



## Office of the Town Clerk

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

Office: 262-796-3788 | Clerk@TownofBrookfieldwi.gov

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### MEETING AGENDA

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|                                  |                                                                 |                                                                                 |
|----------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| Tuesday, July 21, 2026<br>7 P.M. | Town Board<br>Utility District No. 1<br>Sanitary District No. 4 | Eric Gnant Room<br>TOB Municipal Building<br>645 N. Janacek Rd., Brookfield, WI |
|----------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|

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1. Call to Order & Roll Call.
2. Meeting Notices.
3. Approval of Agenda.
4. Approval of Minutes:
  - a. July 7, 2026 meeting of the TB, UD1, SD4.
5. Citizen Comments: Three-minute limit.
6. Committee/Commission Reports/Recommendations:
  - a. Plan Commission
    1. Discussion and possible action regarding a request for Final approval for a mixed-use development known as The West End, located west of The Corners of Brookfield, Tax Key Nos. BKFT1123.960-.965; BKFT1123.976.001, .004, .005. IM Properties (applicant), Newfield Holdings LLC and Brookfield Corners LLC (owners).
    2. Discussion and possible action regarding a Conditional Use Request for an electronic changeable copy sign for St. John's Lutheran Church located at 20275 Davidson Road. Brian Zach on behalf of St. Johns (owner), Lemberg Electric (applicant).
    3. Discussion and possible action regarding a Site Plan/Plan of Operation (Conceptual, Preliminary, Final approval) for a change in use for a new tenant, Land and Sea, and parking lot modifications at 21675 E. Moreland Blvd. Nicholas Weeks (tenant/applicant). Sisian LLC (owner).
7. Old Business:
  - a. Discussion and possible action regarding the 2026-2027 Class "B" Beer and "Class B" Liquor Alcohol Beverage License Application for Grimaldi's Pizzeria.
8. New Business:
  - a. Discussion and possible action regarding the Class "B" Beer and "Class B" Liquor Alcohol Beverage License Application for Taste of India.
  - b. Discussion and possible action regarding the Class "B" Beer and "Class B" Liquor Alcohol Beverage License Application for Beyond the Board.
  - c. Discussion and possible action regarding the Class "B" Beer and "Class C" Wine Alcohol Beverage License Application for Beyond the Board.
  - d. Discussion and possible action regarding an application for Appointment of Agent by Melting Pot to appoint Austin Elliott as the successor agent.
  - e. Discussion and possible action regarding the 2026-2027 Secondhand Article Dealer/Jewelry License Applications.

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

- f. Convene into CLOSED SESSION pursuant to Wis. Stat. § 19.85(1)(g) to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved: Waukesha County Case Number 2026SC002089 Mark Robert Powell vs. Town of Brookfield
  - g. Reconvene into OPEN SESSION, according to Wis. Stat. § 19.85(1)(g) for any necessary action resulting from the Closed Session.
- 9. Departments Reports/Recommendations:
  - a. Sanitary District No. 4
    - 1. Sanitary District Updates
- 10. Approval of Vouchers and Checks.
- 11. Communication and Announcements.
- 12. Adjourn.

Posted July 10, 2026

Emily Howells, Town Clerk



## Office of the Town Clerk

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

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### MEETING MINUTES

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Tuesday, July 7, 2026  
7 P.M.

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

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

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1. Call to Order & Roll Call.

Interim Chairman Stanelle called the meeting to order at 7:00 p.m.

Present: Supervisors Steve Kohlmann, John Charlier, Matthew Paris (VIA Zoom) and Ryan Stanelle. Chairman Henderson was absent and excused.

A quorum was met (4-1).

Staff Present: Administrator Tom Hagie, Fire Chief John Schilling, Assistant Fire Chief Tony D'Amico, Department of Public Works Superintendent Scott Hartung, Town Engineer Justin Gutoski, Town Attorney Michael Van Klunen, and Clerk Emily Howells.

2. Meeting Notices.

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

3. Approval of Agenda.

Motion by Charlier to approve the agenda with the exception that item 9 immediately follow item 6; seconded by Kohlmann.

Motion prevailed by a voice vote (4-0).

4. Approval of Minutes:

a. June 16, 2026 meeting of the TB, UD1, SD4.

Motion by Kohlmann to approve the minutes of June 16, 2026; seconded by Charlier.

Motion prevailed by a voice vote (4-0).

b. June 29, 2026 special meeting of the TB, UD1, SD4.

Motion by Kohlmann to approve the minutes of June 29, 2026 with changes; seconded by Charlier.

Motion prevailed by a voice vote (3-0-1). Stanelle voted present.

5. Citizen Comments: Three-minute limit.

a. Bill Genteman voiced his dissatisfaction with the Weyer Road Drainage Project relating to his property.

6. Committee/Commission Reports/Recommendations: None.

7. Old Business:

a. Discussion and possible action regarding Weyer Road Drainage Improvement Project Payment Application No. 3.

Motion by Charlier to table Weyer Road Drainage Improvement Project Payment Application No. 3 until the project is completed, or a completion date is known; seconded by Kohlmann.

Motion prevailed by a voice vote (4-0).

8. New Business:

- a. Davidson Road Reconstruction Project Presentation by Strand Associates.

No action.

- b. Discussion and possible action regarding Diversified Benefit Services Business Associate Agreement.

Motion by Kohlmann to approve the Diversified Benefit Services Business Associate Agreement with changes acceptable to Town Staff; seconded by Charlier.

Motion prevailed by a voice vote (4-0).

- c. Discussion and possible action regarding setting a Special Meeting date Friday, July 17, 2026, to approve Grimaldis' Class "B" Beer and "Class B" Liquor Alcohol Beverage License Application Renewal.

Motion by Stanelle to set a virtual Special Meeting date Friday, July 17, 2026 at 3 p.m., to approve Grimaldis' Class "B" Beer and "Class B" Liquor Alcohol Beverage License Application Renewal; seconded by Kohlmann.

Motion prevailed by a voice vote (4-0).

9. Departments Reports/Recommendations:

- a. Fire Department

1. Recognition of Firefighter/EMT Anthony Zilli for completion of his probationary period.

Chief Schilling recognized Firefighter/EMT Anthony Zilli for completion of his probationary period.

2. Discussion and possible action regarding "The Compliance Engine" and Advisory Services proposal from Brycer, L.P., Brycer Advisory Group, L.P., and Inspectionreportsonline.net INC.

Motion by Charlier to accept "The Compliance Engine" and Advisory Services proposal from Brycer, L.P., Brycer Advisory Group, L.P., and Inspectionreportsonline.net INC for a three-year term commencing July 8, 2026; seconded by Kohlmann.

Motion prevailed by a voice vote (4-0).

10. Approval of Vouchers and Checks.

Motion by Charlier to approve vouchers and checks in the amount of \$349,781.94; seconded by Kohlmann.

Motion prevailed by a voice vote (3-0-1). Paris voted present.

11. Communication and Announcements.

- a. Kohlmann announced that the Fourth of July picnic and parade had a great turnout. Everyone had a wonderful time, and the event was a great success.
- b. Chief Schilling communicated the Fire Department was awarded a \$34,185.00 grant by the Firehouse Subs Public Safety Foundation for the purchase of TNT Extrication Equipment (Jaws of Life).
- c. Howells communicated that Pet Care Essentials Plus is having a ribbon cutting ceremony on Saturday, July 18 between 10 a.m. and 2 p.m.

12. Adjourn.

Motion by Kohlmann to adjourn at 8:13 p.m.; seconded by Charlier.

Motion prevailed by a voice vote (4-0).

Respectfully submitted by,

Emily Howells, Town Clerk



Town of Brookfield  
645 N. Janacek Road  
Brookfield, WI 53045  
(P) 262-796-3788  
(F) 262-796-0339



## **TOWN PLAN COMMISSION RECOMMENDATIONS**

**PC Meeting date: June 23, 2026**

- A. Review and possible action on a request for Preliminary and Final approval for Pabla Plaza redevelopment, including the Taste of India restaurant and banquet hall, located at 18110 W. Bluemound Road. Roger Schregardus (applicant), Manjit Singh (owner).

After discussion, the PC unanimously voted in favor of Preliminary Approval subject to several conditions being met prior to Final Approval being granted. The applicant and Plan Commission discussed revising the plans for Final approval to be heard at the July Plan Commission meeting and will seek a combined Preliminary and Final Approval from the Town Board in August. No action to be taken.

- B. Review and possible action on a request for Final approval for a mixed-use development known as The West End, located west of The Corners of Brookfield, Tax Key Nos. BKFT1123.960-.965; BKFT1123.976.001, .004, .005. IM Properties (applicant), Newfield Holdings LLC and Brookfield Corners LLC (owners).

Motion by Mr. Smeltzer to recommend Final approval, subject to the following conditions:

1. Prior to the issuance of a Building Permit, documentation shall be provided to the Town of Brookfield that the Wisconsin Department of Transportation has reviewed and approved a Traffic Impact Analysis. Financial assurance in a form acceptable to the Town Attorney shall be submitted to ensure that any required improvements are constructed as required by the DOT or Waukesha County.
2. Prior to the issuance of a Building Permit, all comments of the Town Planner, Town Engineer, Sanitary District, Fire Department and Town Attorney, if applicant, shall be complied with and shown on the final plans.
3. A non-annexation agreement prepared by the Town Attorney shall be signed in front of a notary by the owner of the property and returned to the Town of Brookfield for recordation in the Waukesha County Register of Deeds.
4. The Town Attorney shall review and approve the stormwater maintenance plan and agreement for all proposed stormwater infrastructure, prior to recordation in the Register of Deeds.
5. A Certified Survey Map shall be submitted, reviewed and approved by the Town of Brookfield and any extra-territorial review entity, prior to permits being issued. *A CSM has been submitted and will be on the July Plan Commission agenda.*

6. The final landscaping plan prepared by Rinka and Pinnacle Engineering, dated May 12, 2026 shall be implemented within six month of receiving Occupancy or by October 15, 2028, whichever occurs first. Minor modifications of the proposed plantings may be considered at the time of planting with native or native cultivars being a strong preference for the site. Site landscaping around the building and parking areas shall not be reduced. Financial assurance may be collected in a form acceptable to the Town Attorney to ensure all required landscaping is implemented and maintained for a period of time approved by the Town Board.
7. Documentation shall be provided by the applicant that the Town Fire Department has reviewed and approved the plans for the proposed Electronic Vehicle stalls relative to the requirements of Ordinance 2026-01.
8. Renderings of the development signage shall be submitted for consideration of the ARC, Plan Commission and Town Board.

Seconded by Ms. Monet. *Motion carried 4-1.*

*An additional condition to include would be:*

“Any outstanding Conditional Use Permits or other agreements, which may have expired or remain unrecorded, shall be reviewed and revised, if applicable, to the satisfaction of the Town Attorney, so long as they remain consistent with the spirit and intent of the original approval and Town Code.”

- C. Review and possible action on a request to discontinue a portion of N. Lord Street.

Motion by Mr. Watson to recommend approval of the request. Seconded by Mr. Smeltzer. The motion carried unanimously.

\*This item will be on the August 18, 2026 Town Board meeting, following a public hearing.

- D. Review and possible action on a Conditional Use request for an electronic changeable copy sign for St. John's Lutheran Church located at 20275 Davidson Road. Brian Zach on behalf of St. John's (owner), Lemberg Electric (applicant).

Motion by Mr. Watson to recommend approval of the Conditional Use Permit, subject to the following conditions:

1. A Conditional Use Order shall be prepared by town staff, signed by the property owner, and recorded by the Town in the Waukesha County Register of Deeds, prior to a sign permit being issued. The Conditional Use Order shall outline the conditions of an Electronic Changeable Copy Sign and the illumination standards as noted in the Code, in addition to the standard conditional use conditions used by the town regarding noncompliance, revocability and nuisance complaints.
2. The Waukesha County Board shall approve the text amendment approved by the Town of Brookfield, prior to a sign permit being issued. *This is anticipated by the County Board on July 28, 2026.*

3. The proposed sign shall be a minimum of 5 ft. from the established road right of way of S. Barker Road, which is 30 ft. from the edge of the curb. A revised site plan shall be submitted to Staff showing the final location of the sign, prior to permits being issued.

Seconded by Mr. Zuperku. The motion carried unanimously.

- E. Review and possible action on a Site Plan/Plan of Operation (Conceptual, Preliminary, Final approval) for a change in use for a new tenant, Land and Sea, and parking lot modifications located at 21675 E. Moreland Blvd. Nicholas Weeks (tenant/applicant). Sisian LLC (owner).

Motion by Mr. Watson to recommend approval of the Site Plan/Plan of Operation for a change in use for a new tenant, subject to the following conditions:

1. The parking agreement with the adjacent property to the southwest shall be provided to the Town for their records, prior to Occupancy being granted, in order to comply with the number of parking spaces required on site for the uses within the building.
2. Parking lot islands shall be landscape with the minimum size plantings required by the Ordinance.
3. A revised site plan shall be submitted showing a minimum 20 ft. wide drive aisle to accommodate emergency vehicles.
4. A Permit from the Waukesha County Environmental Health Division shall be provided to the Town Planner prior to Occupancy being granted.
5. All required town permits shall be obtained, including a Building Permit and Occupancy Permits for Building and Fire Inspection.
6. Subject to bollards being installed in front of the dumpster.

Seconded by Mr. Smeltzer. Motion carried unanimously.

*Regarding Condition 6: The existing dumpster enclosure is a brick building with access from two sides. It's unknown if there is enough room to install bollards without interfering with traffic flow, parking or fire access. It should be noted that the doors on the existing enclosure need maintenance.*



## TOWN OF BROOKFIELD STAFF REPORT

TO: Town of Brookfield Town Board

FROM: Rebekah Leto, AICP, Town Planner

MEETING DATE: July 21, 2026

REPORT DATE: June 16, 2026, updated July 9, 2026

RE: **Final Approval for The West End of The Corners of Brookfield, 20391 W. Bluemound Road, Tax key No(s) BKFT1123.001, .004, .005**

APPLICANT: IM Properties (Wisconsin 1) LLC, Robert Gould

PROPERTY OWNER: Newfield Holdings LLC and Brookfield Corners LLC

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The following report is provided for cursory review prior to action. Specifics relating to the submitted documents of this application may be referenced in the Meeting Packet distributed by the Clerk.

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The applicants are seeking final approval for The West End proposed mixed-use development. The development will include approximately 38,000+/- sq. ft. of street-level retail and an additional 277 residential apartments. This report outlines the updates made between preliminary and final submittals.

**Site Plan, proposed structures and architecture:** No architectural changes were proposed. A trash enclosure and transformer were added for the single-story retail site; however, these will be discussed in more detail when that development goes through the review process this fall. Other site plan changes include minor adjustments to pavers, walkways and the green space layout east of the south building and area between the proposed buildings.

**Loading:** No changes to the loading zones were anticipated or proposed from previous plans. Loading zones are proposed underground with a connection to the existing underground parking structure. Access is at the north end of Buildings A and B via a tunnel, which would provide access to a WB-67 truck and garbage truck to the loading/receiving areas and trash vestibules. The tunnel would also be an available entrance for cars to access the existing parking garage.

**Traffic and Access:** Proposed traffic and site signage has been labeled and added to the construction drawings. A stop sign was added to the western approach of the intersection of Lord Street and S. Union Street. The eastern approach already has two stop signs on each side of the one-way road. An all-way stop was included where Lord Street ends, due to the curve directly west of the intersection. "No trucks" signage was also added to assist with traffic flow. The Town Engineer has no further comments on internal traffic flows or signage.

An updated Traffic Impact Analysis (TIA) was submitted to the Wisconsin DOT (WisDOT) for review and approval. WisDOT has required additional information from the study authors to be able to finalize the scope of the TIA. It is anticipated that modifications to U.S.H. 18 will be required, but the scale of the modifications is unknown.

The Town Board and the developer have initiated a discontinuation of a portion of Lord Street that will be incorporated into the development's private street network. A public hearing has been scheduled for August 18<sup>th</sup>.

### **Parking.**

The Town Code requires two (2) spaces per residential unit and one (1) space per 150 sq. ft. of customer sales and service areas, including employee parking. The existing and proposed parking counts are shown below.

| Parking Table                                      |                                                    |                                                      |
|----------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
|                                                    | <i>Residential</i>                                 | <i>Commercial</i>                                    |
| <i>Existing (entire development site)</i>          | 333 spaces (1.36 ratio)<br>244 total apartments    | 1,585 spaces for 350,985 sq. ft. (1,404 required)    |
| <i>Proposed - West End only</i>                    | 333 parking garage spaces<br>277 units (1.2 ratio) | 103 surface stalls for 38,180 sq. ft. (153 required) |
| <i>Proposed (entire development site)</i>          | 666 spaces (1.27 ratio)<br>521 total apartments    | 1,523 spaces for 390,165 sq. ft. (1,561 required)    |
| <i>Required # w/ PUD flexibility (entire site)</i> | 626 (1.2 ratio)<br>(+40 than required)             | 1,561<br>(38 below required)                         |

The developer has requested parking flexibility through the PUD, similar to The Corners model, which was a 1.2 parking ratio for residential and 4 spaces per 1,000 sq. ft. of gross land area for commercial. Upon request, justification for the flexibility has been submitted. The report, which is enclosed, uses industry wide standards including the ITE Parking Generation Manual 6<sup>th</sup> edition to determine peak parking demands for multi-family residential housing and the Urban Land Institute Shared Parking Manual to determine parking demands for specific commercial uses. The study reveals that the proposed parking counts are greater than what is necessary using national data for peak parking demands. The proposed residential parking complies with the requested 1.2 parking ratio for residential.

In addition, the developer has submitted data from 2025 of the average occupancy of the lower level parking deck, which has 944 automatically monitored parking spaces. The month of December, which consistently has the highest parking demand, only had two days where 400+/- spaces were utilized, leaving approximately 500 spaces available. In the other months evaluated (June, August, November), 170 to 270 spaces parking spaces were generally utilized. Therefore, it does not appear that there is a lack of available parking. The proposed 103 spaces are surface parking stalls on Lord and Union Streets, which would be welcomed by visitors. While the commercial parking is slightly below what is required using the ratio from The Corners, the data supports the number of parking spaces on site.

There are a number of Electric Vehicle (EV) spaces being proposed within the new parking garage. The Fire Department has signed off on the plans for the EV spaces in accordance with the recently adopted ordinance (2026-01).

### **Open Space and Landscaping.**

An updated landscape plan has been submitted for the development that includes a detailed plant schedule, planting notes, and installation details. The landscape palette includes a diverse mix of canopy trees, evergreen

trees, ornamental trees, shrubs, ornamental grasses, and perennials. The plan satisfies minimum plant sizing requirements for deciduous trees, coniferous trees, and shrubs. Based on the submitted plant schedule, approximately 60% of the woody plant material consists of native Wisconsin species or cultivars of native species, which is more than what was previously submitted (approximately 30%).

The applicant has submitted calculations showing the amount of green and open space on site. Open space is defined as areas unobstructed to the sky and not occupied by buildings, driveways, drive aisles, service drives, parking spaces, loading areas, or similar improvements. The proposal well exceeds the minimum amount of open space required.

|                                                                                       | Proposed                | Required                        |
|---------------------------------------------------------------------------------------|-------------------------|---------------------------------|
| Grade-level open space (parking lot/drive landscaping, green space, site landscaping) | 54,717 sq. ft.          |                                 |
| Green Roof                                                                            | 27,917.09 sq. ft.       |                                 |
| Pool + Deck                                                                           | 4,953.44 sq. ft.        |                                 |
| Total                                                                                 | 37%<br>(89,587 sq. ft.) | Minimum 15%<br>(36,107 sq. ft.) |

### **Lighting**

No changes to lighting were anticipated or submitted. Site lighting includes 35 LED post-top lamps throughout the site and recessed exterior LED strip lighting under the eaves. The lighting plan complies with the Town Ordinance per the Town Engineer. The proposed luminaire provides zero percent up lighting, which meets the intent of the “full cutoff” ordinance requirement. The plan also shows an area exceeding the maximum 0.2 foot-candle at the property line near the intersection of North Lord Street and W. Bluemound Rd (0.6 fc); however this area appears to have existing lighting on N. Lord St. that is causing the excess. He noted the additional lighting may even be a benefit in this area.

