarify the property tax roll.
 - J. Availability to obtain the following reports and lists from the County:
 - a) Assessment roll cross reference lists by name or address
 - b) Property Assessment Roll
 - c) Reports for property specific data maintained in the PTA Property Assessment / Tax System.

2. The County proposes to provide the following services to the Municipality for a charge.
 - A. The County will provide forms and/or PTA Access for the Municipality to utilize for calculation and preparation of the property tax bills:
 1. Delinquent personal property worksheet (PTA Access)
 2. Billing parameter worksheet (PTA Access)
 3. Special assessment worksheet
 4. Tax Rate Worksheet (PTA Access)
 5. Special Assessment Charges applied to Special Purpose Districts (PTA Access)
 6. Posting of special assessments to be placed on the tax bill

7. Edits and lists of special assessments as entered
 8. Tax rates to be used for tax billing entered on the computer
 9. List of the tax rates used
- B. The County will provide these services and/or electronic reports:
1. Calculating of tax bills, as well as calculation audit listing
 2. Preliminary tax roll or one line roll report
 3. Posted tax roll
 4. Identify and coordinate a private vendor to print and process tax bills. Said vendor may also offer envelope supplies and printing, mailing and postage services. Any costs incurred for the printing of inserts, exclusive of the tax bills, envelopes, postage and mailing or delivery of tax bills will be the sole responsibility of Municipality. NOTE: Should Municipality choose to contract independently with an alternate vendor for tax bill printing, County will provide Municipality with a PDF file containing the calculated and formatted tax bills. Municipality and its vendor shall be responsible for ensuring that all forms and tax information provided by County shall be used only for authorized purposes.
- C. The County will also provide other related services, for an additional charge beyond this contract amount, with the mutual consent of both the County and the Municipality.
3. The Municipal Clerk shall transmit to the County any special assessments, special charges, and delinquent utility charges for entry on the current tax roll at the earliest possible date. The County will supply specific instructions for transmittal.
 4. Municipal Clerks shall transmit to the County, upon adjournment of the local budget hearing and receipt of State Aid amounts, the information for setting tax rates. The County will provide the worksheets and instructions.
 5. As soon as possible, the local Assessor shall bring the preliminary, open book and Board of Review Assessment values to the County, at each of these 3 stages of the Property Assessment Valuation process. Said assessment values are to be transmitted electronically.
 6. If the municipality chooses not to use the Property Assessment Roll generated from the PTA Tax System as the 'Official Roll' for the Open Book/Board of Review procedures, the municipality agrees to accept responsibility for balancing the property specific data (acres, property class code, assessed valuations and taxing jurisdictions) at the tax key level. The numbers in the PTA Tax System will represent the tax base amounts used for the preparation and calculation of the individual tax bills.
 7. The municipality will use the 2020 (and future years in the event this contract is extended) Property Assessment Roll generated by the County as the Official Roll present during the Board of Review.
 8. The Municipality acknowledges that failure to comply with these limits and other reasonable time limits established by the County may result in delayed availability of the information to be provided by this agreement. In view of this fact, the Municipality will indemnify and hold harmless the County, its officers, employees and agents for any and all damages, expenses, and losses that may occur due to the County's inability to comply

with the agreement due to the fault of the Municipality or the Municipality's officers, agents or employees.

9. The municipality agrees to abide by the terms and conditions of the Memorandum of Understanding and Policies for Municipalities Accessing the PTA (Tax) System dated October 5, 2011. As part of the acceptance of the above-referenced Memorandum of Understanding, the municipal agent(s) provided with an ID granting access to the County System is/are accepting responsibility for adherence to the Technology Use Policy incorporated by reference.
10. The term of this agreement shall be for two (2) years commencing January 1, 2020, and expiring on December 31, 2021 and therefore data processing services shall be provided for taxes of 2020 and 2021 due in the subsequent year. The Municipality will be invoiced twice a year in May and November. The terms will be net 30 days.
11. The following rates will be charged for these services:

<u>Per Parcel</u>	<u>2020 Rates</u>	<u>2021 Rates</u>
Taxes	\$1.64	\$1.68

12. Each party shall have the right to terminate this agreement effective at the end of the term upon the giving of twelve (12) months notice prior to the expiration of the term.
13. It is understood and agreed that the entire contract between the parties is contained herein, except for those matters incorporated herein by reference, and that this agreement supersedes all oral and written agreements and negotiations between the parties relating to the subject matter thereof.

Waukesha County

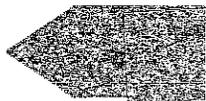
By:



Andrew Thelke
Waukesha County Department of Administration
Director of Administration

Village of Butler

By:



WAUKESHA COUNTY
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PROPERTY TAX ASSESSMENT AND BILLING

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Waukesha County

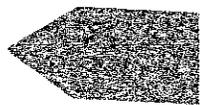
By:



Andrew Thelke
Waukesha County Department of Administration
Director of Administration

Village of Butler

By:





VILLAGE OF
BUTLER
EST 1913

Resolution 19-09

RESOLUTION HONORING AND EXPRESSING APPRECIATION TO

Marc Van Gompel

FOR HIS YEARS OF SERVICE TO THE VILLAGE OF BUTLER

WHEREAS, Marc Van Gompel has been a dedicated Public Official, having been appointed to the Village Board of Trustees on May 5, 2015, and won election in April 2016 and again in April 2018.

WHEREAS, Marc has dutifully served the Community by also serving on the Finance Committee, Public Works Committee, Board of Review, Community Development Authority, Building Board, and as Chairman of the Public Safety Committee;

WHEREAS, Marc has advocated for the Village's public safety services, fiscal responsibility, and capital planning efforts, and;

WHEREAS, Marc has conducted his duties and responsibilities with the utmost professionalism and respect, while advocating for the community's best interest;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees of the Village of Butler hereby honors Marc Van Gompel, and thanks him for his years of dedicated service.

PASSED AND ADOPTED this 20th day of August, 2019

THE VILLAGE OF BUTLER

Patricia Tiarks, President

William Benjamin, Trustee

Jerry Orvis, Trustee

Michael Thew, Sr., Trustee

Tom Sardina, Trustee

Mark Holdmann, Trustee

ATTEST:

Kayla J. Chadwick, Administrator/Clerk

N O T I C E O F P U B L I C H E A R I N G

VILLAGE OF BUTLER
12621 West Hampton Avenue
Butler, WI 53007

PLEASE TAKE NOTICE that a Public Hearing will be held before the **Board of Trustees** of the Village of Butler, Waukesha County, Wisconsin, on the 20th day of August, 2019 at **7:00 PM**, or as soon thereafter as the matter can be heard, at the Village of Butler Boardroom, 12621 W. Hampton Ave, to consider the following:

1. Public Hearing on a Large Gathering Permit for Shaun Bowe for Hot Rods on Hampton on September 8, 2019 in accordance with Section 30-303 of the Municipal Code.
2. Discussion and Possible Action on a Large Gathering Permit for Shaun Bowe for Hot Rods on Hampton on September 8, 2019.

PLEASE TAKE FURTHER NOTICE that all persons interested in said matter or their attorneys or agents, may appear and be heard at the above mentioned date and time.

Dated this 11th day of July, 2019

VILLAGE OF BUTLER

Kayla Chadwick
Village Administrator

N O T I C E OF PUBLIC HEARING

VILLAGE OF BUTLER
12621 West Hampton Avenue
Butler, WI 53007

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To consider Conditional Use Permit for a dog training facility. No boarding or grooming services, dogs will not be left overnight at 5202 N. 126 Street, pursuant to Article V, Section 54-358 (2) of the Village of Butler Municipal Code of Ordinances. The property is Zoned M-1, Industrial District.

PLEASE TAKE FURTHER NOTICE that all persons interested in said matter or their attorneys or agents, may appear and be heard at the above mentioned date and time.

Dated this 30th day of July, 2019

VILLAGE OF BUTLER

Kayla Chadwick
Village Administrator



VILLAGE OF BUTLER

EST 1913

Application for a Permit for a Large Public Gathering

Section 30-300 of the Butler Municipal Code

Permit may be applied for no more than 120 days and no less than 45 days prior to the event

Requirements

1. Name and Address of the Promoter and/or Event Sponsor

Shaun Bowe 12504 W. Hampton Ave
Name Address

Name Address

2. Address and Legal Description of All Property Upon Which the Assembly is to be Held

Bottom's Up Tavern
12504 W. Hampton Ave
Butler WI 53007

3. Name, Residence, and Mailing Address of the Owner(s) of Record of All Property Upon Which the Gathering Will Be Held

Shaun Bowe 2276 N9251 Redwing Rd Hartland 53029
Jason Pipkorn 3974 Whispering Ridge Rd Colgate 53017

4. Proof of Ownership of All Property Upon Which the Assembly is to be Held, or, a Statement of Permission for Use from the Property Owner(s)

Tax Bey BV 0144296 HRK LLC
owned by operating LLC

5. Description of the Nature or Purpose of the Assembly

Annual Car show and fundraiser

6. Days and Hours of the Assembly

Sunday Sept 8 2019 From 10-4 pm

7. Maximum Number of Persons Expected 1,000

a. If number of actual attendees exceeds the expected number of attendees, please state your plan on how to limit the number of attendees permitted to attend.

We will have our security onsite if there are more people than expected.

8. Maximum Number of Tickets to be Sold (if any) N/A - no tickets sold

9. Plans for Fencing the Location, and the Gates Contained in Fencing (attach plan to application).

10. Plans for Supplying Potable Water (Including source, amount available, and location).

Large jugs with cups & water will be on the golf cart / trailer bed that will be present there.

11. Plans for Providing Toilet Facilities (Including the source, number, location, and type, and the means of disposing of waste deposited). (Attach site plan to application). 1 toilet for every 100 females, 1 toilet for every 200 males

Port-o-potties are ordered from Port-o-John. 4 have been ordered

12. Plans for Holding, Collection, and Disposing of Solid Waste Material (2.5 pounds per person)

Port-o-John will dispose of all solid waste

Before, during if needed & after event.

13. Plans for Medical Facilities and Emergency Medical Care

All volunteers will receive packet & instructions with emergency info. Butler police will also be onsite.

14. Plans, if any, for Site Lighting

N/A Event ends at 4:00 pm

15. Plans for Parking Vehicles, including Size and Location of Lots, Points of Highway Access and Interior Roads (Site plan may be attached to application)

25-30 parking assistants on Hampton Ave,
124th, 127th, Courtland, 125th, 126th, Derby
& Peck Pl.

16. Plans for Camping Facilities, if any

N/A - No camping

17. Plans for Security, including the Number of Guards, their Deployment, Command Arrangements, names, Addresses, Credentials, and Hours of Availability (at least one (1) Security Guard for every 500 expected attendees). SHOULD THE CHIEF OF POLICE, VILLAGE ADMINISTRATOR, AND/OR VILLAGE PRESIDENT DETERMINE THE NEED FOR ADDITIONAL POLICE PROTECTION IS REQUIRED, HE/SHE MAY CONTACT THE COUNTY SHERIFF'S DEPARTMENT AND ALL COSTS ASSOCIATED WITH THE ADDITIONAL PROTECTION SHALL BE DEDUCTED FROM THE POSTED CASH BOND.

Brian Bernard 12504 W. Hampton Ave 10-4

18. Plans for Fire Protection, including Number, Type, and Location for all Protective Devices (alarms and extinguishers) and the Number of Emergency Fire Personnel Available to Operate Equipment

Fire extinguishers located inside & outside
of Bottom's Up Tavern & also on golf cart.

19. Plans for Sound Control and Sound Amplification, including Number, Location and Power of Amplifiers and Speakers

10-12 background music & announcements
A 1-man band will be playing in Bottom's Up parking lot
from 12-3. 2 speakers & 1 amplifier.
Nothing loud.

20. The Plans for Food Concessions and Concessionaires who will be allowed to Operate on the Grounds (including the Names and Addresses of All Concessionaries and their License or Permit Numbers)

2-3 Food trucks that will be responsible for their own license/ permit.

Fees

- 1,000 – 2,499 Persons \$1,500.00
- Over 2,500 Persons \$2,000.00

The Village Board shall have the authority to require the applicant and site owners to file a cash bond or establish an escrow account in an amount to be determined by the Village Board, but not exceeding One Hundred Thousand Dollars (\$100,000.00), conditioned on complete compliance by the applicant and site owner with all provisions of this Section, the terms and conditions of the Public Gathering Permit, including cleaning up the site, and the payment of any damages, administrative and law enforcement costs, fines, forfeitures or penalties imposed by reason of violation thereof. Such bond or escrow account information shall be filed with the Administrator prior to the issuance of a permit.

Properly Executed Contracts

No less than two (2) weeks prior to the proposed event, properly executed contracts for the above mentioned requirements shall be presented to the Village Administrator. Failure to provide properly executed contracts will result in the refusal to issue the permit.

- Event Liability Insurance
- Fire and EMS Services
- Lighting/Illumination Services (if needed)
- Security Contract Services
- Fire Protection Services (Extinguishers, alarms, etc)
- Potable Fresh Water Service (1 gallon per person, per day)
- Enclosed Toilet Facilities Contract (1 toilet for every 100 females, 1 toilet for every 200 males)
- Lavatory Facilities Contract (Continuous water supply with soap and paper towels)
- Solid Waste Removal Contract (Disposal for 2.5 pounds of solid waste per person, per day)

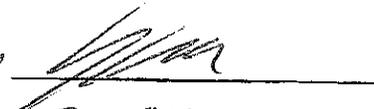
Acknowledgement

I certify that I have received a copy of the Village of Butler Municipal Code regarding the Permit for Large Gathering and understand and acknowledge the requirements for the application and approval of said permit.