### **Signage**

Development signage will be applied for at a later date by the developer. No rooftop sign will be proposed. All retail signage will follow the existing DDCM. Any applicant who wishes to do something different will apply for Architectural Review Committee approval.

### **ARC action**

On May 13, 2026, the ARC voted unanimously to grant Final Approval for the development with the conditions recommended below.

### **Town Staff Comments**

*Engineering* – Remaining comments include an evaluation of the updated TIA, once available. Otherwise, engineering comments have been addressed.

*Fire Department:* Comments of the Fire Department have been met.

*Sanitary District:* The Sanitary District has granted approval of the final utility construction drawings.

### **Recommendation**

Staff recommends **Conditional Final Approval** of the proposed mixed-use development known as The West End, located at 20391 W. Bluemound Road, Tax key No(s) BKFT1123.001, .004, .005, subject to the following conditions. Modifications following Plan Commission action are shown with a strike-through, with new conditions in **bold**.

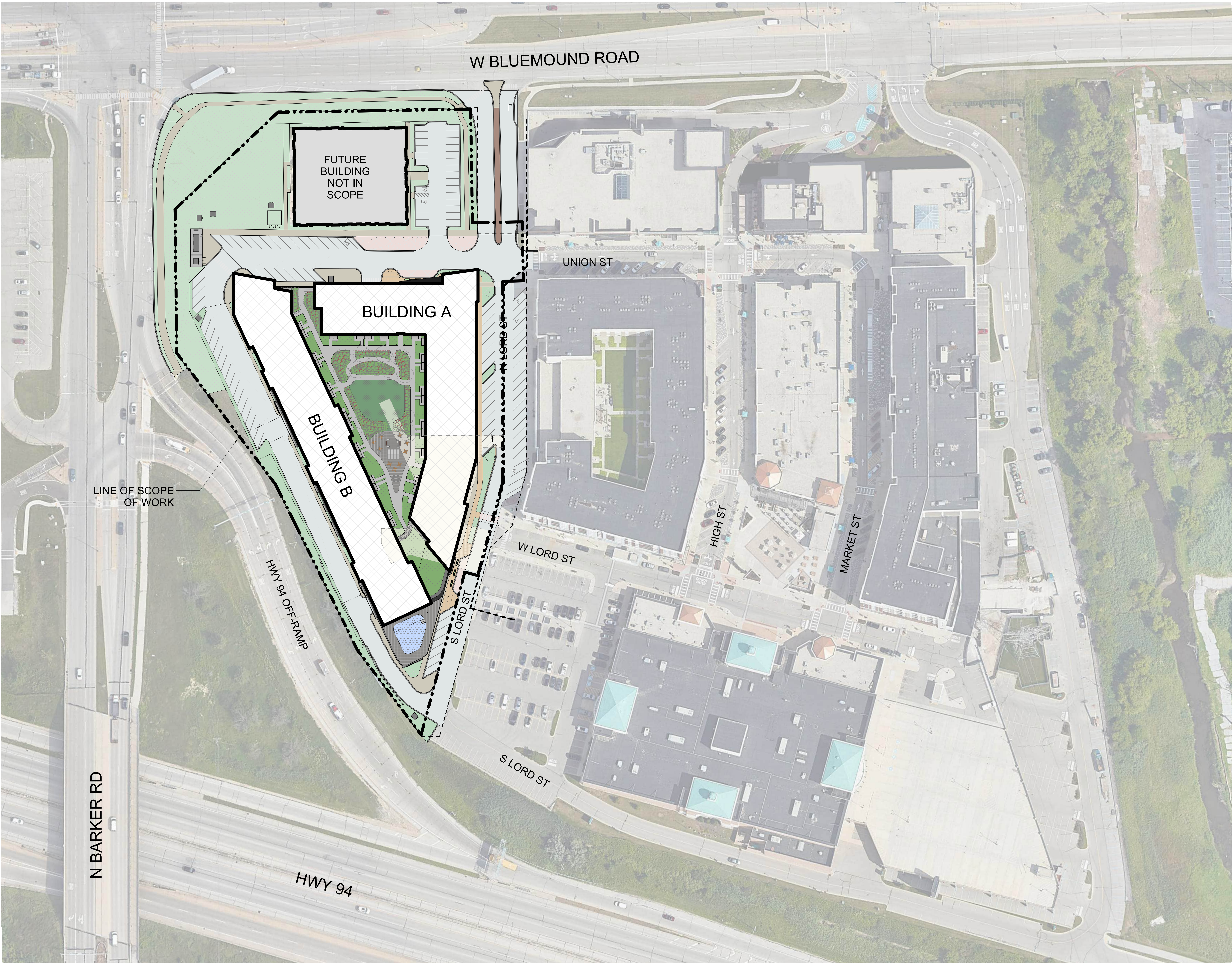
1. Prior to the issuance of a Building Permit, documentation shall be provided to the Town of Brookfield that the Wisconsin Department of Transportation has reviewed and approved a Traffic Impact Analysis. Financial assurance in a form acceptable to the Town Attorney shall be submitted to ensure that any required improvements are constructed as required by the DOT or Waukesha County.
2. Prior to the issuance of a Building Permit, all comments of the Town Planner, Town Engineer, Sanitary District, Fire Department and Town Attorney, if applicant, shall be complied with and shown on the final plans.
3. A non-annexation agreement prepared by the Town Attorney shall be signed in front of a notary by the owner of the property and returned to the Town of Brookfield for recordation in the Waukesha County Register of Deeds.
4. The Town Attorney shall review and approve the stormwater maintenance plan and agreement for all proposed stormwater infrastructure, prior to recordation in the Register of Deeds.
5. A Certified Survey Map shall be submitted, reviewed and approved by the Town of Brookfield and any extra-territorial review entity, prior to permits being issued. *A CSM has been submitted and is scheduled for the July Plan Commission agenda.*
6. The final landscaping plan prepared by Rinka and Pinnacle Engineering, dated May 12, 2026 shall be implemented within six month of receiving Occupancy or by October 15, 2028, whichever occurs first. Minor modifications of the proposed plantings may be considered at the time of planting with native or native cultivars being a strong preference for the site. Site landscaping around the building and parking areas shall not be reduced. Financial assurance may be collected in a form acceptable to the Town Attorney to ensure all required landscaping is implemented and maintained for a period of time approved by the Town Board.
7. Renderings of the development signage shall be submitted for consideration of the ARC, Plan Commission and Town Board.
8. ~~Documentation shall be provided by the applicant that the Town Fire Department has reviewed and approved the plans for the proposed Electronic Vehicle surface stalls relative to the requirements of Ordinance 2026-01. This condition has been met.~~
9. **Any outstanding Conditional Use Permits or other agreements, which may have expired or remain unrecorded, shall be reviewed and revised, if applicable, to the satisfaction of the Town Attorney, so long as they remain consistent with the spirit and intent of the original approval and Town Code.**

### **Analysis**

While a few of the minor details remain to be worked out, the overall site plan complies with the Ordinance. The site includes traffic-calming measures, including landscape bump outs, angled parking, visually conspicuous crosswalks, and narrow streets, which allow for safe and efficient traffic circulation. Street and pedestrian facilities include amenities such as street trees, street benches, trash receptacles, wayfinding signage, and lighting. The architecture of the buildings is cohesive and, while different, still complements The Corners original development. Final signage will be addressed at a later date. As conditioned, the overall development will meet the purpose and intent of the Ordinance.

Enclosure: Development Plans, Parking evaluation study

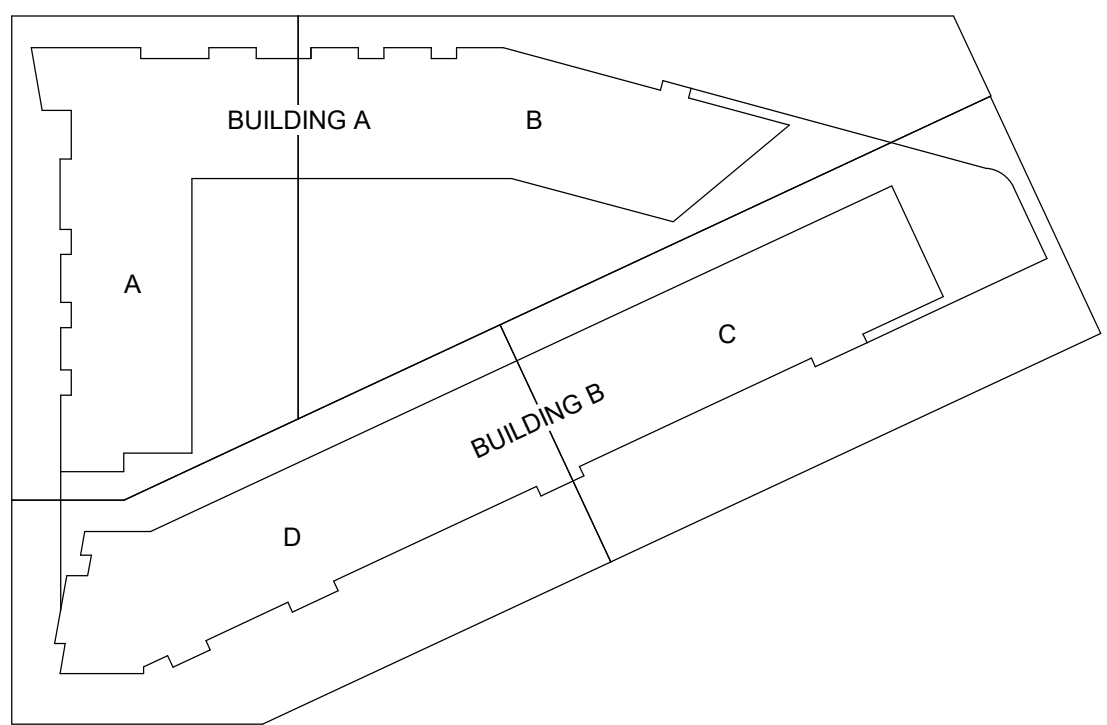




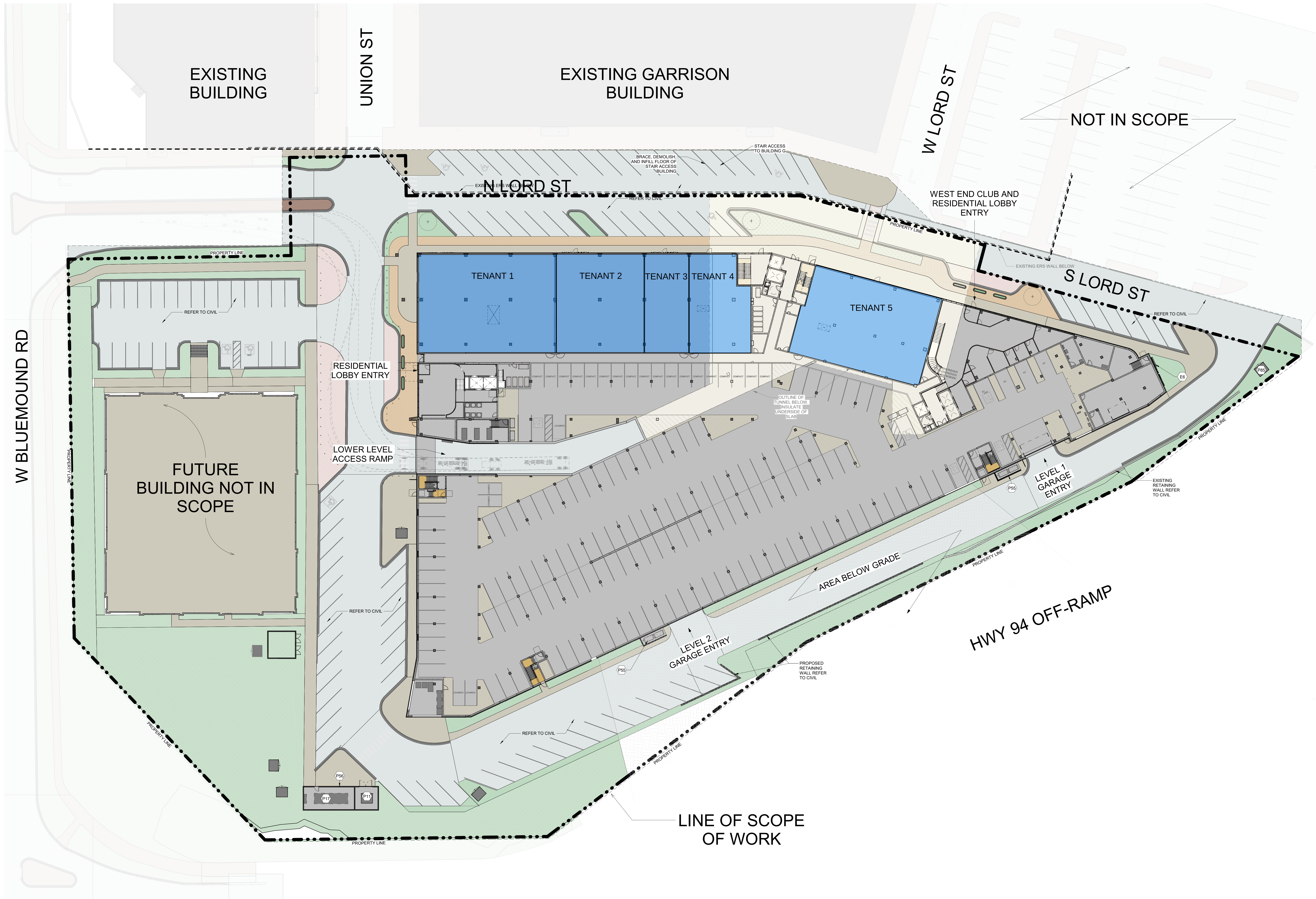


KEY NOTES

- EB MONUMENT SIGNAGE, PROVIDE POWER TO RACEWAY
- P11 TRANSFORMER & CONCRETE PAD, REFER TO ENERGY PROVIDER REQUIREMENTS
- P17 GENERATOR - COORDINATE WITH DESIGN/BUILD ELECTRICAL CONTRACTOR
- P56 RECYCLING ENCLOSURE, <DCMU-1> CONSTRUCTION, 4' TALL
- P58 GENERATOR & TRANSFORMER ENCLOSURE W/ STEEL GATE, <DCMU-1> CONSTRUCTION, 6' TALL
- P85 FIRE PUMP TRANSFORMER & CONCRETE PAD, COORDINATE WITH DESIGN/BUILD MEPPF CONTRACTOR



KEY PLAN



△ Revisions

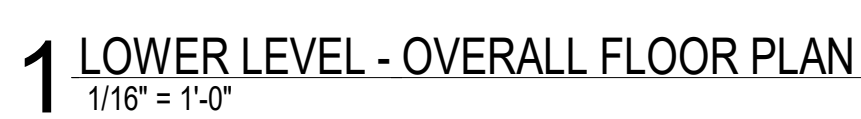
CONSTRUCTION  
DOCUMENT SET  
THE CORNERS OF  
BROOKFIELD:  
PHASE II

20111 W BLUEMOUND ROAD  
BROOKFIELD, WI 53045  
Date Issued: 12/19/2025  
RINKA project #: 23203  
Sheet Title

ARCHITECTURAL  
SITE PLAN

Sheet # A1-00.1





**RINKA+**  
© 2026  
750 North Milwaukee Street, Suite 250  
Milwaukee, Wisconsin 53202  
p 414.431.8101

**im**  
INCORPORATED

**THE CORNERS**  
TOWN OF BROOKFIELD

The Corners of Brookfield  
20111 W Bluemound Road  
Brookfield, WI 53045

**MANDEL GROUP**

Mandel Group  
330 E Kilbourn Avenue  
Milwaukee, WI 53202

△ Revisions

**CONSTRUCTION DOCUMENT SET**

**THE CORNERS OF BROOKFIELD:  
PHASE II**

20111 W BLUEMOUND ROAD  
BROOKFIELD, WI 53045

Date Issued: 12/19/2025

BROOKFIELD project #: 23203

Sheet Title

**LOWER LEVEL  
FLOOR PLAN**

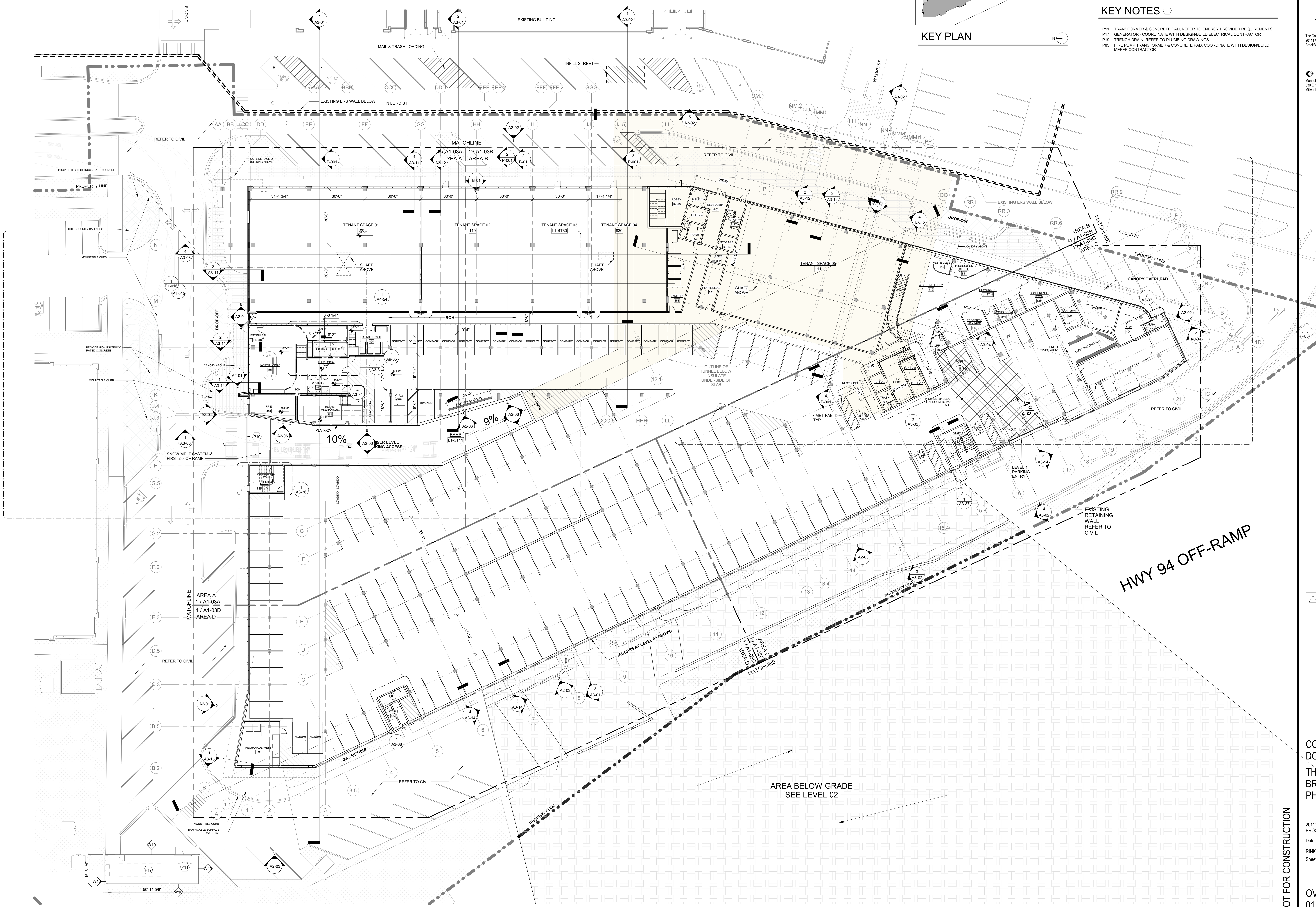
Sheet # **A1-01**





1. SEE SECTIONS 01-03, 01-10/10 FOR ADDITIONAL PROJECT INFORMATION
2. ALL INTERIOR PARTITIONS TO BE TYPE D03E, U.N.O.
3. SEE EGG OF SLAB PLANS AND UNIT PLANS FOR ADDITIONAL DIMENSIONS AND FINISH INFORMATION
4. PROVIDE BLOCKING TO SUPPORT ALL LIGHT FIXTURES, EQUIPMENT, CASEWORK, ETC.
5. SEE PROJECT SPECIFICATIONS MANUAL FOR ADDITIONAL REQUIREMENTS.
6. REFERENCE STRUCTURAL DRAWINGS FOR BEARING WALL LOCATIONS.
7. REFERENCE ELEVATIONS FOR EXTERIOR CLADDING AND COORDINATION.
8. ALIGN THE CURB GRAD WITH THE GRAD OF THE TOP OF SLAB BELOW.
9. MAINTAIN MINIMUM 7'-6" (90") HEADROOM CLEARANCE ABOVE FINISHED FLOOR AND FINISH AREAS, ADMITTABLE SPACE AT RESIDENTIAL FLOORS. SEE PLANS FOR CEILING HEIGHTS.
10. ALL WALKING SURFACES AT MEANS OF EGRESS ROUTES SHALL HAVE SLIP RESISTANT FINISH.