SHAUN BOWE W276N9251 RED WING RD 

Name Address Signature

We, the undersigned, affirm that the information contained within the application for a Large Gathering Permit, under Section 30-300 of the Village of Butler Municipal Code of Ordinances is true and correct to the best of our knowledge, and that any intentional inaccuracies are grounds for denial or revocation of the permit.

SHAUN BOWE W276N9251 RED WING RD 

Name Address Signature

JASON PIPKORN 3974 WHISPERING RIDGE 

Name Address Signature

Name Address Signature

Name Address Signature

Name Address Signature

June 27th, 2019

Kayla Chadwick
12621 West Hampton Ave
Butler, WI 53007-1791

Dear Kayla,

I would like to apply for an extension of premises for Bottoms Up Tavern on Sunday September 8th, 2019 during the Hot Rods on Hampton event. We would like to sell beer, liquor, soda, and water in our parking lot as we have the past few years. Setup will begin by 6am on the day of the event and we will stop sales at 7pm.

Best regards,

A handwritten signature in black ink, appearing to read 'Shaun Bowe', with a long horizontal flourish extending to the right.

Shaun Bowe

Owner, Bottoms Up Tavern



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	WILLIAM BROWN INSURANCE SERVICES, INC. 715 MILWAUKEE STREET DELAFIELD, WI. 53018 262-646-8252	CONTACT NAME WILLIAM K. BROWN	PHONE (A/C No., Ext): 262-646-8252	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED	HPK, LLC - DBA BOTTOMS UP NORTH 12504 W HAMPTON AVE BUTLER, WI. 53007	INSURER A: BADGER MUTUAL	13420	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1265 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	TR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				00573-06485	6-17-2019	6-17-2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below				00573-06485	6-17-2019	6-17-2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
VILLAGE OF BUTLER 12621 W. HAMPTON AVE BUTLER, WI. 53007	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

**EMPLOYEE ASSISTANCE PROGRAM
SERVICES AGREEMENT**

THIS EMPLOYEE ASSISTANCE PROGRAM SERVICES AGREEMENT (“Agreement”), is entered into this first day of September, 2019 (Effective Date”), by and between **AURORA HEALTH CARE, INC.**, a Wisconsin non-stock corporation, doing business as Aurora Employee Assistance Program (the “Aurora EAP”) and the Village of Butler a Wisconsin municipal corporation (“Employer”).

RECITALS

WHEREAS, Aurora EAP provides certain employee assistance program services (“EAP Services”) set forth in Exhibit A (EAP Fees and Services), attached hereto and incorporated herein, to employers and other entities to promote the wellbeing of employees and other designated persons;

WHEREAS, Employer offers health service benefits to individuals designated by Employer as eligible to receive such benefits;

WHEREAS, in accordance with the terms and conditions of this Agreement, Aurora EAP desires to provide certain EAP Services to Employer and Employer desires to purchase and make such EAP Services available to those individuals designated by Employer as eligible to receive such EAP Services (“Eligible Person(s)”).

NOW THEREFORE, in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the adequacy and receipt of which are acknowledged, it is understood and agreed by the parties as follows:

**ARTICLE I
OBLIGATIONS OF AURORA EAP**

1.1. EAP Services. Aurora EAP, through its staff (“Staff”), shall make available and provide to Eligible Persons those EAP Services identified in Exhibit A (EAP Fees and Services) that are included in the Service Model selected and marked under Fees in Exhibit A (EAP Fees and Services). The manner in which Aurora EAP performs the EAP Services, including without limitation, work hours, location, and other details of such EAP Services, shall be exclusively determined by Aurora EAP taking into consideration the availability of Employer facilities, Eligible Persons and Aurora EAP Staff, and the normal working hours of both Employer and Aurora EAP Staff.

1.2. EAP Counselor Qualifications. Aurora EAP shall provide the EAP Services through Staff who, as and where required by law, are appropriately licensed as a mental health professional or certified as an EAP professional. Aurora EAP may subcontract the provision of EAP Services hereunder to another person or entity that maintains the appropriate licensure or certification necessary to provide the EAP Services to Eligible Persons.

1.3. Account Executive Qualifications. Aurora EAP will identify one primary account executive who shall manage implementation of EAP Services and the relationship between Employer and Aurora EAP ("Account Executive"). Each Account Executive shall hold a masters degree and be certified or eligible for certification as a Certified Employee Assistance Professional.

1.4. Insurance. Aurora EAP shall maintain in effect the following insurance coverage during the term of this Agreement:

1.4.1 Professional liability insurance covering its agents and employees against claims arising out of the EAP Services to be performed under this Agreement. Such professional liability coverage shall provide minimum limits of liability of \$1,000,000 for each occurrence and \$3,000,000 annual aggregate;

1.4.2 Worker's compensation insurance in accordance with the statutory requirements of Wisconsin law;

Certificates of insurance evidencing the foregoing coverage shall be provided by Aurora EAP upon the request of Employer.

ARTICLE II OBLIGATIONS OF EMPLOYER

2.1. Number of Eligible Employees. Employer shall provide Aurora EAP with the number of eligible employees at the start of each billing cycle.

2.2. Scheduling and Space Availability. Employer shall cooperate with Aurora EAP in the scheduling of activities provided pursuant to this Agreement. Employer shall make suitable space at Employer or another facility acceptable and available to Aurora EAP as reasonably required by and at no charge to Aurora EAP to provide trainings, orientations and educational programs.

2.3. Employer Coordinator. Employer shall designate an individual who shall serve as Employer's internal coordinator with respect to EAP Services. Employer shall consult with Aurora EAP prior to choosing its Employer coordinator.

2.4. Dissemination of Materials. Employer shall disseminate Aurora EAP materials to Eligible Persons on a timely basis as reasonably requested by Aurora EAP.

ARTICLE III FEES AND INVOICING

3.1. Fees. Employer shall compensate Aurora EAP for providing EAP Services to Eligible Persons in accordance with the fee schedule set forth on Exhibit A (EAP Fees and Services), attached hereto and incorporated herein. Those fees which are set forth on Exhibit A, shall be owed by Employer irrespective of whether any or all Eligible Persons access the EAP Services.

3.2. Fee Schedule Changes. After the Initial Term (defined below), the fee schedule set forth on Exhibit A (EAP Fees and Services) may be adjusted by Aurora EAP, at its discretion, on an annual basis, as measured from the Effective Date. Aurora EAP shall provide Employer with at least ninety (90) days prior written notice of any such changes (the "Fee Schedule Change Notice").