1 LEVEL 01 - OVERALL FLOOR PLAN  
1/16" = 1'-0"

KEY PLAN

## GENERAL NOTES: FLOOR PLANS

- SEE SHEETS G1-03 - G1-10 FOR ADDITIONAL PROJECT INFORMATION
- ALL INTERIOR PARTITIONS TO BE TYPE D301 U.N.O.
- SEE EDGE OF SLAB PLANS AND UNIT PLANS FOR ADDITIONAL DIMENSIONS AND OTHER INFORMATION
- PROVIDE BLOCKING TO SUPPORT ALL LIGHT FIXTURES, EQUIPMENT, CASEWORK, ETC.
- SEE PROJECT SPECIFICATIONS MANUAL FOR ADDITIONAL REQUIREMENTS
- REFERENCE STRUCTURAL DRAWINGS FOR BEARING WALL LOCATIONS
- REFERENCE ELEVATIONS FOR EXTERIOR CLADDING CONDITIONS
- ALIGN THE OUTSIDE FACE OF STUDS WITH EDGE OF SLAB BELOW
- MAINTAIN MINIMUM 7'-0" HEADROOM CLEARANCE ABOVE FINISHED FLOOR AT ALL AMENITY AREAS & HABITABLE SPACES AT RESIDENTIAL FLOORS. SEE PLANS FOR CEILING HEIGHTS
- ALL WALKING SURFACES AT MEANS OF EGRESS ROUTES SHALL HAVE SLIP RESISTANT FINISH

## KEY NOTES

- P11 TRANSFORMER & CONCRETE PAD, REFER TO ENERGY PROVIDER REQUIREMENTS  
P17 GENERATOR - COORDINATE WITH DESIGN/BUILD ELECTRICAL CONTRACTOR  
P19 TRENCH DRAIN, REFER TO PLUMBING DRAWINGS  
P85 FIRE PUMP TRANSFORMER & CONCRETE PAD, COORDINATE WITH DESIGN/BUILD MEPP CONTRACTOR





- KEY NOTES**
1. ALL AMENITY AREAS & HABITABLE SPACES AT RESIDENTIAL FLOORS. SEE PLANS FOR CEILING HEIGHTS.
  2. ALL WALKING SURFACES AT MEANS OF EGRESS ROUTES SHALL HAVE SLIP RESISTANT FINISH.



A1-04

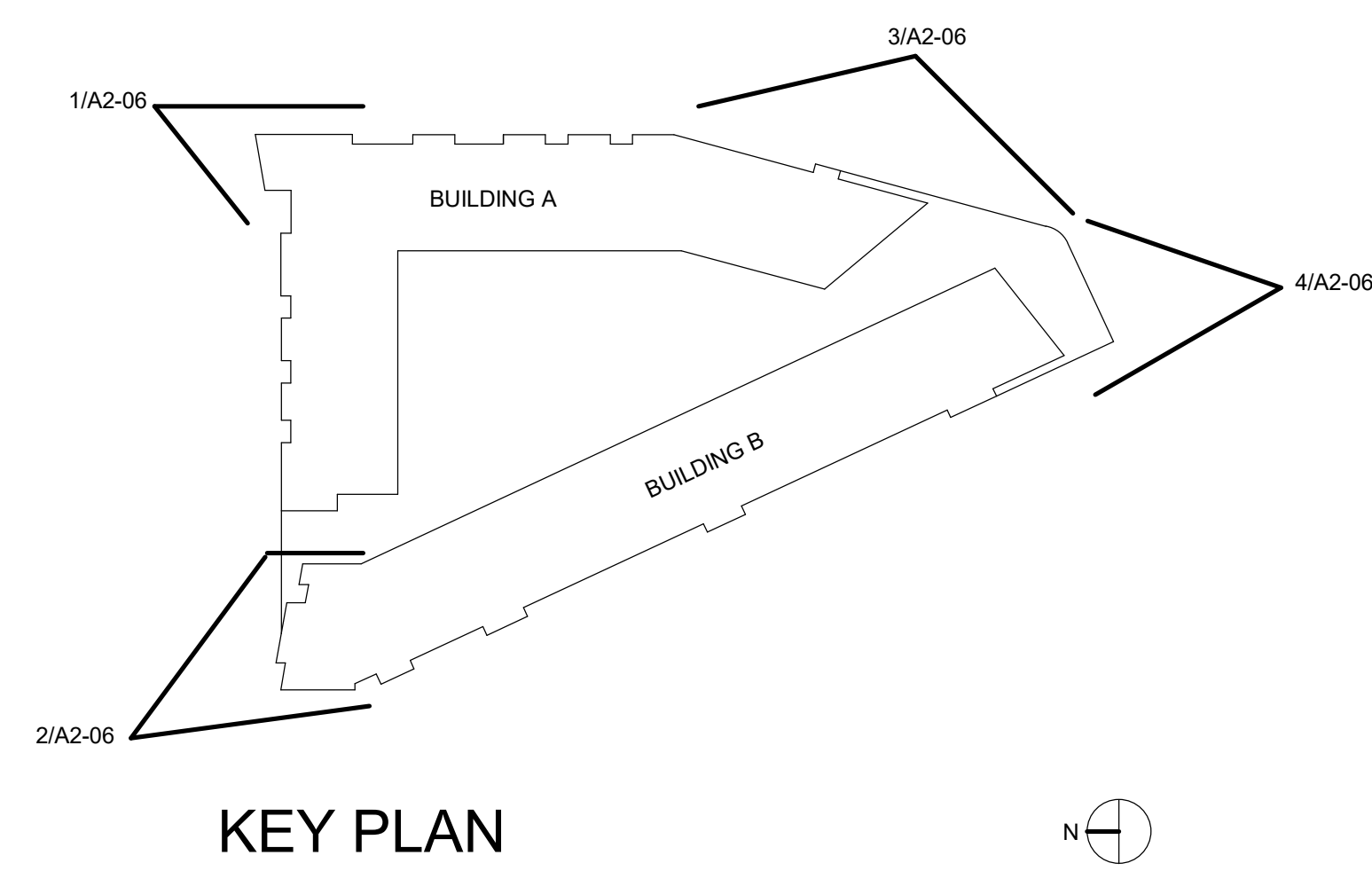






## EXTERIOR MATERIAL KEY

|                                            |                                                            |                       |                                                                                             |
|--------------------------------------------|------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------|
| <b>&lt;FCS-1&gt;</b>                       | NICHIPANEL, SMOOTH<br>COLOR: BLACK                         | <b>&lt;USS-1&gt;</b>  | COSENTINO, DEKTON W/<br>CONCEALED FASTENERS<br>COLOR: DOWOODS                               |
| <b>&lt;FCS-2&gt;</b>                       | NICHHA, DIMENSION SERIES,<br>RIBBED<br>COLOR: CUSTOM BLACK | <b>&lt;TRS-1&gt;</b>  | AVENERE, NEACERA TERRA<br>COTTA RAINSCREEN SYSTEM<br>COLOR: GLOSS WHITE                     |
| <b>&lt;FCS-3&gt;</b>                       | NICHHA, DIMENSION SERIES,<br>RIBBED<br>COLOR: IVORY        | <b>&lt;DCMU-2&gt;</b> | ECHELON CORDOVA STONE<br>PRECAST MASONRY SILL<br>COLOR: BUFF GROUND FACE                    |
| <b>&lt;MV-1&gt;</b>                        | HEBRON BRICK VENEER,<br>UTILITY SIZE<br>COLOR: OPUS        | <b>&lt;FCS-4&gt;</b>  | NICHHA, WOOD SERIES,<br>VINTAGEWOOD<br>COLOR: CEDAR                                         |
| <b>&lt;SMF-3&gt;</b>                       | BREAK METAL TRIM<br>COLOR: BLACK                           | <b>&lt;FCS-5&gt;</b>  | NICHHA, WOOD SERIES,<br>VINTAGEWOOD<br>COLOR: CEDAR                                         |
| <b>&lt;MP-4&gt;</b><br><b>&lt;MP-5&gt;</b> | METAL PANEL WALL SYSTEM<br>COLOR: BLACK                    | <b>&lt;FCS-6&gt;</b>  | NICHIPANEL SMOOTH<br>COLOR: CUSTOM                                                          |
| <b>&lt;APC-1&gt;</b>                       | PRECAST WALL PANEL -<br>SMOOTH FORMED FINISH               | <b>&lt;APC-2&gt;</b>  | PRECAST WALL PANEL - RIBBED<br>FINISH - RECALL US FORMLINER<br>APPLICATION - 2/169 COLUMBIA |
| <b>&lt;DCMU-1&gt;</b>                      | ECHELON CORDOVA STONE<br>COLOR: MIDNIGHT                   |                       |                                                                                             |



4 PERSPECTIVE - SOUTHEAST CORNER  
1/2" = 1'-0"



2 PERSPECTIVE - NORTH WEST CORNER  
NTS



3 PERSPECTIVE - EAST CORNER  
1/2" = 1'-0"



1 PERSPECTIVE - NORTH EAST CORNER  
1/2" = 1'-0"

△ Revisions

CONSTRUCTION  
DOCUMENT SET  
THE CORNERS OF  
BROOKFIELD:  
PHASE II

20111 W BLUEMOUND ROAD  
BROOKFIELD, WI 53045  
Date Issued: 12/19/2025  
RINKA project #: 23203  
Sheet Title

BUILDING  
PERSPECTIVES

Sheet # **A2-07**

NOT FOR CONSTRUCTION



| RETAIL                 |                |           |
|------------------------|----------------|-----------|
| Corners Retail GLA     | 245,339        | SF        |
| Von Maur GLA           | 105,619        | SF        |
| West End inline GLA    | 20,475         | SF        |
| West End outlot GLA    | 18,732         | SF        |
| <b>Grand Total GLA</b> | <b>390,165</b> | <b>SF</b> |

|                          |                             |              |
|--------------------------|-----------------------------|--------------|
| Required Parking Total @ | 4 spaces per 1000 SF of GLA | 1,561 Spaces |
|--------------------------|-----------------------------|--------------|

| RESIDENTIAL        |            |              |
|--------------------|------------|--------------|
| Garrison & Dempsey | 244        | Units        |
| West End           | 277        | Units        |
| <b>Grand Total</b> | <b>521</b> | <b>Units</b> |

|                          |                                 |            |
|--------------------------|---------------------------------|------------|
| Required Parking Total @ | 1.2 spaces per Residential Unit | 625 Spaces |
|--------------------------|---------------------------------|------------|

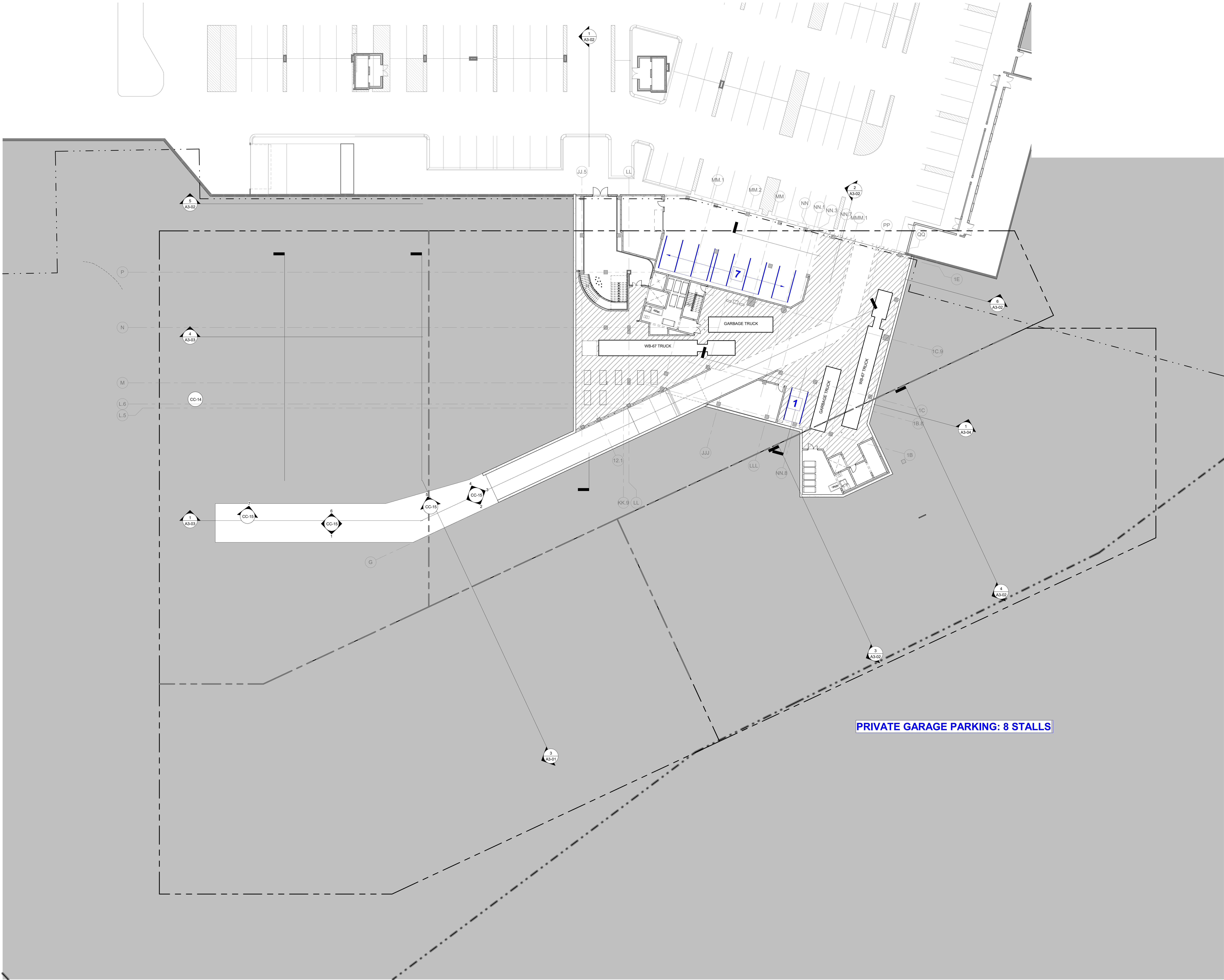
|                              |              |               |
|------------------------------|--------------|---------------|
| <b>Total Spaces Required</b> | <b>2,186</b> | <b>Spaces</b> |
|------------------------------|--------------|---------------|

| Corners of Brookfield Parking Inventory |                  |                |                     |
|-----------------------------------------|------------------|----------------|---------------------|
| Prepared with base map dated 01/06/2025 |                  |                |                     |
| Parking Area                            | Parking Level    | Retail Parking | Residential Parking |
| Core                                    | Plaza Level      | 72             | 0                   |
| West + Demo                             | At Grade         | 296            | 0                   |
| East                                    | At Grade         | 117            | 0                   |
| South                                   | At Grade         | 17             | 0                   |
| East Precast deck                       | Plaza Level      | 139            | 0                   |
| PT Deck                                 | Mezzanine        | 0              | 333                 |
| PT Deck                                 | Lower Level      | 944            | 0                   |
| <b>Total Existing Parking</b>           |                  | <b>1585</b>    | <b>333</b>          |
| Proposed WE demolition                  |                  |                |                     |
|                                         |                  | -165           |                     |
| Proposed WE New Parking                 |                  |                |                     |
|                                         | Surface          | 103            |                     |
|                                         | Enclosed Level 1 |                | 164                 |
|                                         | Enclosed Level 2 |                | 161                 |
|                                         | Enclosed LL      |                | 8                   |

|                                             |             |            |                    |
|---------------------------------------------|-------------|------------|--------------------|
| <b>Total Parking to be Provided on Site</b> | <b>1523</b> | <b>666</b> | <b>2189 Spaces</b> |
|---------------------------------------------|-------------|------------|--------------------|

| SUMMARY OF SPACES REQUIRED VS. PROVIDED ACROSS PHASE 1 AND PHASE 2 |              |              |          |
|--------------------------------------------------------------------|--------------|--------------|----------|
|                                                                    | Required     | Provided     | Delta    |
| Total Retail Spaces                                                | 1,561        | 1,523        | (38)     |
| Total Residential Spaces                                           | 625          | 666          | 41       |
| <b>Total Spaces</b>                                                | <b>2,186</b> | <b>2,189</b> | <b>3</b> |