3.3. Invoicing. Aurora EAP shall invoice Employer, on a monthly, quarterly or annual basis as mutually agreed to by the parties hereto, the charges for EAP Services for the upcoming billing cycle. Employer shall pay such invoice charges within thirty (30) days of receipt. Any payments not made to Aurora EAP when due may bear interest at the rate of twelve percent (12%) per annum from the due date until paid in full, or at the maximum amount allowed by law.

ARTICLE IV TERM AND TERMINATION

4.1. Term. This Agreement is effective as of the Effective Date and shall remain in effect (unless and until terminated in accordance with the terms hereof) for a period of one (1) year following the Effective Date of this Agreement (the "Initial Term"). This Agreement shall automatically renew for successive one (1) year extended terms ("Extended Terms") unless either party provides written notice to the other party of its election not to renew the Agreement no later than sixty (60) days prior to the expiration of the Initial Term or any Extended Term. As used throughout this Agreement, the word "Term" shall include the "Initial Term" and any "Extended Term."

4.2. Termination. This Agreement may be terminated as follows:

4.2.1. For Cause. By the non-breaching party if the other party materially defaults in the performance of its obligations under this Agreement and such default goes uncured for thirty (30) days after the non-breaching party has provided the breaching party with written notice specifying such default;

4.2.2. Mutual Consent. Upon the mutual written agreement of Aurora EAP and Employer.

4.3. Effect of Termination. Except as otherwise agreed to between the parties, Aurora EAP shall complete the provision of a course of EAP Services to those Eligible Persons who initiated receipt of EAP Services prior to termination, but who, on the date of termination, had not yet completed the standard course of EAP Services. In such a case, Employer shall pay Aurora EAP the then current Aurora EAP hourly fee for service rate for such EAP Services.

ARTICLE V MISCELLANEOUS PROVISIONS

5.1. Survival. Section 4.3 (Effect of Termination), Section 5.11 (Applicable Law and Venue) and Section 5.17 (Confidentiality) shall survive the termination or expiration of this Agreement.

5.2. No Third Party Beneficiaries. There are no third party beneficiaries to this Agreement.

5.3. No Assignment without Consent. Neither party may assign this Agreement without the prior written consent of the other party hereto, provided, however, that certain of the EAP Services may be performed by entities affiliated with, controlled by, or contracting with Aurora EAP.

5.4. Entire Agreement/Modification of Agreement. This Agreement sets forth the entire understanding of the parties. No understanding, obligation, representation or agreement not set forth herein shall have any force or effect. No alteration, amendment or modification of the terms of this Agreement shall be valid or effective unless in writing and signed by Aurora EAP and Employer.

5.5. Non-Waiver. A failure of any party to enforce at any time any term, provision or condition of this Agreement, or to exercise any right or option herein, shall in no way operate as a waiver thereof, nor shall any single or partial exercise preclude any other right or option herein; in no way whatsoever shall a waiver of any term, provision or condition of this Agreement be valid unless in writing, signed by the waiving party, and only to the extent set forth in such writing.

5.6. Agreement Drafted by All Parties. This Agreement is the result of arm's length negotiations between the parties and shall be construed to have been drafted by all parties such that any ambiguities in this Agreement shall not be construed against either party.

5.7. Severability. If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

5.8. Section Headings. The section headings contained herein are for convenience in reference and are not intended to define or limit the scope of any provision of this Agreement.

5.9. Counterparts; Facsimile Copy. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, and will become effective and binding upon the parties as of the Effective Date at such time as all the signatories hereto have signed a counterpart of this Agreement. Facsimile copies shall be deemed to be as valid as the original.

5.10. Notices. Any notices required or permitted to be given hereunder by either party to the other shall be given in writing: (i) by personal delivery; (ii) by electronic facsimile with confirmation sent by United States first class registered or certified mail, postage prepaid, return receipt required; (iii) by bonded courier or by nationally recognized overnight delivery service; or (iv) by United States first class registered or certified mail, postage prepaid, return receipt requested, in each case, addressed to the following addresses:

To Aurora EAP:

To Employer:

Aurora Health Care, Inc.
750 West Virginia Street
PO Box 341880
Milwaukee, WI 53234-1880
Attn: Senior Vice President and
General Counsel

With a copy to:

Aurora EAP
4067 N. 92nd Street
Wauwatosa, Wisconsin 53222
Attn: Director EAP
Fax: (414) 760-5419

Notices will be deemed received on the earliest of personal delivery, upon delivery by electronic facsimile with confirmation from the transmitting machine that the transmission was completed, twenty-four (24) hours following deposit with a bonded courier or overnight delivery service; or seventy-two (72) hours following deposit in the U.S. Mail as required herein.

5.11. Applicable Law and Venue. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Wisconsin (without regard to principles of conflicts of laws). The parties agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state or federal (if permitted by law and the party elects to file an action in federal court) courts located in Milwaukee County, Wisconsin. This choice of venue is intended by the parties to be mandatory and not permissive in nature, and to preclude the possibility of litigation between the parties with respect to, or arising out of, this Agreement in any jurisdiction other than that specified in this Section 5.11 (Applicable Law and Venue). Each party waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this Section 5.11 (Applicable Law and Venue).

5.12. Force Majeure. Whenever a period of time is provided in this Agreement for a party to do or perform any act or thing, such party shall not be liable or responsible for any delays due to strikes, lockouts, casualties, acts of God, war, governmental regulations or control or other causes beyond the reasonable control of such party and in any such event such time period shall be extended for the amount of time the party is so delayed.

5.13. Compliance with Laws. Each party hereto warrants that it will adhere to and comply with all applicable federal, state and local laws including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations.

5.14. Independent Contractor. Notwithstanding any other provision of this Agreement, it is expressly acknowledged and agreed by the parties hereto that Aurora EAP and its agents,

employees, subcontractors, and other personnel are “independent contractors” with respect to Employer and nothing in this Agreement is intended nor shall be construed to create an employer/employee relationship with Employer.

5.15. Agency. This Agreement does not create, and shall not be construed to create, any agency/principal relationship between Employer and Aurora EAP.

5.16. Non-Exclusive. Nothing in this Agreement shall limit or restrict Aurora EAP’s right to provide the same or similar EAP Services to other persons, organizations or entities.

5.17. Confidentiality. Employer acknowledges that pursuant to this Agreement, it may receive certain information from or about Aurora EAP, the disclosure of which to a third party could result in such third party obtaining a competitive business advantage or other opportunity detrimental to the interests of Aurora EAP (the “Confidential Information”). Employer agrees that it shall not disclose any Confidential Information of Aurora EAP to third parties except upon the prior express written consent of Aurora EAP permitting each such disclosure.

5.18 Counterparts. This Agreement may be executed in counterparts, any one of which need not contain the signature of more than one party, but all of which, together, shall comprise one and the same agreement. Facsimile or scanned copies shall be deemed to be as valid as the original.