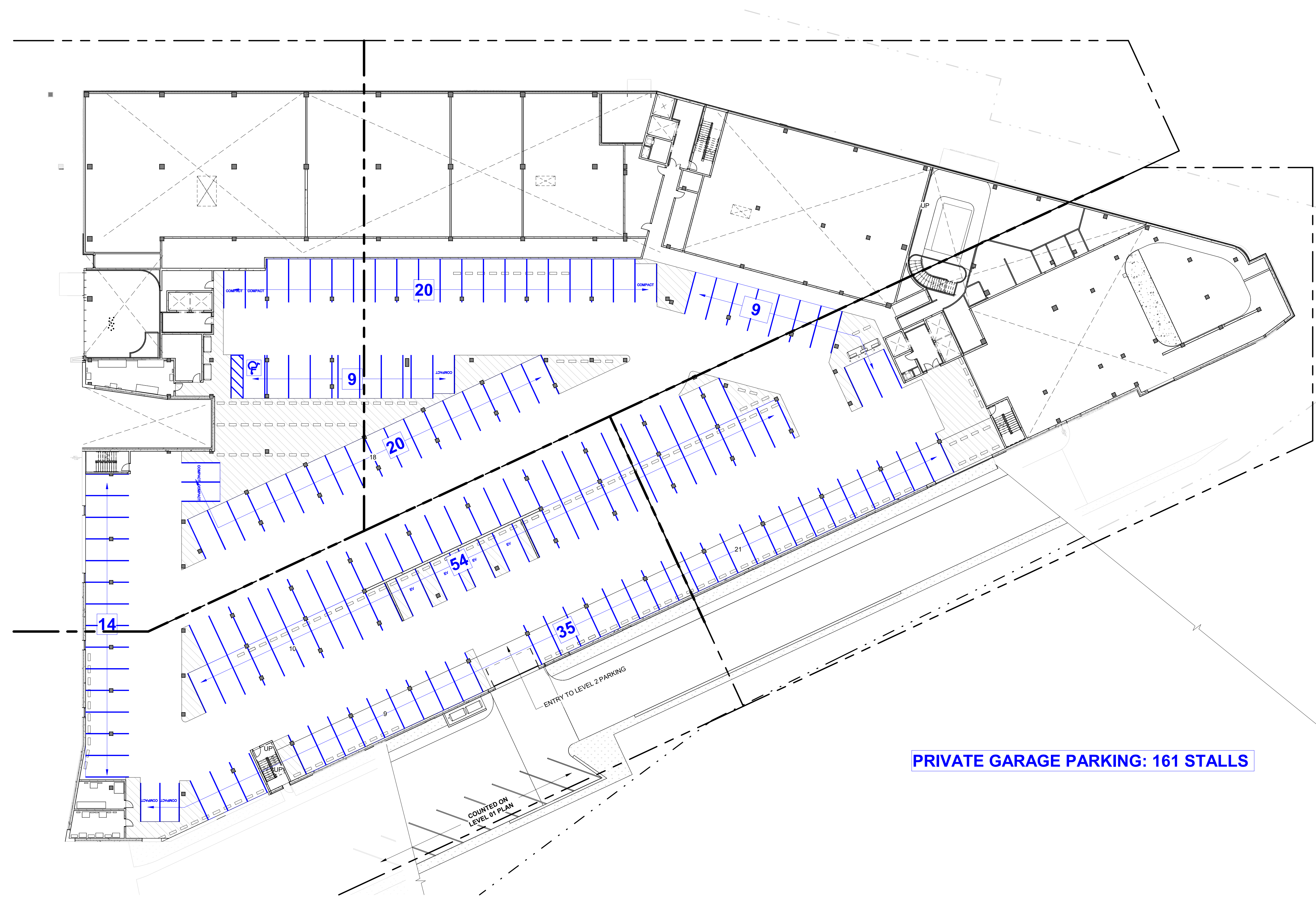


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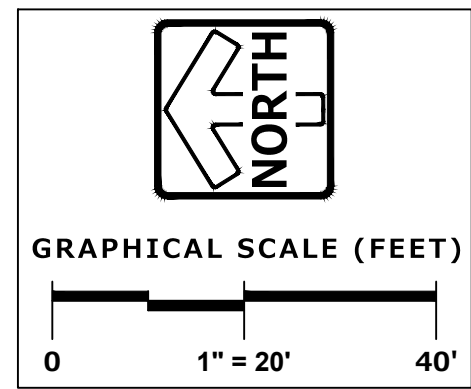
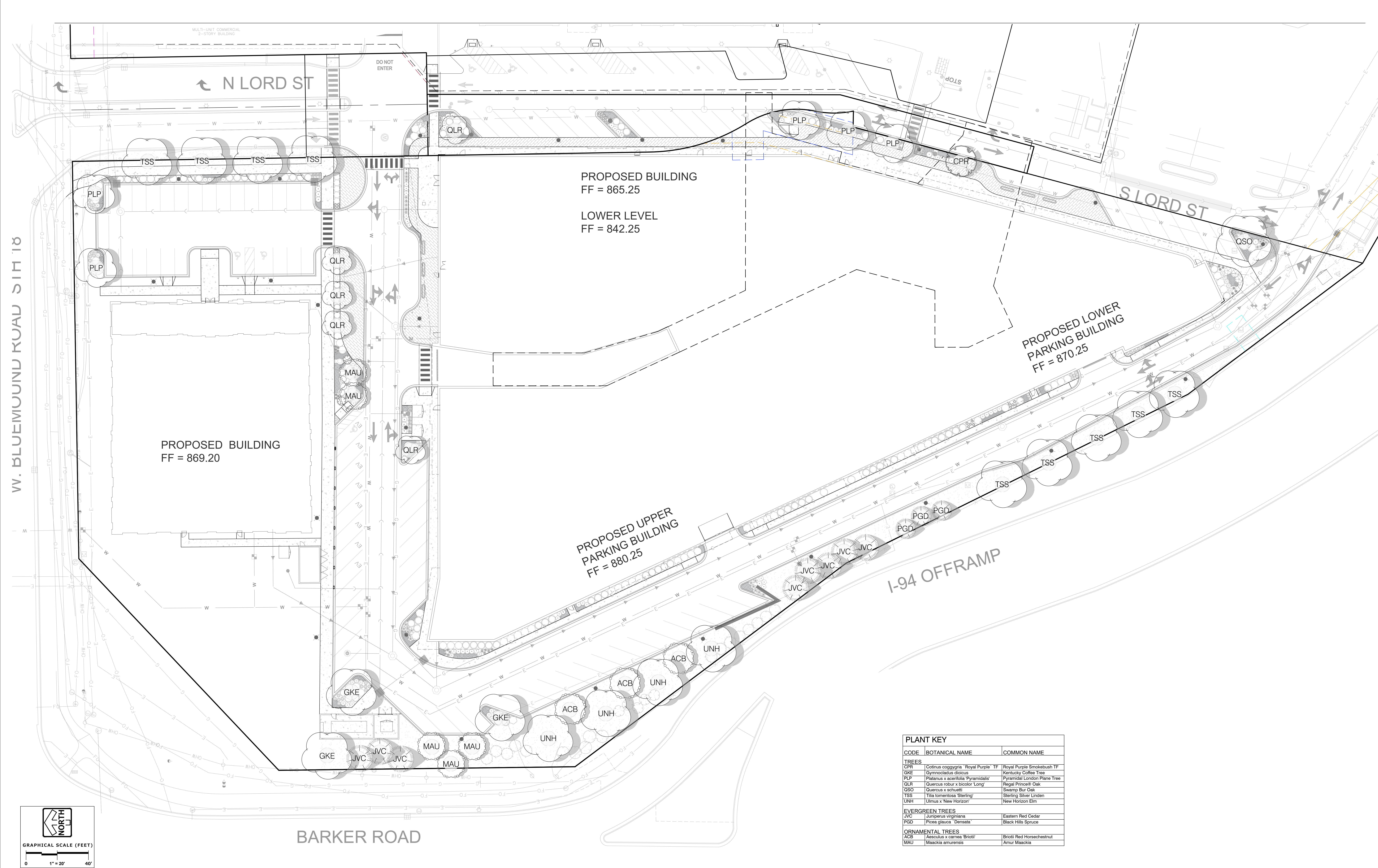












| PLANT KEY        |                                     |                             |
|------------------|-------------------------------------|-----------------------------|
| CODE             | BOTANICAL NAME                      | COMMON NAME                 |
| TREES            |                                     |                             |
| OPR              | Cotinus coggygria 'Royal Purple' TF | Royal Purple Smokebush TF   |
| GKE              | Gymnocladus dioica                  | Kentucky Coffee Tree        |
| PLP              | Pinus x acerfolia 'Pyramidalis'     | Pyramidal London Plane Tree |
| QLR              | Quercus robur x bicolor 'Long'      | Regal Prince® Oak           |
| QSO              | Quercus x schuetti                  | Swamp Bur Oak               |
| TSS              | Tilia tomentosa 'Sterling'          | Sterling Silver Linden      |
| UNH              | Ulmus x 'New Horizon'               | New Horizon Elm             |
| EVERGREEN TREES  |                                     |                             |
| JVC              | Juniperus virginiana                | Eastern Red Cedar           |
| PGD              | Picea glauca 'Densata'              | Black Hills Spruce          |
| ORNAMENTAL TREES |                                     |                             |
| ACB              | Aesculus x carnea 'Brioti'          | Brioti Red Horsechestnut    |
| MAU              | Maackia amurensis                   | Amur Maackia                |

△ Revisions

DESIGN  
DEVELOPMENT  
SET  
THE CORNERS OF  
BROOKFIELD:  
PHASE II

20111 W BLUEMOUND ROAD  
BROOKFIELD, WI 53045  
Date Issued: 09/20/2024  
RINKA project #: 23203  
Sheet Title

LANDSCAPE  
PLAN  
Sheet # L1-01

NOT FOR CONSTRUCTION



△ Revisions

DESIGN  
DEVELOPMENT  
SET  
THE CORNERS OF  
BROOKFIELD:  
PHASE II

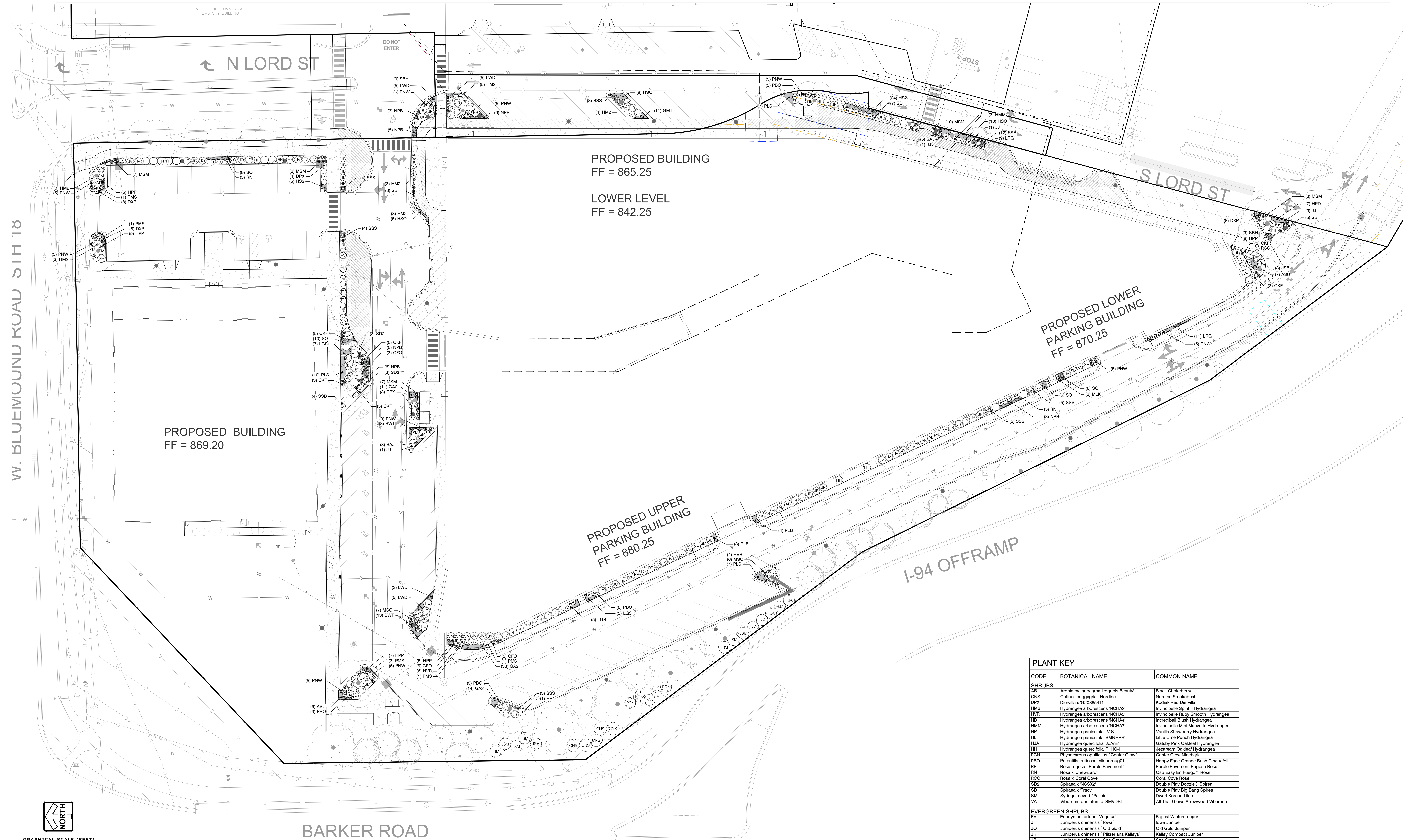
20111 W BLUEMOUND ROAD  
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RINKA project #: 23203  
Sheet Title

LANDSCAPE  
PLAN

Sheet #

L1-02

NOT FOR CONSTRUCTION



| PLANT KEY                         |                                           |                                        |
|-----------------------------------|-------------------------------------------|----------------------------------------|
| CODE                              | BOTANICAL NAME                            | COMMON NAME                            |
| SHRUBS                            |                                           |                                        |
| AB                                | Aronia melanocarpa 'Iroquois Beauty'      | Black Chokeberry                       |
| CNS                               | Cornus coggygria 'Nordine'                | Nordine Spicebush                      |
| CKF                               | Dierilla x 'Scribble411'                  | Kodiak Red Dierilla                    |
| HM2                               | Hydrangea arborescens 'NCHA2'             | Invincible Spirit II Hydrangea         |
| HVR                               | Hydrangea arborescens 'NCHA2'             | Invincible Ruby Smooth Hydrangea       |
| HS                                | Hydrangea arborescens 'NCHA4'             | Incrediball Bush Hydrangea             |
| HMM                               | Hydrangea arborescens 'NCHA7'             | Invincible Mini Mauvette Hydrangea     |
| HP                                | Hydrangea paniculata 'V S'                | Vanilla Strawberry Hydrangea           |
| HL                                | Hydrangea paniculata 'SMNUPH'             | Little Lime Punch Hydrangea            |
| HLA                               | Hydrangea quercifolia 'JoAnn'             | Gatsby Pink Oakleaf Hydrangea          |
| HH                                | Hydrangea quercifolia 'PIHQ1'             | Jalstream Oakleaf Hydrangea            |
| PON                               | Physocarpus opulifolius 'Center Glow'     | Center Glow Ninebark                   |
| PBO                               | Potentilla fruticosa 'Minporoug01'        | Happy Face Orange Bush Cinquefoil      |
| RP                                | Rosa rugosa 'Purple Pavement'             | Purple Pavement Rugosa Rose            |
| RN                                | Rosa x 'Chewand'                          | Oro Easy En Fuego™ Rose                |
| RCC                               | Rosa x 'Coral Cove'                       | Coral Cove Rose                        |
| SD2                               | Spiraea x 'NCSX2'                         | Double Play Dozie® Spirea              |
| SD                                | Spiraea x 'Tracy'                         | Double Play Big Bang Spirea            |
| SM                                | Syringa meyeri 'Palom'                    | Dwarf Korean Lilac                     |
| VA                                | Viburnum dentatum d 'SMVDBL'              | All That Glows Arrowwood Viburnum      |
| EVERGREEN SHRUBS                  |                                           |                                        |
| EV                                | Eucrymus fortunei 'Vegetus'               | Bigleaf Wintercreeper                  |
| JI                                | Juniperus chinensis 'Iowa'                | Iowa Juniper                           |
| JO                                | Juniperus chinensis 'Old Gold'            | Old Gold Juniper                       |
| JK                                | Juniperus chinensis 'Pfitzeriana Kalleys' | Kalley Compact Juniper                 |
| JR                                | Juniperus chinensis 'Sea Green'           | Sea Green Juniper                      |
| JJ                                | Juniperus chinensis 'SMNUCHM'             | Montana Moss Juniper                   |
| JSB                               | Juniperus sabina 'Buffalo'                | Buffalo Juniper                        |
| JSM                               | Juniperus scopulorum 'Moon Glow'          | Moon Glow Juniper                      |
| JV                                | Juniperus virginiana 'Grey Owl'           | Grey Owl Juniper                       |
| PMS                               | Pinus mugo 'Stowmound'                    | Stowmound Mugo Pine                    |
| ORNAMENTAL GRASSES                |                                           |                                        |
| CPO                               | Calamagrostis x a 'Overdam'               | Overdam Reed Grass                     |
| CKF                               | Calamagrostis x a 'Karl Forster'          | Karl Forster Reed Grass                |
| MLK                               | Miscanthus sinensis 'Little Kitten'       | Little Kitten Eulalia Grass            |
| MSM                               | Miscanthus sinensis 'Maoparut'            | Maoparut Miscanthus                    |
| MSO                               | Miscanthus sinensis 'Octoberfest'         | Octoberfest Miscanthus                 |
| PNW                               | Panicum virgatum 'Northwind'              | Northwind Switch Grass                 |
| SBH                               | Schizachyrium scoparium 'B. H.'           | Blue Heaven Little Bluestem            |
| SD                                | Schizachyrium scoparium 'Smoke Signal'    | Smoke Signal Little Bluestem           |
| SSB                               | Schizachyrium scoparium 'The Blues'       | The Blues Little Bluestem              |
| PERENNIALS                        |                                           |                                        |
| ASU                               | Achillea millefolium 'Summer Berries'     | Summer Berries Mix Common Yarrow       |
| BVT                               | Bergenia cordifolia 'Winterglut'          | Winterglut Heartleaf Bergenia          |
| DXP                               | Dianthus x 'WP Passion'                   | Scent First Passion Dianthus           |
| GA2                               | Gaillardia aristata 'Arizona Sun'         | Arizona Sun Blanket Flower             |
| GM2                               | Geum x 'Mist Tai'                         | Mist Tai Grecian Rose                  |
| HSO                               | Hemerocallis 'Stella De Oro'              | Stella De Oro Daylily                  |
| HPD                               | Hemerocallis x 'Purple D' oro'            | Purple D' oro Daylily                  |
| HSD                               | Hemerocallis x 'Stella in Red'            | Stella in Red Daylily                  |
| HPP                               | Heuchera m 'Palace Purple'                | Palace Purple Coral Bells              |
| LGS                               | Leucanthemum superbum 'Goldfinch'         | Goldfinch Shasta Daisy                 |
| LHG                               | Leucanthemum x superbum 'Real Goldcup'    | Real Goldcup Shasta Daisy              |
| LWD                               | Leucanthemum x superbum 'Whoopee-a-Daisy' | Whoopee-a-Daisy Shasta Daisy           |
| NPB                               | Nepeta x 'faassenii' 'Purrsian Blue'      | Purrsian Blue Catmint                  |
| PLB                               | Perovskia atriplicifolia 'Lasit'          | Lacey Blue Russian Sage                |
| PLS                               | Perovskia atriplicifolia 'Little Spire'   | Little Spire Russian Sage              |
| SAJ                               | Sedum 'Autumn Joy'                        | Autumn Joy Sedum                       |
| SO                                | Symphoricarpos x 'October Skies'          | October Skies Fall Aster               |
| SYMBOL BOTANICAL NAME COMMON NAME |                                           |                                        |
| GROUND COVERS                     |                                           |                                        |
|                                   | Turf                                      | Reinders - Cadet 70/30 Fescue/Blue Mix |



## GENERAL PLANTING NOTES

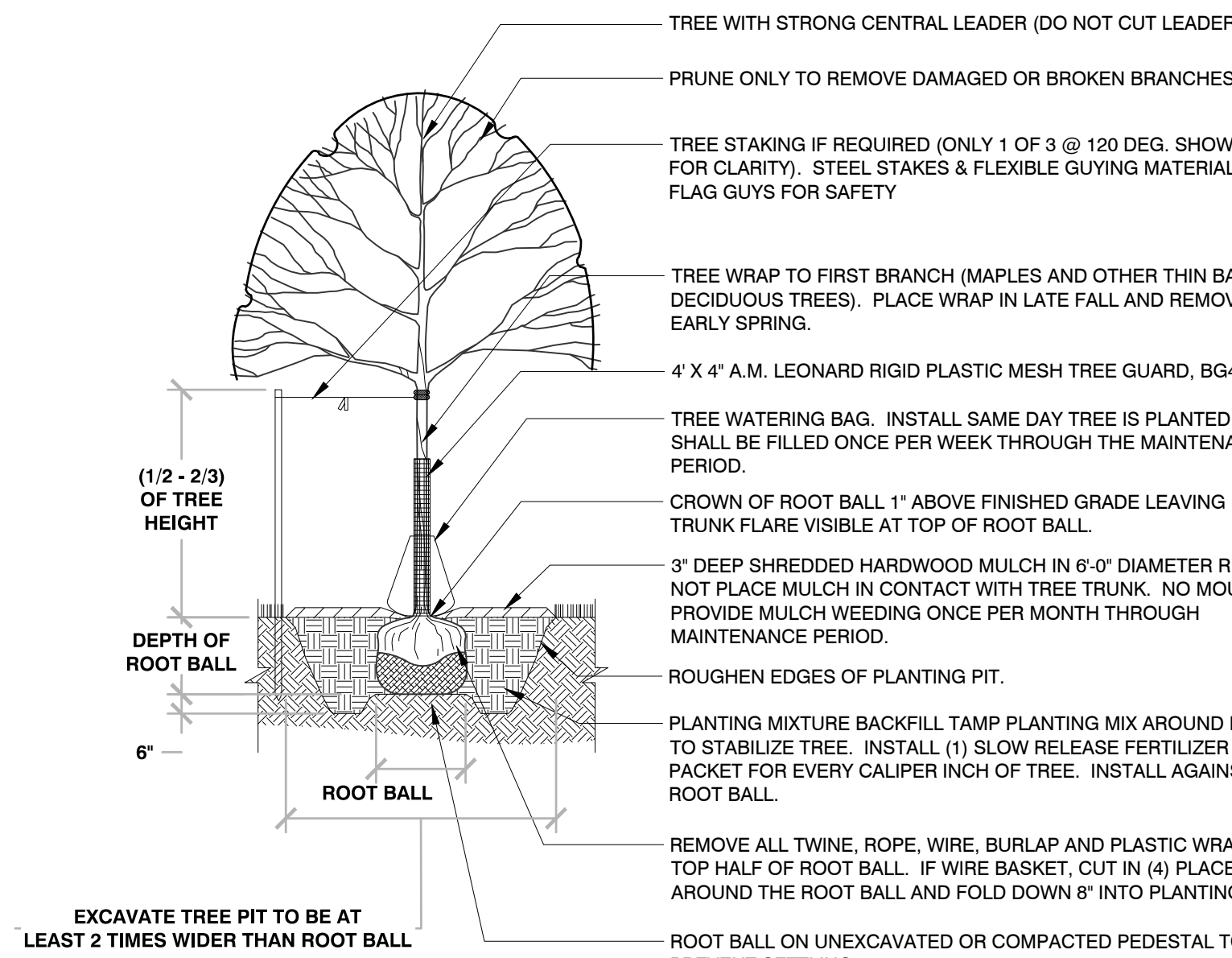
- THE LAYOUT OF ALL PLANTING BEDS AND INDIVIDUAL TREES AND SHRUBS SHALL BE USED BY THE CONTRACTOR IN ADVANCE OF INSTALLATION. FLAGGING, STAKES, OR PAINT MAY BE USED TO DELINEATE LOCATIONS AS SCALED FROM THE PLANS. AN APPROVED REPRESENTATIVE WILL REVIEW THESE LOCATIONS WITH THE CONTRACTOR AND MAKE MINOR ADJUSTMENTS AS NECESSARY. BED LAYOUT SHALL ALSO INCLUDE PERENNIAL GROUPINGS BY SPECIES.
- THE CONTRACTOR IS RESPONSIBLE FOR INDEPENDENTLY DETERMINING THE PLANT MATERIAL, QUANTITIES REQUIRED BY THE LANDSCAPE PLANS. REPORT ANY DISCREPANCIES TO THE LANDSCAPE ARCHITECT.
- NO PLANT MATERIAL OR PLANT SIZE SUBSTITUTIONS WILL BE ACCEPTED WITHOUT APPROVAL BY THE LANDSCAPE ARCHITECT. ANY CHANGES SHALL BE SUBMITTED TO THE LANDSCAPE ARCHITECT IN WRITING PRIOR TO INSTALLATION.
- ALL BNB STOCK SHALL BE NURSERY GROWN IN A CLAY LOAM SOIL FOR A MINIMUM OF THREE GROWING SEASONS WITHIN 200 MILES OF PROJECT LOCATION, IN A ZONE COMPATIBLE WITH USDA HARDINESS ZONE 5A. SEED SHALL BE PROVIDED FROM A NURSERY (WITHIN 200 MILES) WITH A SIMILAR PLANT HARDINESS ZONE AS PROJECT LOCATION. EXISTING SOIL SHALL BE AMENDED PER SOIL ANALYSIS REPORT TO ENSURE A PROPER GROWING MEDIUM IS ACHIEVED.
- ALL PLANT MATERIAL SHALL COMPLY WITH STANDARDS DESCRIBED IN AMERICAN STANDARD OF NURSERY STOCK - Z60.1 ANSI. LANDSCAPE ARCHITECT OR OWNERS AUTHORIZED REPRESENTATIVE RESERVES THE RIGHT TO INSPECT AND POTENTIALLY REJECT ANY PLANT MATERIAL DEEMED TO NOT MEET THE REQUIRED STANDARDS.
- ALL STOCK SHALL BE FREE OF DISEASES AND HARMFUL INSECTS, DAMAGE, DISORDERS AND DEFORMITIES.
- TREES SHALL HAVE SINGLE, STRAIGHT TRUNKS AND WELL BALANCED BRANCH SYSTEMS. MULTI-STEM TREES SHALL HAVE 3-4 STRAIGHT TRUNKS AND WELL BALANCED BRANCH SYSTEMS. HEIGHT-TO-CALIPER RATIOS SHALL BE CONSISTENT WITH THE LATEST EDITION OF ANSI Z60.1.
- ROOT SYSTEMS SHALL BE LARGE ENOUGH TO ALLOW FOR FULL RECOVERY OF THE TREE, AND SHALL CONFORM TO STANDARDS AS THEY APPEAR IN THE MOST CURRENT REVISIONS OF THE AMERICAN ASSOCIATION OF NURSERYMEN'S AMERICAN STANDARD OF NURSERY STOCK ANSI Z60.1.
- BNB TREES SHALL BE DUG WITH A BALL OF SOIL, NOT SOFT BALLED OR POTTED AND SHALL BE FIRM IN THEIR ROOTBALL. ROOT BALL SHALL BE WRAPPED (WITH BIODEGRADABLE MATERIAL). THE TREE ROOT FLARE, OR COLLAR, SHALL BE AT OR WITHIN THE TOP THREE INCHES OF GRADE.
- ALL SPRING TREES MUST BE FRESHLY DUG IN THE MOST RECENT SPRING.
- ALL AUTUMN TREES MUST BE FRESHLY DUG IN THE MOST RECENT AUTUMN.
- TREES SHALL BE ALIVE, HEALTHY AND APPROPRIATELY MOIST, AT TIME OF DELIVERY. TREES SHALL BE SUBJECT TO INSPECTION FOR CONFORMITY TO SPECIFICATION REQUIREMENTS AND APPROVAL BY THE LANDSCAPE ARCHITECT OR OWNERS REPRESENTATIVE. THE LANDSCAPE ARCHITECT OR OWNERS REPRESENTATIVE RESERVES THE RIGHT TO REJECT ANY TREES THAT DO NOT MEET THE SPECIFICATIONS OR THAT HAVE BEEN DAMAGED DURING SHIPMENT. THE LANDSCAPE INSTALLER MUST RECEIVE APPROVAL FROM LANDSCAPE ARCHITECT FOR ANY SUBSTITUTIONS OR ALTERATIONS.
- ALL PLANT MATERIAL SHALL BE INSTALLED IN ACCORDANCE WITH PLANTING DETAILS.
- ALL PLANTING BEDS SHALL HAVE A MINIMUM 10" DEPTH OF PREPARED SOIL. WITH APPROVAL, EXISTING SOIL MAY BE UTILIZED PROVIDED THE PROPER SOIL AMENDMENTS ARE TILLED THOROUGHLY INTO THE TOP 10" OF SOIL. REFER TO SOIL PLACEMENT NOTES.
- WHILE PLANTING TREES AND SHRUBS, BACKFILL  $\frac{1}{2}$  OF PLANTING HOLE AND WATER TREE THOROUGHLY BEFORE INSTALLING THE REMAINDER OF SOIL MIXTURE. AFTER ALL SOIL HAS BEEN PLACED INTO THE PLANTING HOLE WATER THOROUGHLY AGAIN.
- THE CONTRACTOR MUST LABEL ALL TREES WITH THE COMMON AND BOTANICAL NAMES PRIOR TO FINAL INSPECTION.
- OAK TREES SHALL BE TREATED FOR TWO-LINE CHESTNUT BORER BOTH AT THE TIME OF INSTALLATION AND DURING THE SECOND GROWING SEASON.
- ALL PLANTING BEDS SHALL BE MULCHED WITH 3" DEEP SHREDDED HARDWOOD MULCH, AND ALL TREES PLANTED IN TURF AREAS SHALL RECEIVE A 3" DEEP SHREDDED HARDWOOD MULCHED RING AS SHOWN IN PLANTING DETAILS.
- ALL PLANTING BEDS AND TREE RINGS SHALL HAVE A 4" DEEP TRENCHED BED EDGE CREATED BY EITHER A FLAT LANDSCAPE SPADE OR MECHANICAL EDGER. BED EDGES ARE TO BE CUT CLEAN AND SMOOTH AS SHOWN ON LANDSCAPE PLANS WITH A CLEAR DEFINITION BETWEEN TURF AND PLANTING AREAS.
- ALL TURF SEED AREAS SHALL RECEIVE A MINIMUM OF 6" DEPTH OF TOPSOIL. WITH APPROVAL, EXISTING SOIL MAY BE UTILIZED PROVIDED THE PROPER SOIL AMENDMENTS ARE TILLED THOROUGHLY INTO THE TOP 6" OF SOIL AS INDICATED IN THE SOIL PLACEMENT NOTES. REQUIRED AMENDMENTS SHALL BE DETERMINED BASED ON A SOIL ANALYSIS TO BE PERFORMED. ALL TOPSOIL AMENDMENT SHALL BE AGED WEGD FREE MANURE OR CLASS 1 ORGANIC MATTER.
- FOR LAWN SEEDING, APPLY A STARTER FERTILIZER AND SEED UNIFORMLY AT THE RATE RECOMMENDED BY MANUFACTURER, AND PROVIDE A MULCH COVERING THAT IS SUITABLE TO PROMOTE SEED GERMINATION AND TURF ESTABLISHMENT. CONTRACTOR TO PROVIDE FERTILIZER, SEED, AND MULCH SPECIFICATIONS TO THE LANDSCAPE ARCHITECT FOR APPROVAL PRIOR TO INSTALLATION. EROSION CONTROL MEASURES ARE TO BE INSTALLED IN THOSE AREAS REQUIRING STABILIZATION (SWALES, SLOPES EXCEEDING 1:3, AND THOSE LOCATIONS INDICATED IN CIVIL DRAWINGS).
- THE CONTRACTOR TO ENSURE A SMOOTH, UNIFORM QUALITY TURF IS ACHIEVED WITH NO BARE SPOTS LARGER THAN 6" X 6". ANY BARE SPOTS LARGER THAN 6" X 6" AT THE END OF ESTABLISHMENT PERIOD SHALL BE RESEEDD AT THE CONTRACTORS EXPENSE TO OBTAIN A DENSE, UNIFORM LAWN.
- ALL FINISH GRADING AND LAWN AREAS TO BE INSTALLED BY LANDSCAPE CONTRACTOR.
- ALL DISTURBED AREAS WITHIN THE PROJECT SHALL BE RESTORED TO ORIGINAL OR BETTER CONDITION.
- ALL DISTURBED AREAS OUTSIDE THE LIMITS OF WORK SHALL BE RESTORED TO ORIGINAL OR BETTER CONDITION AT NO ADDITIONAL COST TO THE OWNER.
- THE CONTRACTOR SHALL VERIFY ALL EXISTING UTILITIES, INCLUDING ANY IRRIGATION LINES, PRIOR TO DIGGING. CONSULT DIGGERS HOTLINE.
- TREES SHALL BE INSTALLED NO CLOSER THAN:
  - 10 FEET FROM ANY FIRE HYDRANT
  - 7 FEET FROM STORM SEWER, SANITARY SEWER LATERALS, AND WATER SERVICE
- THE CONTRACTOR SHALL ENSURE THAT SOIL CONDITIONS AND COMPACTION ARE ADEQUATE TO ALLOW FOR PROPER DRAINAGE AROUND THE CONSTRUCTION SITE. UNDESIRABLE CONDITIONS SHALL BE BROUGHT TO THE ATTENTION OF THE LANDSCAPE ARCHITECT PRIOR TO BEGINNING OF WORK. IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO ENSURE PROPER SURFACE AND SUBSURFACE DRAINAGE IN ALL AREAS
- THE CONTRACTOR IS RESPONSIBLE FOR ALL PERMITS, FEES, AND LICENSES NECESSARY FOR THE INSTALLATION OF THIS PLAN.
- THE CONTRACTOR IS TO REVIEW ALL SITE ENGINEERING DOCUMENTS PRIOR TO INSTALLATION. ANY CONFLICTS MUST BE REPORTED TO THE LANDSCAPE ARCHITECT. THESE LANDSCAPE DRAWINGS ARE FOR THE INSTALLATION OF PLANT MATERIALS ONLY UNLESS OTHERWISE STATED.
- THE CONTRACTOR SHALL PROVIDE WATERING AND MAINTENANCE SERVICES FOR A PERIOD OF 60 DAYS TO ENSURE VEGETATIVE ESTABLISHMENT. UPON COMPLETION OF THE PROJECT, CONTRACTOR SHALL SUPPLY THE OWNER IN WRITING WITH ONGOING WATERING AND MAINTENANCE INSTRUCTIONS.
- PLANT MATERIALS SHALL BE GUARANTEED FOR A PERIOD OF ONE (1) YEAR FROM TIME OF OWNER ACCEPTANCE. ONLY ONE REPLACEMENT PER PLANT WILL BE REQUIRED DURING THE WARRANTY PERIOD EXCEPT IN THE EVENT OF FAILURE TO COMPLY WITH THE SPECIFIED REQUIREMENTS.
- THE CONTRACTOR IS RESPONSIBLE TO CONDUCT A FINAL WALK THROUGH WITH THE LANDSCAPE ARCHITECT AND OR OWNERS REPRESENTATIVE TO ANSWER QUESTIONS, PROVIDE INSTRUCTIONS, AND ENSURE THAT PROJECT REQUIREMENTS HAVE BEEN MET.

## SOIL PLACEMENT NOTES

- LOOSEN SUBGRADE TO A MINIMUM DEPTH INDICATED IN PLANTING NOTES USING A CULTI-MULCHER OR SIMILAR EQUIPMENT, AND REMOVE STONES MEASURING OVER 1-1/2 INCHES IN ANY DIMENSION, STICKS, RUBBISH AND OTHER EXTRANEOUS MATTER. AREAS ADJACENT TO WALKS AND PAVEMENT SHALL BE FREE OF EXCESS STONE AND PAVING MATERIALS SO AS TO PROVIDE AN UNINTERRUPTED CROSS SECTION OF SOIL. INTERNAL PARKING ISLANDS SHALL BE LOOSENEED TO A DEPTH OF 30".
- THOROUGHLY BLEND PLANTING SOIL MIX FOR PLANTING BED AREAS. (1 PART EXISTING SOIL, 1 PART TOPSOIL, 1 PART ORGANIC SOIL AMENDMENT, 2.9 POUNDS PER CUBIC YARD OF 4-4-4 ANALYSIS SLOW-RELEASE FERTILIZER)
- TREE AND SHRUB HOLES SHALL BE FILLED WITH A PREPARED PLANTING MIXTURE OF 1 PART TOPSOIL, 2 PARTS PLANTING SOIL MIX.
- SPREAD SOIL AND SOIL AMENDMENTS TO DEPTH INDICATED ON DRAWINGS, BUT NOT LESS THAN REQUIRED TO MEET FINISH GRADES AFTER NATURAL SETTLEMENT. FINISH GRADE OF PLANTING BEDS SHALL BE 3" BELOW ALL ADJACENT SURFACES. FINISH GRADE OF TURF SEEDING AREAS SHALL BE 1" BELOW ALL ADJACENT HARD SURFACES, WALKS, AND CURBS.)
- PLACE APPROXIMATELY 1/2 OF TOTAL AMOUNT OF SOIL REQUIRED. WORK INTO TOP OF LOOSENEED SUBGRADE TO CREATE A TRANSITION LAYER, THEN PLACE REMAINDER OF THE SOIL. SOIL TRANSITION LAYER SHALL BE TILLED TO A MINIMUM DEPTH OF 6" BELOW THE DEPTH OF NEWLY PLACED SOIL. PARKING LOT ISLANDS SHALL BE CROWNED TO A HEIGHT OF 6" TO PROVIDE PROPER DRAINAGE UNLESS OTHERWISE NOTED.
- DO NOT SPREAD IF PLANTING SOIL OR SUBGRADE IS FROZEN, MUDDY, OR EXCESSIVELY WET.
- FINISH GRADING: GRADE SOIL TO A SMOOTH, UNIFORM SURFACE PLANE WITH A LOOSE, UNIFORMLY FINE TEXTURE.
- ROLL AND RAKE, REMOVE RIDGES, AND FILL DEPRESSIONS TO MEET FINISH GRADES.
- RESTORE PLANTING BEDS IF ERODED OR OTHERWISE DISTURBED AFTER FINISH GRADING AND BEFORE PLANTING.