[Remainder of Page Intentionally Left Blank]

5.19 Disclosure Concerning Automatic Renewal Provision. As stated in Section 4.1 of this Agreement above, this Agreement will be automatically renewed for successive one (1) year terms unless either party declines the renewal.

5.19.1. Each additional renewal is for a one (1) year period.

5.19.2 Aurora EAP may adjust its fees during a renewal term, upon ninety (90) days prior written notice, in accordance with Section 3.2 above.

5.19.3 To decline a renewal, a party must send written notice to the other party hereto in the manner and at the address specified in Section 5.10, at least sixty (60) days prior to the end of the then current term. As such, the written notice must be given before **June 30th** of the then current term, to decline a renewal for the next twelve (12) months.

5.19.4 Please initial Section 5.19 below.

Employer Initials

Aurora EAP Initials

IN WITNESS WHEREOF, the parties have signed this Agreement as of the Effective Date.

AURORA HEALTH CARE, INC.

EMPLOYER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

**EXHIBIT A
EAP SERVICES AND FEES**

I. Fees

Indicate the requested EAP Service Model by marking the box to the left of the corresponding model with an X.

	Service	Fee/Payment Terms
	<p>Model 1: Assessment and Referral</p> <p>Eligible Persons shall receive up to three (3) goal focused consultations per issue via telephone or in-person with EAP counselors. Depending on the presenting concerns, the EAP counselors may link Eligible Persons with EAP Work/Life services, professional treatment, community resources, and/or support groups, if needed. Interpreter services shall be made available to the Eligible Person as necessary to facilitate the consultation process.</p>	
X	<p>Model 2: Short Term Problem Resolution</p> <p>Eligible Persons shall receive up to six (6) goal-focused consultations per issue via telephone or in-person with EAP Counselors. The increased number of consultations offers opportunities for more Eligible Persons to utilize the EAP to resolve problems without accessing their insurance. This model is particularly useful for self-insured employers who wish to keep their insurance utilization costs to a minimum.</p>	<p>\$ 1,400 per year</p> <p>For 15 employees</p>

II. Included Services

The following services are standard components in both EAP Service Models.

EAP Service Component	Description
Employee Services	
Telephone and in-person consultations	Available for employees and household members, based on the model identified above
Masters prepared counselor availability	Confidential, toll-free, 24/7 coverage
Interpreter & TDD services	Interpreters available for over 140 different languages
In person appointment scheduling (non-crisis)	Average – 2 days
In person appointment scheduling (crisis)	Same day
National network of providers	Over 1,000 credentialed providers throughout the US, Canada and Mexico
Follow-up	Offered to all clients on all cases
Voluntary (non-incentivized) Behavioral Change Coaching Modules for individual & performance related issues	Topics include marijuana use, anger management, effective communication, managing stress and rethinking drinking
Interface with treatment providers beyond the EAP	When necessary, referrals are made to providers within client's insurance network or to other appropriate community resources

Work/Life Balance Services	
Financial consultations	Free 30 minute telephone consultations - additional services offered at a 25% reduced fee
Legal consultation	Free 30 minute in-person or telephone consultations - additional services offered at a 25% reduced fee
Legal mediation information & referral services	Free 30 minute telephone consultations - additional services offered at a 25% reduced fee
Adoption information & referral services	Available by telephone or online - adoption resources and referrals are provided
Childcare and eldercare information & referral services	Available by telephone or online - childcare and eldercare resources, referrals, and individual searches are provided
Educational information and referral services	Available by telephone or online – K through 12 and higher education resources and referrals are provided
Individual & family information packets	Topics include: new parents, back-to-school, higher education, summer care, etc.
Electronic interactive toolkits and resources	Available for more than 1,000 different physical and mental health conditions and treatment options
Employee Communication	
EAP brochures	Employee headcount + 10% - distribution at discretion of employer
Work/Life brochures	Employee headcount + 10% - distribution at discretion of employer
Individualized wallet cards	Employee headcount + 10% - distribution at discretion of employer
Full size color posters	Quantity determined by employer
Employee/family newsletters	Electronic newsletters - 3 per year
Supervisory newsletters	Electronic newsletters - 3 per year
Education and promotional resources	Monthly e-mail promotional messages
Articles for company newsletters	Available upon request
On-Line Services	
On-line access to EAP services	Assistance can be requested through the EAP website
Self-assessment screening tools	Available at www.aurora.org/eap
Topical resource library	Available at www.aurora.org/eap
Streaming video/audio resources	Available at www.aurora.org/eap
Interactive employee toolkits	Available at www.aurora.org/eap
Supervisory toolkits	Available at www.aurora.org/eap
Training	
On-site employee and supervisory orientations	Unlimited initial and follow-up orientations.
On-site topical employee and supervisory trainings	4 hours of onsite training provided per year on a variety of topics
Webinars and electronic training sessions	Topical trainings are available upon request
Evening educational programs	Available at designated Aurora facilities throughout the year
DOT supervisory training	Available onsite and at various Aurora locations throughout the year
Wellness committee and health fair participation	EAP participation in wellness committees, health fairs and wellness events throughout the year, when requested.

Consulting Services	
An assigned Account Executive	One Account Executive assigned to each employer - one of six team members is on-call at all times
Management consultation and organizational support	Account Executives are available on an unlimited basis for consultation on sensitive workplace issues
Supervisory referral services	When referred by employer, the EAP shall facilitate at least two in-person consultations - Aurora EAP will measure and provide outcome information to the employer
Drug and alcohol consulting including DOT	Sample policies and related consultation available upon request
Workplace EAP policy consultation	Sample policies and related consultation available upon request
Account Management	
Quarterly utilization reports	Aggregate utilization data is reported to employer
Annual summary reports	Annual summary shows cost savings and return on investment
Employee & employer satisfaction summaries	Included in the annual summary
On-site visits by EAP Account Executive	Available on an unlimited basis
Crisis Response Services	
24/7 Crisis line	Staffed by masters' prepared clinicians
24/7 Management consultation	Account Executives available to assist by telephone in the event of a workplace crisis
Pre-incident education	Proactive, pre-incident training and consultation available to assist the employer
Onsite crisis support (also referred to as psychological first aid)	Available in the event of a crisis or critical incident

III. Optional Services

The following services are available at an additional fee.