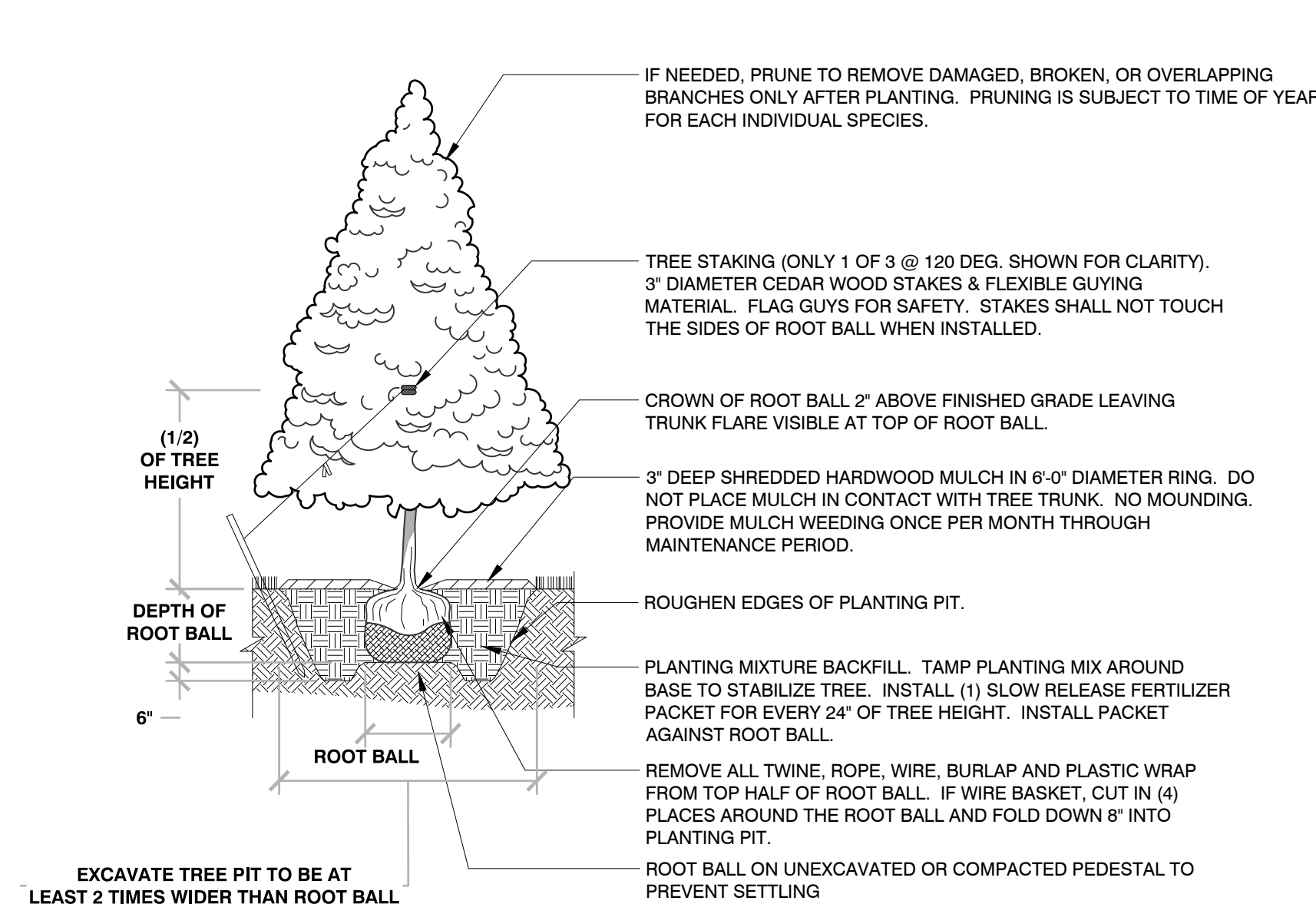
## PLANT SCHEDULE

| CODE               | QTY | BOTANICAL NAME                            | COMMON NAME                            | SIZE        | REMARKS                |
|--------------------|-----|-------------------------------------------|----------------------------------------|-------------|------------------------|
| TREES              |     |                                           |                                        |             |                        |
| CPR                | 1   | Cotinus coggygria 'Royal Purple' TF       | Royal Purple Smokebush TF              | 8" HL       | 12" T x 12" W          |
| GKE                | 3   | Kentucky Coffee Tree                      | Kentucky Coffee Tree                   | 2.5' Cal    | 50" x 50" W            |
| PLP                | 5   | Platanus x acerifolia 'Pyramidalis'       | Pyramidal London Plane Tree            | 2" Cal      | 55" x 30" W            |
| QLR                | 5   | Quercus robur x bicolor 'Long'            | Regal Prince® Oak                      | 2" Cal      | 48" x 18" W            |
| QSD                | 3   | Quercus x sdbur                           | Swamp Bur Oak                          | 2.5" Cal    | 70" x 65" W            |
| TSS                | 9   | Tilia tomentosa 'Sterling'                | Sterling Silver Linden                 | 2" Cal      | 50" x 40" W            |
| UNH                | 4   | Ulmus x New Horizon'                      | New Horizon Elm                        | 2.5" Cal    | 50" x 40" W            |
| EVERGREEN TREES    |     |                                           |                                        |             |                        |
| JVC                | 8   | Juniperus virginiana                      | Eastern Red Cedar                      | 8" HL       | 35" T x 17" W NATIVE   |
| PGD                | 3   | Picea glauca 'Denata'                     | Black Hills Spruce                     | 6" HL       | 30" T x 15" W          |
| ORNAMENTAL TREES   |     |                                           |                                        |             |                        |
| ACB                | 3   | Asculus x carnea 'Briotii'                | Brioti Red Horsechestnut               | 2" Cal      | 30" T x 30" W          |
| MAU                | 5   | Maackia amurensis                         | Amur Maackia                           | 2" Cal      | 25" T x 25" W          |
| SHRUBS             |     |                                           |                                        |             |                        |
| AB                 | 10  | Aronia melanocarpa 'Tropicana Beauty'     | Black Chokeberry                       | 24" HL      | 9" T x 5" W            |
| CNS                | 5   | Cotinus coggygria 'Nordine'               | Nordine Smokebush                      | 36" HL      | 10" T x 10" W          |
| DPX                | 7   | Dierilla x G2X85411                       | Kodiak Red Dierilla                    | 24" HL      | 3" T x 4" W            |
| HMS                | 21  | Hydrangea arborescens 'NCHA2'             | Invincibelle Spirit II Hydrangea       | 24" HL      | 4" T x 4" W            |
| HVR                | 10  | Hydrangea arborescens 'NCHA3'             | Invincibelle Ruby Smooth Hydrangea     | 24" HL      | 3" T x 3" W            |
| HMB                | 11  | Hydrangea arborescens 'NCHA4'             | Incrediball Blush Hydrangea            | 24" HL      | 5" T x 5" W            |
| HMM                | 1   | Hydrangea arborescens 'NCHA7'             | Invincibelle Mini Mauvette Hydrangea   | 24" HL      | 5" T x 3" W            |
| HP                 | 2   | Hydrangea paniculata 'V'S                 | Vanilla Strawberry Hydrangea           | 24" HL      | 6" T x 5" W            |
| HL                 | 17  | Hydrangea paniculata 'SMANPH'             | Little Lime Punch Hydrangea            | 24" HL      | 4" T x 5" W            |
| HJA                | 5   | Hydrangea quercifolia 'Jokan'             | Gasby Pink Delect Hydrangea            | 36" HL      | 8" T x 8" W            |
| HH                 | 14  | Hydrangea quercifolia 'PHIQ1'             | Jetstream Oakleaf Hydrangea            | 24" HL      | 5" T x 5" W            |
| PCN                | 5   | Physocarpus opulifolius 'Center Glow'     | Center Glow Ninebark                   | 36" HL      | 6" T x 8" W            |
| PBD                | 15  | Potentilla fruticosa 'Mimporogun1'        | Happy Face Orange Bush Cinquelot       | 18" HL      | 2.5" T x 3" W          |
| RP                 | 16  | Rosa rugosa 'Purple Pavement'             | Purple Pavement Rugosa Rose            | 24" HL      | 5" T x 5" W            |
| RN                 | 10  | Rosa x Chewzard'                          | Oso Easy En Fuego® Rose                | 24" HL      | 4" T x 3" W            |
| RCC                | 10  | Rosa x Coral Cove'                        | Coral Cove Rose                        | 24" HL      | 3" T x 3" W            |
| SD                 | 6   | Spiraea x 'NCS2'                          | Double Play Double® Spirea             | 18" HL      | 3" T x 3" W            |
| SD                 | 7   | Spiraea x 'Tracy'                         | Double Play Big Bang Spirea            | 18" HL      | 3" T x 3" W            |
| SM                 | 25  | Syringa meyeri 'Palloni'                  | Dwarf Korean Lilac                     | 24" HL      | 5" T x 5" W            |
| VA                 | 6   | Viturnum dentatum d 'SMVDBL'              | All That Glows Arrowwood Viburnum      | 24" HL      | 5" T x 5" W            |
| EVERGREEN SHRUBS   |     |                                           |                                        |             |                        |
| EY                 | 1   | Euconymus fortunei 'Vegetus'              | Bigleaf Wintercreeper                  | 24" HL      | 4" T x 5" W            |
| JL                 | 4   | Juniperus chinensis 'Iowa'                | Iowa Juniper                           | 7" HL       | 10" T x 5" W           |
| JO                 | 15  | Juniperus chinensis 'Old Gold'            | Old Gold Juniper                       | 24" W       | 3" T x 5" W            |
| JK                 | 2   | Juniperus chinensis 'Pflizenaria Kellays' | Kelley Compact Juniper                 | 18" HL      | 3" T x 6" W            |
| JR                 | 29  | Juniperus chinensis 'Sea Green'           | Sea Green Juniper                      | 18" HL      | 5" T x 6" W            |
| JS                 | 6   | Juniperus chinensis 'SMNICHM'             | Martiana Moss Juniper                  | 24" W       | 3" T x 4" W            |
| JBB                | 2   | Juniperus sabina 'Buffalo'                | Buffalo Juniper                        | 1" T x 7" W | 1" T x 7" W            |
| JSM                | 8   | Juniperus scopulorum 'Moonglow'           | Moonglow Juniper                       | 7" HL       | 20" T x 8" W           |
| JV                 | 23  | Juniperus virginiana 'Grey Owl'           | Grey Owl Juniper                       | 24" HL      | 3" T x 5" W            |
| PMIS               | 7   | Pinus mugo 'Stromwand'                    | Stromwand Mugo Pine                    | 24" HL      | 3" T x 3" W            |
| ORNAMENTAL GRASSES |     |                                           |                                        |             |                        |
| CFO                | 13  | Calamagrostis x a 'Overdam'               | Overdam Reed Grass                     | 1 gal.      | 24" T x 24" W          |
| CKF                | 30  | Calamagrostis x a 'Karl Foerster'         | Karl Foerster Reed Grass               | 1 gal.      | 36" T x 24" W          |
| MLK                | 5   | Miscanthus sinensis 'Little Kitten'       | Little Kitten Eclisa Grass             | 1 gal.      | 15" T x 15" W          |
| MSM                | 36  | Miscanthus sinensis 'Malepartus'          | Malepartus Miscanthus                  | 1 gal.      | 48" T x 30" W          |
| MSO                | 13  | Miscanthus sinensis 'Oktoberfest'         | Oktoberfest Miscanthus                 | 1 gal.      | 48" T x 36" W          |
| PNW                | 48  | Penicum virgatum 'Northwind'              | Northwind Switch Grass                 | 1 gal.      | 42" T x 28" W          |
| SBH                | 33  | Schizachyrium scoparium 'B. H.'           | Blue Heaven Little Bluestem            | 1 gal.      | 30" T x 30" W          |
| SSS                | 29  | Schizachyrium scoparium 'Smoke Signal'    | Smoke Signal Little Bluestem           | 1 gal.      | 36" T x 24" W          |
| SSB                | 16  | Schizachyrium scoparium 'The Blues'       | The Blues Little Bluestem              | 1 gal.      | 16" T x 18" W          |
| CODE               | QTY | BOTANICAL NAME                            | COMMON NAME                            | SIZE        | SPACING                |
| PERENNIALS         |     |                                           |                                        |             |                        |
| ASU                | 120 | Achillea millefolium 'Summer Berries'     | Summer Berries Mix Common Yarrow       | 4.5" cont.  | 24" o.c. 24" T x 24" W |
| BWT                | 31  | Bergenia cordifolia 'Winterglut'          | Winterglow Heartleaf Bergenia          | 4.5" cont.  | 18" o.c. 12" T x 18" W |
| DXP                | 22  | Dianthus x 'WP Passion'                   | Scent First Passion Dianthus           | 4.5" cont.  | 12" o.c. 9" T x 12" W  |
| GAS                | 36  | Gaillardia aristata 'Arizona Sun'         | Arizona Sun Blanket Flower             | 4.5" Cont.  | 14" o.c. 12" T x 14" W |
| GMT                | 11  | Geum x 'Mai Tai'                          | Mai Tai Grecian Rose                   | 4.5" Cont.  | 14" o.c. 16" T x 12" W |
| HSD                | 24  | Hemerocallis 'Stella De Oro'              | Stella De Oro Daylily                  | 4.5" Cont.  | 20" o.c. 12" T x 20" W |
| HPO                | 14  | Hemerocallis x 'Purple D'rop'             | Purple D'rop Daylily                   | 4.5" Cont.  | 20" o.c. 16" T x 20" W |
| HS2                | 29  | Hemerocallis x 'Stella In Red'            | Stella In Red Daylily                  | 4.5" cont.  | 18" o.c. 16" T x 16" W |
| HPP                | 36  | Heuchera m 'Palace Purple'                | Palace Purple Coral Bells              | 4.5" cont.  | 18" o.c. 18" T x 18" W |
| LBS                | 17  | Leucanthemum superbum 'Goldfint'          | Goldfint Shasta Daisy                  | 4.5" cont.  | 22" o.c. 16" T x 22" W |
| LRS                | 20  | Leucanthemum x superbum 'Real Goldcup'    | Real Goldcup Shasta Daisy              | 4.5" cont.  | 18" o.c. 36" T x 18" W |
| LWD                | 18  | Leucanthemum x superbum 'Whoops-a-Daisy'  | Whoops-a-Daisy Shasta Daisy            | 4.5" cont.  | 22" o.c. 15" T x 22" W |
| NPS                | 33  | Nepeta x 'hasseni' 'Purrsian Blue'        | Purrsian Blue Catmint                  | 4.5" cont.  | 24" o.c. 14" T x 24" W |
| PLB                | 7   | Perovskia atriplicifolia 'Liselt'         | Lacey Blue Russian Sage                | 4.5" cont.  | 24" o.c. 18" T x 24" W |
| PLS                | 24  | Perovskia atriplicifolia 'Little Spire'   | Little Spire Russian Sage              | 4.5" cont.  | 24" o.c. 24" T x 24" W |
| SAJ                | 8   | Sedum 'Autumn Joy'                        | Autumn Joy Sedum                       | 4.5" Cont.  | 12" T x 24" W          |
| SD                 | 31  | Symphoricarpan x 'October Skies'          | October Skies Fall Aster               | 4.5" cont.  | 24" T x 24" W          |
| SYMBOL             | QTY | BOTANICAL NAME                            | COMMON NAME                            | SIZE        | REMARKS                |
| GROUND COVERS      |     |                                           |                                        |             |                        |
| 15,114 sf          |     | Turf                                      | Reinders - Cadel 70/30 Fescue/Blue Mix | seed        |                        |



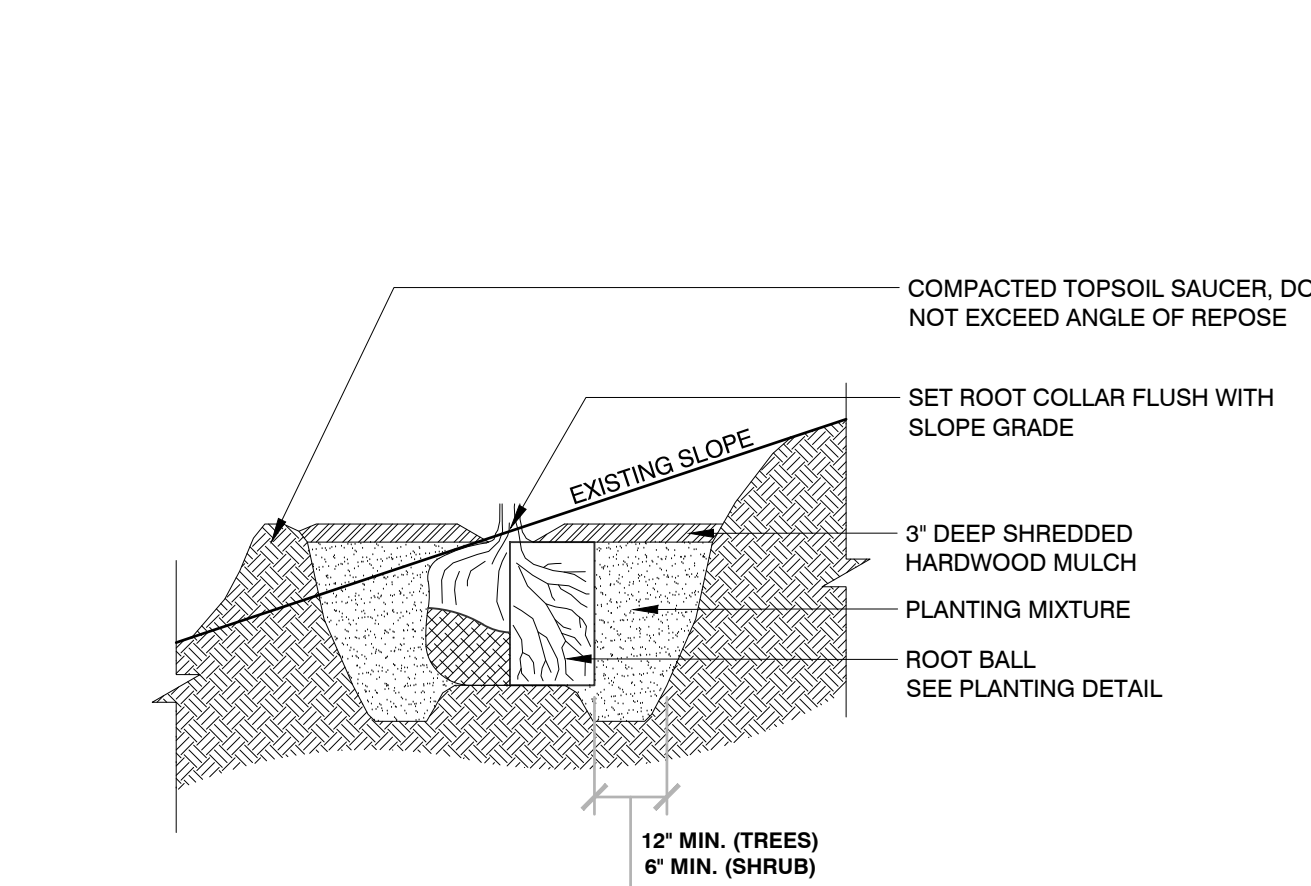
## 1 TREE PLANTING

1/4" = 1'-0"



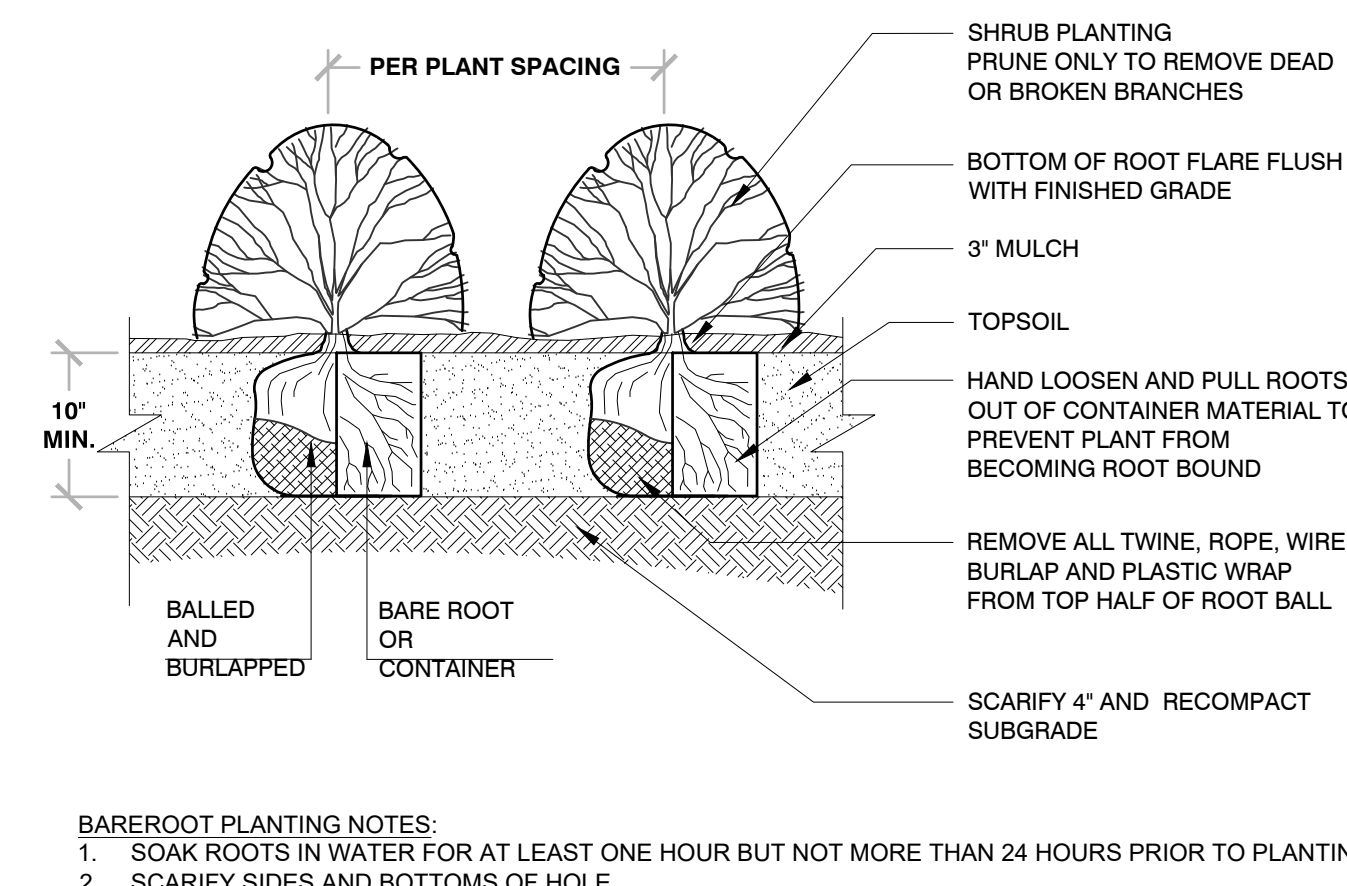
## 2 EVERGREEN TREE PLANTING

1/4" = 1'-0"