Optional Services	
Extensive financial coaching program with unlimited access to financial experts for 60 days	Available at an additional fee
On-site financial wellness classes	Available at an additional fee
Fraud resolution services	Available at an additional fee
Formal on-site critical incident stress debriefing with two account executives	Available at an additional fee
Incentivized wellness coaching for insurance premium credit	\$255 per case – Each case includes 3 telephonic sessions with a professional counselor, all program materials, ongoing client support, and customized communication plan with Employer, third party wellness coordinator, and/or insurance TPA

TRICK OR TREAT TIMES FOR VILLAGE OF BUTLER

YEAR	DAY OF WK	DATE	TIMES
2006	SUNDAY	10/29/2006	4 PM - 7 PM
2007	SUNDAY	10/28/2007	2 PM - 4 PM
2008			
2009	SATURDAY	10/31/2009	4 PM - 7 PM
2010	SUNDAY	10/31/2010	1 PM - 3 PM
2011	SUNDAY	10/30/2011	1 PM - 3 PM
2012	SUNDAY	10/28/2016	4 PM - 7 PM
2013	SUNDAY	10/27/2013	4 PM - 7 PM
2014	SUNDAY	10/26/2014	1 PM - 3 PM
2015	SATURDAY	10/31/2016	2 PM - 4 PM
2016	SUNDAY	10/30/2016	4 PM - 6 PM
2017	SATURDAY	10/28/2017	4 PM - 7 PM
2018	SUNDAY	10/28/2018	1 PM - 4 PM

Letter of Agreement #1
Between the
Village of Butler
and the
Butler Professional Police Association

Pursuant to an agreement reached between the Village of Butler and the Butler Professional Police Association, the following provision shall be applicable as indicated below:

The Village may hire external applicants and set initial compensation at a higher step than the current lowest rate in the CBA at the discretion of the Chief of Police, but shall not exceed the applicant's actual prior years of full-time Law Enforcement service or the existing schedule of the current CBA.

Vacation accrual will be based on actual full-time years of service not to exceed the existing schedule of the CBA and will be prorated based on the starting date in the first calendar year of employment. The officer will be allowed to use vacation time immediately upon the start of employment, provided there is availability on the schedule and the officer is not on field training. An officer who received an accelerated vacation benefit and terminates employment prior to completing the probation period (18 months) will not be eligible for a vacation pay-out.

The officer shall be granted up to 40 hours of sick leave upon time of hire at the discretion of the Chief of Police.

The officer's seniority date will be based on the hire date with the Village of Butler Police Department.

To be eligible for a later transfer, the officer must be currently certified with the state of Wisconsin or another state and has been a full time officer within the prior 24 months of the date of hire.

In Witness Whereof, the parties hereto have executed the Letter of Agreement by duly authorized officers or agents on this _____ day of _____, 2019.

Village of Butler

Butler Professional Police Association

Village President

Association President

Village Administrator

Labor Association of Wisconsin



VILLAGE OF BUTLER

EST. 1913

APPLICATION FOR BOARDS & COMMISSIONS

12621 W. Hampton Ave
Butler, WI 53007
Telephone: (262)783-2525

Board or Commission Applying For: Trustee

Name: Malia L. Chow Address: 12418 W. FAIRMOUNT AVE Zip: 53007

Telephone: Work: (808) 723-9122 Home: (808) 723-9122

Email: maliachow1@yahoo.com Fax: _____

Are you a registered voter of Butler? YES How long? 2019

Have you attended a meeting of this Board/Commission? YES

Present Employer: Hale O Malo Productions, LLC / Na Hale Cultural Art Center, INC.

Job Title: Owner / Founder

SEE ATTACHED SHEETS FOR ANSWERS BELOW

Previous Governmental Bodies/Elective Offices Applicant has served	Position/Office Held	Dates
Civic or Charitable Organizations to which Applicant has belonged	Position Held	Dates

Special Interests/Hobbies/Talents: _____

College, Professional, Vocational Schools attended	Major Subject	Dates	Degree/Date
--	---------------	-------	-------------

Special awards or recognition received: _____

Please state reasons why you want to become a member of this Board or Commission, including what specific objectives you would be working toward as a member of this advisory board. Please state why you would be an asset to this advisory board: (Attach second page if necessary)

Any other information which you feel would be useful in reviewing your application:

Are you associated with any Organization/Employment that might be deemed a conflict of interest in performing your duties if appointed to this position? _____
If yes, please state name of Organization/Employment: _____

Would you be willing to abstain from voting on matters where a potential conflict of interest exists? _____

Have you been convicted of a felony or misdemeanor? _____ If yes, explain convictions (Do not list any misdemeanor settled in juvenile court).

How did you hear about the opening on this Commission?

Signature of Applicant: _____

Date signed: _____

Resume: Malia L. Chow
Email: maliachow1@yahoo.com; Phone: 808.723.9122
Residential: 12418 W. Fairmount Ave, Butler WI 53007
Business: 12519 W. Hampton Ave, Butler WI 53007

- Registered Voter of the Village of Butler
- Attended Village Board/Commission Meetings in the past
- Presently Self-Employed; Owner of Hale O Malo Productions, LLC.
- Founder of Na Hale Cultural Arts Center, INC. (Na Hale Studios)

Previous Governmental Bodies/Civic Organization: Founder and former President of the Keali'i David La'amea Kalakaua Hawaiian Civic Club; a State and Federally recognized 501c3 Non-profit Organization in Butler, Wisconsin. 2012-2014

Special Interests/Hobbies/Talents:

- Environment/Ecology
- Community Engagement
- Community Enrichment/ Program Development
- Educator; Culture, Music, Arts
- Production/Director
- Grant Writing

Education:

- 1999-2000: Milwaukee Institute of Art and Design: Fine Arts
- 2000-2001: University of Wisconsin, Milwaukee: Film
- 2001-2004: University of Hawaii, Manoa: Liberal Arts; Minor: Hawaiian Studies/ Japanese
- 2004-2006: Kapiolani Community College: Liberal Arts; Minor: Hawaiian Studies/ Japanese
- 2008-2012: Milwaukee Area Technical College: Music Business Occupations

Merit:

- 2012: Founded and Chartered the non-profit organization: Ke Ali'i David La'amea Hawaiian Civic Club, of the Association of Hawaiian Civic Clubs (AOHCC.org)
- 2012-2014: Served as President of Ke Ali'i David La'amea Hawaiian Civic Club
- Grant Writer/Recipient: Ka Na'i Aupuni for Ukulele's/Music Equipment
- Grant Writer/Recipient: Master Folk Artist, Wisconsin Art's Board & The National Endowment for the Arts
- 2018: Program Development and Educator: Via HIR Wellness which fosters intergenerational healing amongst indigenous women and families in Wisconsin. (Menomonee, Oneida, Lakota, Ojibwe and more)

Volunteer:

- 2009-Present: Performer; Pacific Islander's Midwest Campout
- 2012-Present: Kai'oula Annual Lu'au
- 2012-Present: Keali'i David La'amea Kalakaua Hawaiian Civic Club of Wisconsin
- 2014-Present: Musician; Holiday Folk Fair International
- 2015-2018: Indian Summer Festival, International Drum Jam (all Nations)
- 2018 Women's Mentorship Development
- 2018: Program Workshop: TBey Arts Center
- 2018-Present: Community Program Open House Host at Na Hale Studios

- 2018-Present: HIR Wellness Program Instructor and Host at Na Hale Studios
- 2019-Present: Butler Night Out

Work:

- 1996-Present; Professional Performance; Dancer/Instructor/Musician/Lecturer
- 2000: Dancer; Don Ho, Midwest Tour
- 2000: Dancer; Hawaii Visitors Bureau, Midwest Tour
- 2000: Dance Instructor; Lincoln Middle School of the Arts via The Milwaukee Public Museum
- 2001: Dancer; Tihati Productions.
- 2002: Dancer; Jon Naki's Entertainment Network Hawaii Inc.
- 2003: Dancer; Star of Honolulu, Aloha Tower
- 2007-Present: Owner/Director/Instructor/Performer; Hale O Malo Productions, LLC.
- 2009-2016: Dance and Music Instructor/Lecturer; Greendale Rec Department
- 2010-Present: Dance Instructor: Quest International Studio
- 2011-2013: Music Instructor: Candi's Piano Studio
- 2013: Seminar Instructor; Ke Ali'i David La'amea Kalakaua Hawaiian Civic Club
- 2014-Present: Director/Musician; Ocean Rush (Traditional/Contemporary Island Band)
- 2015: Seminar Instructor; Ori Mana, Mexico City, Mexico
- 2015: Cultural Lecturer; University of Wisconsin, Milwaukee
- 2016: Dancer/Lecturer; Tong Tong Fair; The Hague, Netherlands
- 2016: Seminar Instructor; Mannheim, Germany
- 2017: Artistic Consultant/Collaborator/Performer; Present Music, Milwaukee Public Museum
- 2017: Director of Cultural Performance; Atwater Annual Surf Festival
- 2017: Cultural Lecture; University of Wisconsin, Milwaukee
- 2017: Televised performance; Downtown Lights & WISN 12
- 2018: Founded and opened Cultural Arts Studio, Na Hale Studios, Butler WI
- 2018: Program Development and instructions to underserved communities: SHARP Literacy
- 2018: Musician; Discovery World Museum
- 2018: Cultural demonstration; University of Wisconsin, Milwaukee
- 2018: Cultural education; HIR Wellness Center

Training:

- Small Business Development Center- Entrepreneurial Development
- Wisconsin Women's Business Initiative Corporation- Business Startup Development
- HIR Wellness, Inc.- Non-profit Mentorship

Reasons why becoming a member of the Board; specific objectives; why an asset?

As a home owner and small business owner of the Village of Butler; my interest's lie in the vitality of the community and it's commerce. The Village is at a crossroads of transition, generationally and demographically. I believe it's important to honor the small-town culture and revival of some of its traditions, while also providing diplomacy, and a space for growth in community, business, ecology and the everchanging scape of the Village. I believe I have a unique and caring perspective on the issues and challenges we face.

Association with Organization/Employment that might be deemed a conflict of interest?

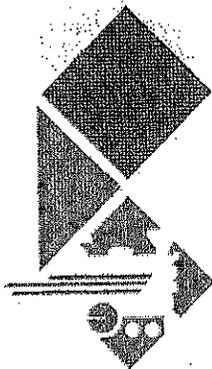
I own a business on Hampton Avenue, and offer programs through the Butler Rec Department.

Willing to abstain from voting?

I may be willing to abstain from voting if there is a potential conflict of interest.

I have no felonies or misdemeanors

I heard about the Commission opening via social media, and personal recommendations by former Trustees, Board Members, Butler residents, and business owners.



VILLAGE OF BUTLER

EST. 1913

APPLICATION FOR BOARDS & COMMISSIONS

12621 W. Hampton Ave
Butler, WI 53007
Telephone: (262)783-2525

Board or Commission Applying For: <u>Trustee</u>			
Name: <u>Travis Coe</u>		Address: <u>5067 N. 126th St.</u> Zip: <u>53007</u>	
Telephone: Work: _____		Home: <u>cell: 414-534-6628</u>	
Email: <u>traviscoe@gmail.com</u>		Fax: <u>-</u>	
Are you a registered voter of Butler? <u>Y</u>		How long? <u>7 years</u>	
Have you attended a meeting of this Board/Commission? <u>no</u>			
Present Employer: <u>Justica Point</u>			
Job Title: <u>Shift Supervisor</u>			
Previous Governmental Bodies/Elective Offices Applicant has served	Position/Office Held	Dates	
	<u>none</u>		
Civic or Charitable Organizations to which Applicant has belonged	Position Held	Dates	
	<u>Cub Scouts - Den Leader</u>	<u>2014-15</u>	
Special Interests/Hobbies/Talents: <u>Psychology, Social Justice, Criminal Justice, Wellness, Mental Health, Soft Skills, Games (Board/Card), gardening</u>			
College, Professional, Vocational Schools attended	Major Subject	Dates	Degree/Date
<u>UW-Milwaukee</u>	<u>BA International Studies - Asian Focus</u>	<u>Jan. 1995 - Dec. 1999</u>	<u>BA-International Studies-Asian Focus</u>
<u>Winona State Univ.</u>	<u>Accounting</u>	<u>Sept. 1993 - Nov. 1994</u>	<u>December 1999</u>
Special awards or recognition received:			

Please state reasons why you want to become a member of this Board or Commission, including what specific objectives you would be working toward as a member of this advisory board. Please state why you would be an asset to this advisory board: (Attach second page if necessary)

I want to help make Butler a more healthy, safe, and connected community. Some ideas that I have are to establish community gardens, look into ways to expand the parks and see offerings, and establish a yearly Bike Rodeo (for community engagement with the police department, bicycling safety, and possibly maintenance). I think my experience with focusing on public safety and wellness in a non-profit setting would be an asset to the Board.

Any other information which you feel would be useful in reviewing your application:

In addition to addressing public safety via my work at Justice Point; I also work in the Wellness and Soft Skills Committees at Justice Point. These committees are additional ways that I have been able to advance the health, wellness, and success of my co-workers at Justice Point.

Are you associated with any Organization/Employment that might be deemed a conflict of interest in performing your duties if appointed to this position? NO

If yes, please state name of

Organization/Employment: N/A

Would you be willing to abstain from voting on matters where a potential conflict of interest exists? yes

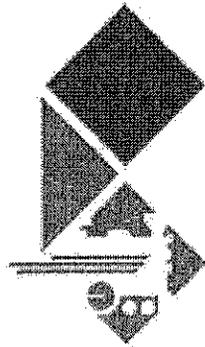
Have you been convicted of a felony or misdemeanor? NO If yes, explain convictions (Do not list any misdemeanor settled in juvenile court).

How did you hear about the opening on this Commission?