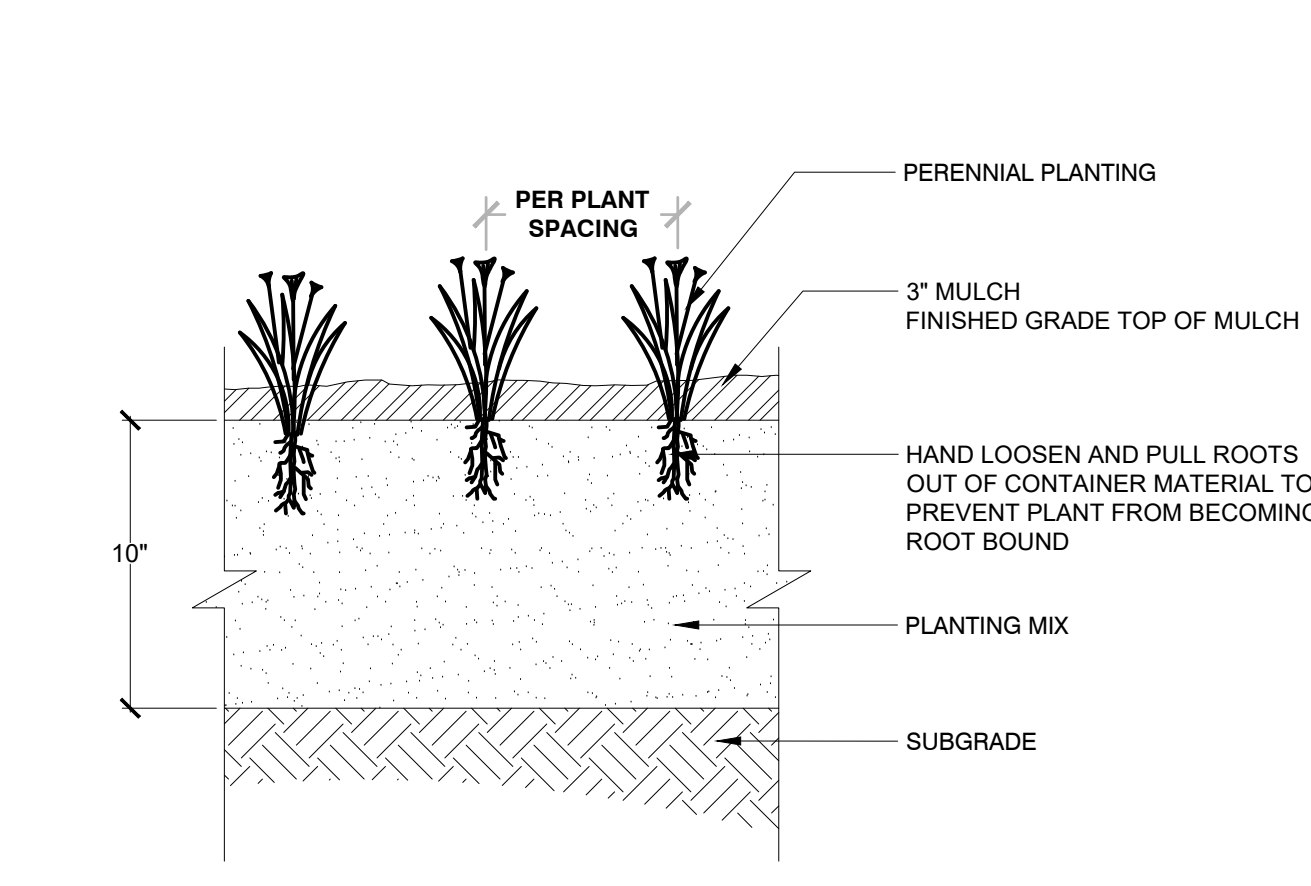
## 3 TREE PLANTING ON SLOPE

3/8\"/>



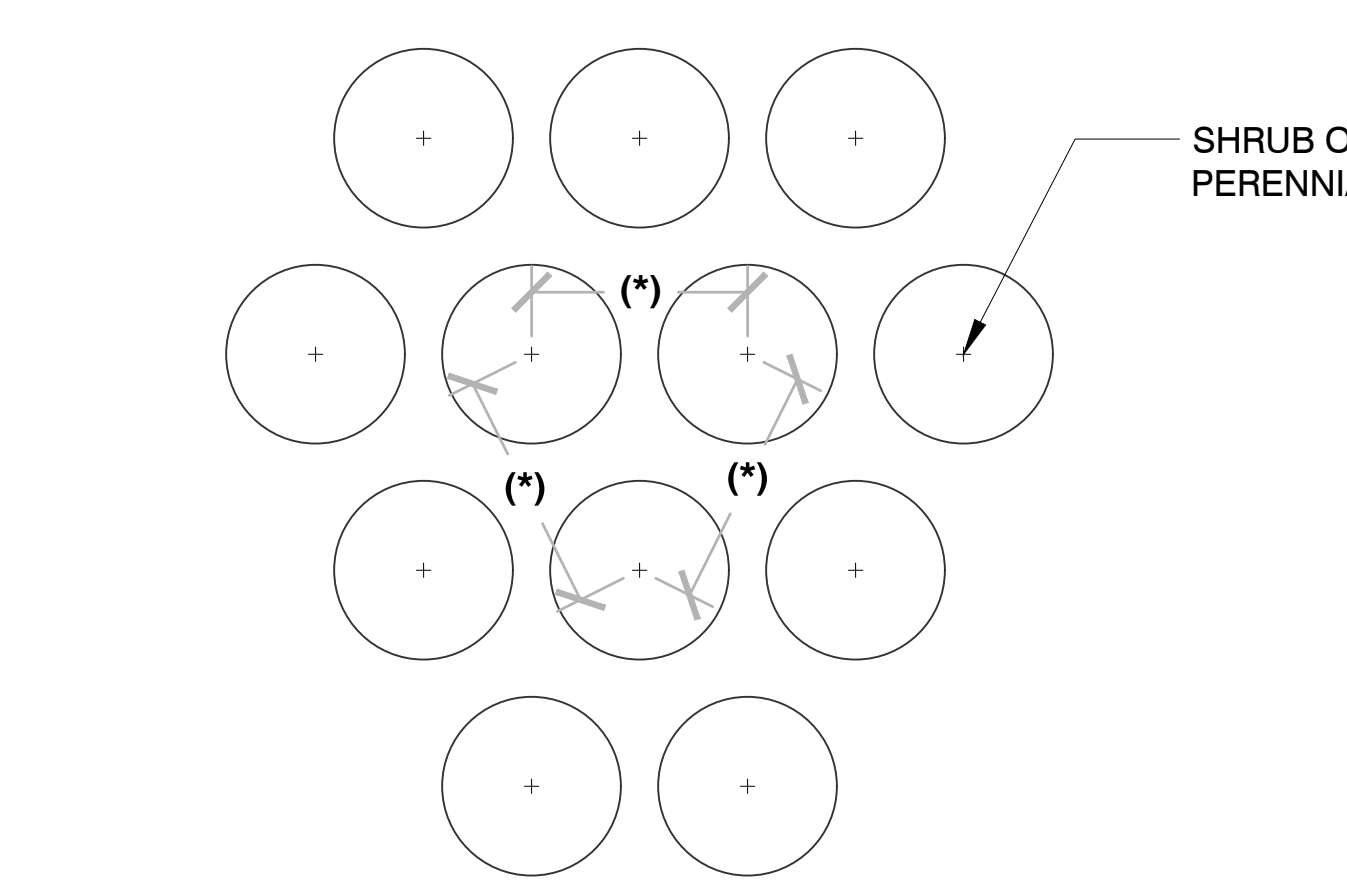
## 4 SHRUB PLANTING

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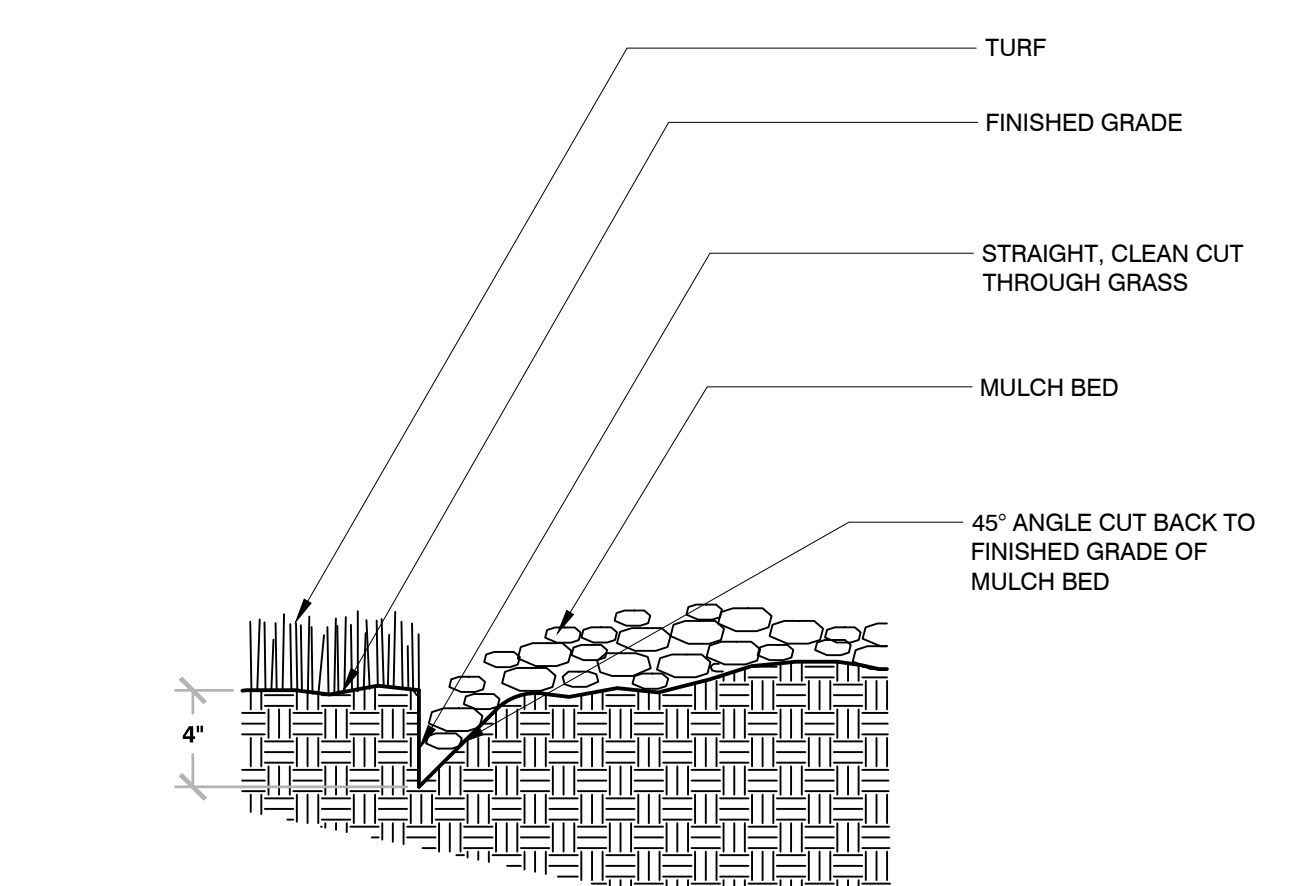
## 5 PERENNIAL PLANTING

1\"/>



## 6 PLANT SPACING

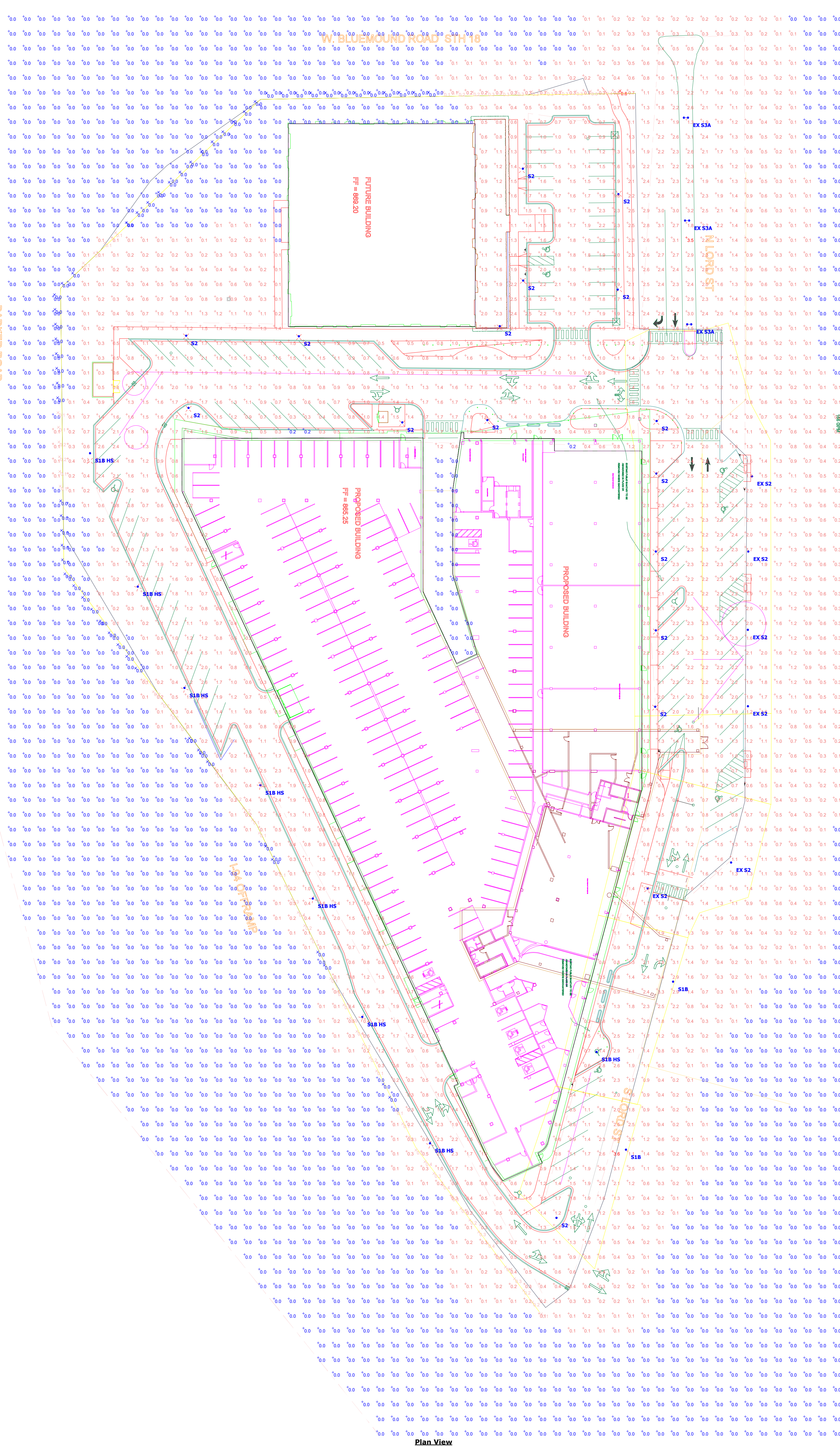
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## 7 TRENCHED BED EDGE

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Plan View

| Schedule |        |       |     |                           |                                                                                           |                                       |              |                 |             |
|----------|--------|-------|-----|---------------------------|-------------------------------------------------------------------------------------------|---------------------------------------|--------------|-----------------|-------------|
| Symbol   | Label  | Image | QTY | Catalog Number            | Description                                                                               | Lamp                                  | Number Lamps | Lumens per Lamp | LLF Wattage |
|          | S1B    |       | 2   | MPTC-72W32LED4K-G3-LE4    | UrbanScape LED Post-Top (MPTC), 32 LED's, 4000K CCT, TYPE LE4 OPTIC, No Shield            | (2) LEDdyne ARRAY(S) DRIVERS AT 700mA | 1            | 7528            | 1 66        |
|          | S1B HS |       | 8   | MPTC-72W32LED4K-G3-LE4-HS | UrbanScape LED Post-Top (MPTC), 32 LED's, 4000K CCT, TYPE LE4-HS OPTIC, House-side Shield | (2) LEDdyne ARRAY(S) DRIVERS AT 700mA | 1            | 5333            | 1 66        |
|          | S2     |       | 16  | MPTC-72W32LED4K-G3-LE3    | UrbanScape LED Post-Top (MPTC), 32 LED's, 4000K CCT, TYPE LE3 OPTIC, No Shield            | (2) LEDdyne ARRAY(S) DRIVERS AT 700mA | 1            | 7671            | 1 66        |
|          | EX S2  |       | 6   | MPTC-72W32LED4K-G3-LE3    | UrbanScape LED Post-Top (MPTC), 32 LED's, 4000K CCT, TYPE LE3 OPTIC, No Shield            | (2) LEDdyne ARRAY(S) DRIVERS AT 700mA | 1            | 7671            | 1 66        |
|          | EX S3A |       | 3   | MPTC-55W32LED4K-G3-LE3    | UrbanScape LED Post-Top (MPTC), 32 LED's, 4000K CCT, TYPE LE3 OPTIC, No Shield            | (2) LEDdyne ARRAY(S) DRIVERS AT 530mA | 1            | 5945            | 1 108       |

\*No substitutions shall be allowed without prior approval from engineer of record and lighting designer.

## Statistics

| Description        | Symbol | Avg    | Max    | Min    | Max/Min | Avg/Min |
|--------------------|--------|--------|--------|--------|---------|---------|
| Parking/Drive Area |        | 1.5 fc | 3.5 fc | 0.2 fc | 17.5:1  | 7.5:1   |
| Property Line      |        | 0.1 fc | 0.6 fc | 0.0 fc | N/A     | N/A     |



Lumec UrbanScape LED post top luminaire features flexible, robust energy-saving solutions for modern-styled urban architectural lighting. With its slightly rounded hood, the post top model comes with a flat lens to highlight the thinness of the LEDs. The luminaire provides attractive lighting at night, adding appeal to the surroundings and promoting safe use of the environment. Includes Service Tag, innovative way to provide assistance throughout the life of the product.

| Ordering guide                                       |            |       |           |                |          |        |         |            |          |
|------------------------------------------------------|------------|-------|-----------|----------------|----------|--------|---------|------------|----------|
| Example: MPTC-42W32LED4K-G3-LE3-120-CDMG42S-PH6-SKTX |            |       |           |                |          |        |         |            |          |
| Series                                               | LED module | CCT   | Opt. Gen. | Optical system | Voltage  | Driver | Options | Receptacle | Finish   |
| MPTC                                                 | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |
| MPTC-CR                                              | SWWLED     | 4000K | 4000K     | LED            | 120-277V | OMG    | RC1     | RC1        | Standard |

- OMG 0-10V driver comes standard.
- The 347V and 480V are not available.
- Use of photocell or photocell sensor is required to ensure proper illumination.
- Failure to properly select the "BAC" suffix could result in your receiving product that is not BAA compliant product with no recourse for an RMA or refund. This BAC designation however does not address (i) the applicability or availability of a water utility, the Trade Agreement Act, or (ii) the "Buy America" domestic content requirements imposed on states, localities, and other non-Federal entities as a condition of receiving funds administered by the Department of Transportation or other federal agencies.