~~FB~~ Facebook post from Village of Butler Facebook page

Signature of Applicant: Troun Ahe

Date signed: 8/2/2019



VILLAGE OF BUTLER

EST. 1913

APPLICATION FOR BOARDS & COMMISSIONS

12621 W. Hampton Ave
Butler, WI 53007
Telephone: (262)783-2525

Board or Commission Applying For: <u>Village Trustee</u>			
Name: <u>PAUL KASDORF</u>		Address: <u>12807 W EGGERT PL 53007</u>	
Telephone: Work: <u>—</u>		Home: <u>262-783-4895</u>	
Email: <u>pkaz2000@gmail.com</u>		Fax: <u>—</u>	
Are you a registered voter of Butler? <u>Yes</u>		How long? <u>21 years</u>	
Have you attended a meeting of this Board/Commission? <u>yes</u>			
Present Employer: <u>Insurance</u>			
Job Title: <u>claim</u>			
Previous Governmental Bodies/Elective Offices Applicant has served	Position/Office Held	Dates	
	<u>Village Trustee</u>	<u>2013-17</u>	
Civic or Charitable Organizations to which Applicant has belonged	Position Held	Dates	
	<u>Library Board</u>	<u>2017-19</u>	
Special Interests/Hobbies/Talents:			
College, Professional, Vocational Schools attended	Major Subject	Dates	Degree/Date
<u>UW-Parkside</u>	<u>Finance</u>	<u>1992-1997</u>	<u>May 1997</u>
Special awards or recognition received:			

Please state reasons why you want to become a member of this Board or Commission, including what specific objectives you would be working toward as a member of this advisory board. Please state why you would be an asset to this advisory board: (Attach second page if necessary)

I am interested in this position to continue serving the Village of BUTLER. As a Trustee, I will research the issue and am willing to discuss both sides of a topic. My decisions will be well thought out and take a 'what is best for the village' approach. I bring years of Board experience and Budget knowledge to the position.

Any other information which you feel would be useful in reviewing your application:

Being on the Library Board, allowed me to learn and understand their operation and budget. In return, our Board was able to adjust the expenses and revenues to better reflect the needs of the community.

Are you associated with any Organization/Employment that might be deemed a conflict of interest in performing your duties if appointed to this position? NO

If yes, please state name of Organization/Employment: _____

Would you be willing to abstain from voting on matters where a potential conflict of interest exists? yes

Have you been convicted of a felony or misdemeanor? NO If yes, explain convictions (Do not list any misdemeanor settled in juvenile court).

How did you hear about the opening on this Commission?

Agenda posting

Signature of Applicant: Paul Kemp

Date signed: 7/16/19



VILLAGE OF BUTLER

EST. 1913

APPLICATION FOR BOARDS & COMMISSIONS

12621 W. Hampton Ave
Butler, WI 53007
Telephone: (262)783-2525

Board or Commission Applying For: <u>Village Board</u>			
Name: <u>Hunter Johnson</u> Address: <u>5130 N 127th St, Butler</u> Zip: <u>53007</u>			
Telephone: Work: <u>262-305-3265</u> Home: _____			
Email: <u>hrjbutler@gmail.com</u> Fax: _____			
Are you a registered voter of Butler? <u>Yes</u> How long? <u>7 years</u>			
Have you attended a meeting of this Board/Commission? <u>No</u>			
Present Employer: <u>Woodman's</u>			
Job Title: <u>Deli Clerk</u>			
Previous Governmental Bodies/Elective Offices Applicant has served	Position/Office Held	Dates	
	I have not held an office		
Civic or Charitable Organizations to which Applicant has belonged	Position Held	Dates	
	Worked and helped the community in La Crosse, Wisconsin, by helping lead events, participate in community events and clean up areas around La Crosse	1/10/16-5/6/16	
Special Interests/Hobbies/Talents: <u>I enjoy reading and keeping up with current events and politics. I enjoy traveling to different States to understand the differences in culture, and site see. Played basketball for high school and intramurals for college. Graduated from UW Milwaukee with a Political Science major, and Criminal Justice minor.</u>			
College, Professional, Vocational Schools attended	Major Subject	Dates	Degree/Date
UW-Waukesha	Political Science	9/5/12-5/19/19	Bachelors of Arts Political Science Minor: Criminal Justice
UW-La Crosse			
UW-Milwaukee Wisconsin			
Special awards or recognition received: <u>I received a letter from both Janel Brandtjen and Alberta Darling</u>			

Please state reasons why you want to become a member of this Board or Commission, including what specific objectives you would be working toward as a member of this advisory board. Please state why you would be an asset to this advisory board: (Attach second page if necessary)

Becoming a member of the Village Board is important to me, because this is a huge step in being able to help the community that I live in. This gives me a chance to work and hear more about the major issues happening in Butler and neighboring county's. In addition, becoming a member of the Board can open up many opportunities for me and give me a chance to help people who truly need help.

Some objectives I would help implement would be to hear the majoring concerns of the public, and address them to the best of my ability. Furthermore, I would help build up and strengthen the economy towards all the small business here in Butler, such as tax's and policy's. Also, to help and maintain the environment and make sure rules are being followed with cutting down trees or building in certain areas. Also, safety is a major aspect and hearing and listening to the concerns of people would be a major step in understanding where crime might be located and targeted. Building awareness and attention to Butler can help show how important Butler is and can bring in new business and opportunities. I believe an important aspect to all of this is team work. To work together to accomplish tasks is the best way to help get objectives completed, and to be able to constantly move forward in new ideas and missions.

I would be an asset to this advisory, because I believe I can bring in new ideas and opinions. I am a team player willing to learn, listen and motivated those around me. Working with the Government and helping out people is always something I worked for and wanted to do. I am a good multi-tasker and I am dedicated to get objectives completed. I believe there is always something new to learn and its important to hear all ideas to understand what needs and should be done. I am responsible, organized and committed in the task at hand and I am willing to keep pushing forward if things get tough.

Any other information which you feel would be useful in reviewing your application:

I lived in Butler my whole and have seen many changes happen throughout the years. For one, as a kid, I would always enjoy going to the fair at Butler Park. Over the years, however, there was a downhill effect happening where less was going on. The rides are great of course, but its more important that the community and others shared this event with each other. Over the years, not much happen and less and less people enjoyed the event. I have seen business here be less busy and even some close down. This is a huge opportunity for me to help build up what was lost and make sure we keep moving forward with day to day ideas and opportunities.

Though I am lacking some experience in this field, I am willing to learn and be able to help to my best ability. This opportunity is very important to me for my career, and for the opportunity to help my community that I live in.

Are you associated with any Organization/Employment that might be deemed a conflict of interest in performing your duties if appointed to this position? No _____

If yes, please state name of

Organization/Employment: _____

Would you be willing to abstain from voting on matters where a potential conflict of interest exists? No _____

Have you been convicted of a felony or misdemeanor? No _____ If yes, explain convictions (Do not list any misdemeanor settled in juvenile court).

How did you hear about the opening on this Commission?

Through Email

Signature of Applicant: Hunter Robert Johnson

Date signed: 8/5/19