UrbanScape-MPTC-spec: 03/24 page 1 of 5



All light levels are approximate. Values will vary due to actual LED/driver combinations, reflectances (currently set at 80/50/20), environmental conditions, and obstructions. Calculations are based on our interpretation of information provided to us. This design remains the property of Spectrum Lighting and may not be altered without written permission.





MEMORANDUM TO: Tom Kafkes  
Newfield Holdings, LLC

FROM: Andrew Bowen  
Senior Consultant

Luay R. Aboona, PE, PTOE  
Principal

DATE: June 23, 2026

SUBJECT: Parking Supply Evaluation  
Proposed West End at Corners of Brookfield  
Brookfield Wisconsin

Attached is a revised Chapter Six from the Traffic Impact Study (TIS) prepared by KLOA, Inc. for the proposed West End at Corners of Brookfield in Brookfield, Wisconsin. The chapter includes the parking supply evaluation for the development and has been updated to reflect the most recent plan and daily occupancy information.

A revised TIS is being prepared in coordination with WISDOT and the finalized version will include this revised parking evaluation.



## 6. Parking Evaluation

The parking supply of the proposed The West End development and the Corners of Brookfield was evaluated to determine if the proposed parking supply would adequately accommodate the projected peak parking demand.

### Parking Supply

#### *Existing Conditions*

Corners of Brookfield currently consists of the following uses and parking:

- 350,958 square feet of retail and restaurant space (includes vacancies) served by 1,585 parking spaces.
- 244 apartment units served by 333 reserved parking spaces.

#### *Proposed Conditions*

With the completion of the proposed development, The Corners of Brookfield, including The West End, will consist of the following uses and parking:

- 390,165 square feet of retail and restaurant space served by 1,523 parking spaces with the following estimated uses:
  - 289,891 square-feet of retail space
  - 39,906 square-feet of grocery store space
  - 27,398 square-feet of Sit-down/family restaurant space
  - 7,841 square-feet of fast casual restaurant space
  - 11,754 square-feet of fine dining restaurant space
  - 13,375 square-foot theater (402 seats)
- 521 apartment units served by 666 reserved parking spaces.
  - West End Development adding 277 units with 333 reserved parking spaces.

### Evaluation of the West End Residential Parking

Parking for the proposed apartment buildings will be accommodated primary within the proposed parking garage, but can also be accommodated within the existing reserved residential spaces. As such, the parking for the residential spaces was evaluated together. Based on peak parking demand rates from the ITE Parking Generation Manual, 6th Edition the peak parking demand was estimated as follows:

- ITE LUC 218 (Multifamily Housing, Mid-Rise, One Bedroom)
  - Peak parking demand rate on a weekday: 0.68



- ITE LUC 221 (Multifamily Housing, Mid-Rise, Two+ Bedroom)
  - Peak parking demand rate on a weekday: 1.23
  - Peak Parking Demand Rate on a weekend: 1.04
- Estimated Parking Demand
  - 204 One Bedroom/Studio units, 138 Spaces needed
  - 73 Two+ Bedroom units, 90 Spaces needed
  - 228 spaces needed
  - Surplus of 105 spaces

Based on parking rate agreed on in the existing approved PUD, the following was determined:

- Approved PUD rate: 1.2 spaces per unit
- West End: 277 Proposed Units
  - 332 spaces needed
  - Surplus of 1 space
- Full Corners of Brookfield (Including West End): 521 Units
  - 625 spaces needed
  - Surplus of 41 spaces

As can be seen, the existing rate from the approved PUD is higher than the rate from ITE survey data. Further, a surplus of parking spaces are being provided compared to both ITE data and the existing PUD rate.

## Evaluation of the Retail Parking Supply

In order to determine the total projected peak parking demand of the non-residential uses (retail, restaurant, entertainment) within the corners of Brookfield the parking demand was estimated based on rates from the ITE Parking Generation Manual, 6<sup>th</sup> Edition for a weekday and a Saturday. **Table 1** shows the estimated peak parking demand for each use type.

These parking demands were then distributed hourly based on time of day parking factors published in the Urban Land Institute (ULI) *Shared Parking Manual*, Second Edition. **Tables 2 and 3** shows the estimated peak parking demand of the development by hour

As can be seen, the estimated peak parking demand of the non-residential uses is 1,035 spaces on a weekday and 1,287 spaces on a weekend. This results in a parking surplus of 236 spaces.



Table 1

## PROJECTED PEAK PARKING DEMAND FOR EACH USE TYPE – CORNERS OF BROOKFIELD

| Use                           | ITE LUC | Size<br>(Square Feet) | Weekday<br>Peak Parking<br>Demand | Weekend<br>Peak Parking<br>Demand |
|-------------------------------|---------|-----------------------|-----------------------------------|-----------------------------------|
| General Retail                | 820     | 289,891               | 484                               | 704                               |
| Grocery Store                 | 850     | 39,906                | 99                                | 117                               |
| Fast Casual<br>Restaurant     | 930     | 7,841                 | 77                                | 62                                |
| Fine Dining<br>Restaurant     | 931     | 11,754                | 190                               | 214                               |
| Sit-down/Family<br>Restaurant | 932     | 27,398                | 246                               | 316                               |
| Live Theater                  | 441     | 13,375<br>(402 Seats) | 101                               | 101                               |



Table 8

## HOURLY PROJECTED PEAK PARKING DEMAND - WEEKDAY – CORNERS OF BROOKFIELD

| Time     | Retail | Grocery | Fast Casual Dining | Fine Dining | Family Restaurant | Live Theater | Total |
|----------|--------|---------|--------------------|-------------|-------------------|--------------|-------|
| 12:00 PM | 484    | 84      | 77                 | 143         | 246               | 1            | 1,035 |
| 1:00 PM  | 484    | 89      | 77                 | 143         | 221               | 1            | 1,015 |
| 2:00 PM  | 460    | 94      | 69                 | 124         | 123               | 1            | 871   |
| 3:00 PM  | 412    | 96      | 46                 | 76          | 111               | 1            | 742   |
| 4:00 PM  | 412    | 99      | 42                 | 95          | 111               | 1            | 760   |
| 5:00 PM  | 412    | 99      | 46                 | 143         | 184               | 1            | 885   |
| 6:00 PM  | 436    | 99      | 65                 | 181         | 197               | 1            | 979   |
| 7:00 PM  | 387    | 84      | 61                 | 190         | 197               | 25           | 944   |
| 8:00 PM  | 315    | 54      | 38                 | 190         | 197               | 101          | 895   |
| 9:00 PM  | 218    | 34      | 23                 | 190         | 147               | 101          | 713   |
| 10:00 PM | 73     | 20      | 15                 | 181         | 135               | 0            | 424   |
| 11:00 PM | 24     | 5       | 8                  | 143         | 184               | 0            | 364   |

Table 9

## HOURLY PROJECTED PEAK PARKING DEMAND - WEEKEND – CORNERS OF BROOKFIELD

| Time     | Retail | Grocery | Fast Casual Dining | Fine Dining | Family Restaurant | Live Theater | Total |
|----------|--------|---------|--------------------|-------------|-------------------|--------------|-------|
| 12:00 PM | 669    | 117     | 62                 | 107         | 316               | 1            | 1,272 |
| 1:00 PM  | 704    | 117     | 62                 | 118         | 269               | 17           | 1,287 |
| 2:00 PM  | 704    | 117     | 56                 | 96          | 205               | 67           | 1,245 |
| 3:00 PM  | 669    | 117     | 37                 | 96          | 126               | 67           | 1,112 |
| 4:00 PM  | 634    | 117     | 34                 | 96          | 142               | 1            | 1,024 |
| 5:00 PM  | 564    | 105     | 37                 | 129         | 190               | 1            | 1,026 |
| 6:00 PM  | 528    | 58      | 53                 | 193         | 221               | 1            | 1,054 |
| 7:00 PM  | 493    | 39      | 50                 | 204         | 221               | 25           | 1,032 |
| 8:00 PM  | 458    | 29      | 31                 | 214         | 205               | 101          | 1,038 |
| 9:00 PM  | 352    | 18      | 19                 | 193         | 95                | 101          | 778   |
| 10:00 PM | 211    | 6       | 12                 | 193         | 79                | 0            | 501   |
| 11:00 PM | 70     | 5       | 6                  | 193         | 47                | 0            | 321   |



## Occupancy Survey Data

The Corners of Brookfield provided average occupancy data for the lower level parking deck for June, August, November, and December, 2025. The lower level parking deck has 944 parking spaces that are automatically monitored. **Table 4 and Figure 1** summarize the parking data. It is important to note that the occupancy surveys include December which is typically the highest demand month for retail uses per ULI's *Shared Parking Manual*. This is consistent with the provided data which shows December having the highest parking demand on average.

The highest parking average occupancy counted occurred on December 13 with an average of 415 spaces occupied and 529 spaces vacant. This indicates that the parking demand of the existing Corners of Brookfield is lower than the theoretical parking demand as estimated based on ITE rates. This further supports the ability of the future parking supply to accommodate the parking demands of the existing and proposed uses.

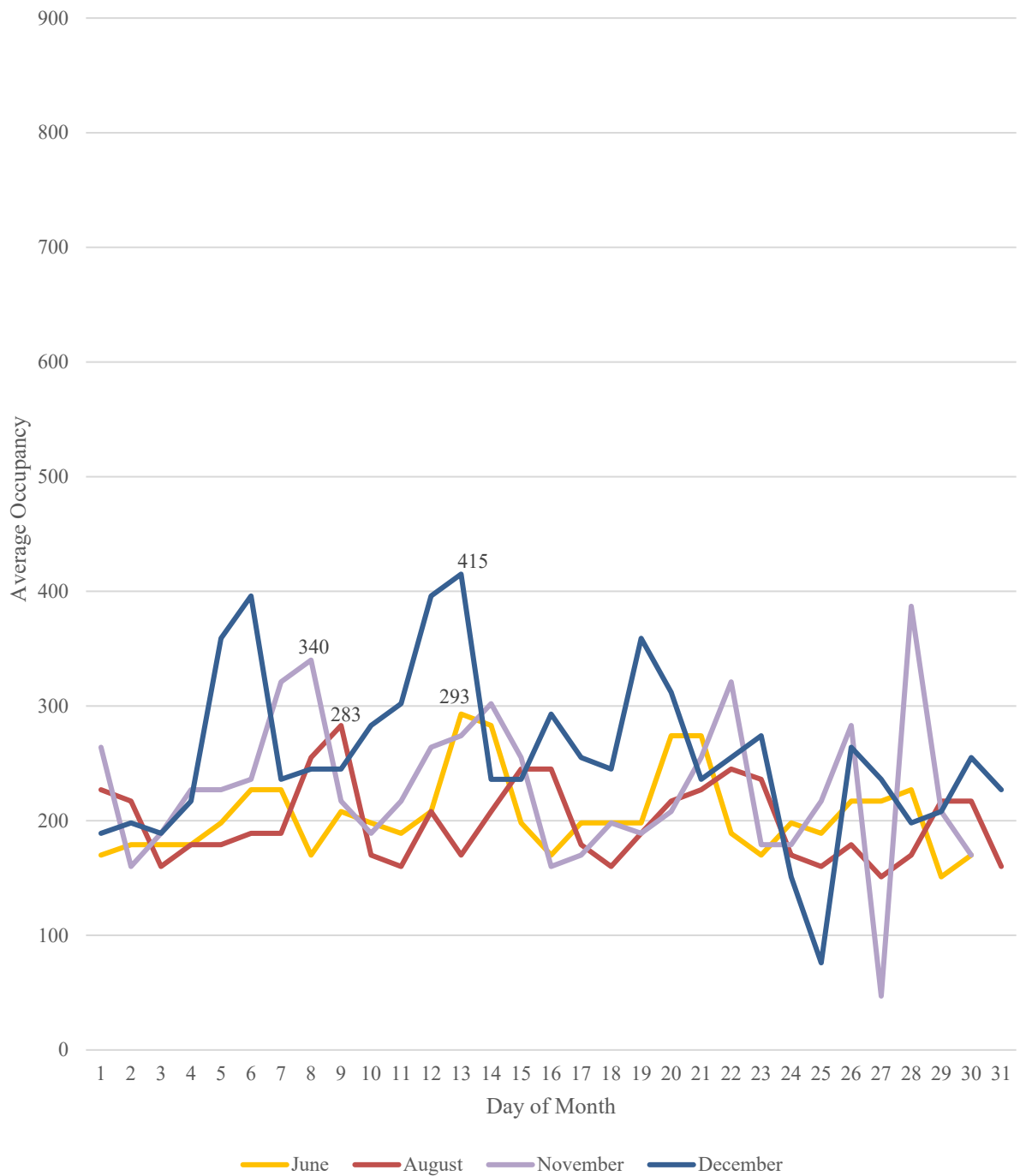
Table 4

SURVEYED PARKING OCCUPANCY – CORNERS OF BROOKFIELD LOWER DECK - 2025

| Day of Month | June | August | November | December |
|--------------|------|--------|----------|----------|
| 1            | 170  | 227    | 264      | 189      |
| 2            | 179  | 217    | 160      | 198      |
| 3            | 179  | 160    | 189      | 189      |
| 4            | 179  | 179    | 227      | 217      |
| 5            | 198  | 179    | 227      | 359      |
| 6            | 227  | 189    | 236      | 396      |
| 7            | 227  | 189    | 321      | 236      |
| 8            | 170  | 255    | 340      | 245      |
| 9            | 208  | 283    | 217      | 245      |
| 10           | 198  | 170    | 189      | 283      |
| 11           | 189  | 160    | 217      | 302      |
| 12           | 208  | 208    | 264      | 396      |
| 13           | 293  | 170    | 274      | 415      |
| 14           | 283  | 208    | 302      | 236      |
| 15           | 198  | 245    | 255      | 236      |
| 16           | 170  | 245    | 160      | 293      |
| 17           | 198  | 179    | 170      | 255      |
| 18           | 198  | 160    | 198      | 245      |
| 19           | 198  | 189    | 189      | 359      |
| 20           | 274  | 217    | 208      | 312      |
| 21           | 274  | 227    | 255      | 236      |
| 22           | 189  | 245    | 321      | 255      |
| 23           | 170  | 236    | 179      | 274      |
| 24           | 198  | 170    | 179      | 151      |
| 25           | 189  | 160    | 217      | 76       |
| 26           | 217  | 179    | 283      | 264      |
| 27           | 217  | 151    | 47       | 236      |
| 28           | 227  | 170    | 387      | 198      |
| 29           | 151  | 217    | 208      | 208      |
| 30           | 170  | 217    | 170      | 255      |
| 31           | 0    | 160    | --       | 227      |



FIGURE 1 - SURVEYED PARKING OCCUPANCY  
CORNERS OF BROOKFIELD LOWER DECK - 2025







## TOWN OF BROOKFIELD PLAN COMMISSION ZONING REPORT

TO: Town of Brookfield Plan Commission

FROM: Rebekah Leto, AICP, Town Planner

PC MEETING DATE: June 26, 2026

RE: Conditional Use request for an Electronic Changeable Copy Sign for St. John's Lutheran Church, 20275 Davidson Road, BKFT 1135.012.001

---

The following report is provided for cursory review prior to action. Specifics relating to the submitted documents of this application may be referenced in the Meeting Packet distributed by the Clerk.

---

**Property owner:** St. John's Lutheran Church, Brian Zach

**Applicant:** Lemberg Electric

**Zoning:** I-1 Institutional District

**Request:** Conditional Use request to erect an electronic changeable copy (ECC) sign along S. Barker Road.

### **Project Description**

St. John's Lutheran Church is located on the southeast corner of Davidson Road and S. Barker Road. The parcel is approximately 4.9 acres. Existing improvements include the church, parking lot and existing sign, which is a monument sign located in the northwest corner of the property. The petitioners are proposing to remove the existing sign and construct a new electronic changeable copy sign on S. Barker Road. The sign size and setbacks are as follows:

|                                | Proposed                                                                     | Required                                                                                                   |
|--------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Sign Area                      | 49 sq. ft. total area<br>EMC – 24.3 SF, less<br>than 50% of the sign<br>area | Maximum 70 Sq. ft., with the ECC less than<br>50% of the total sign face                                   |
| North setback<br>(Davidson Rd) | 180 ft. +/-                                                                  | 50 ft. or as otherwise approved by the PC                                                                  |
| West setback (S.<br>Barker Rd) | 10-15 ft. estimated                                                          | 50 ft. or as otherwise approved by the PC<br><i>Note: The existing building is 50 ft. from the<br/>ROW</i> |



The submitted site plan does not have the exact dimension of the proposed road setback from S. Barker Road shown. However, staff estimates the proposed sign is 10-15 ft. from the edge of the right of way (35-40 ft. from the edge of curb). The recent code amendment allows the Town discretion to determine an appropriate road setback based on the road type, traffic volume, speed limit, and right-of-way. South Barker Road is a high-volume arterial roadway carrying 12,500 average daily trips (per DOT) within a 110-foot right-of-way. The property line measures 60 ft. from the centerline and 25 ft. from the edge of the curb. Roadway safety research shows that a 40-mph road with this traffic level requires a 16 to 18 foot crash safety buffer from the driving lane. Because the property line sits 25 feet back from the curb, the sign is located entirely outside of the vehicle crash hazard zone. Furthermore, driver safety studies show that keeping the sign as close to the property line as possible prevents dangerous distractions. Pushing a sign too far back forces drivers to look completely away from the street to read it. Placing this sign at a 5-foot property setback keeps the message safely within a driver's natural forward view while still protecting the structure from traffic. A discussion with the applicant agreed to a recommended 5 ft. setback from the property line.

Another code amendment included the provision that the sign cannot be located along a lot line that is adjacent to a residentially zoned district. This would prohibit the sign from being located along the north and east property lines due to adjacent residential districts. The proposed sign location is on the west property line and is over 200 ft. away from the nearest residences on Davidson Road.

The proposed sign hardware has the built-in ability to meet the Town's illumination limits. According to the plans, the sign includes a built-in light sensor and programming software that lets the installer cap how bright the LEDs can get. Because the sign can technically be turned up brighter if left unprogrammed, staff recommends making it a condition of approval that the applicant lock the software settings. Specifically, the sign must be programmed to never exceed 100 footcandles during the day (6:00 a.m. to 7:00 p.m.) and 45 footcandles at night (7:00 p.m. to 6:00 a.m.) when measured one foot away from the sign face.

**Conditional Use Requirements for an ECC sign** *(paraphrased)*

1. Only one changeable copy sign on each lot. *The proposal complies.*
2. Shall not be incorporated into a wall or building-mounted sign. *The proposal complies.*
3. May be double-faced but [the ECC] shall not exceed 50% of the total sign face area permitted. *The proposal complies.*
4. Must occupy a secondary position to the name of the tenant occupying the property. *The proposal complies.*
5. Shall be permanently installed or located. *The proposal complies.*
6. Shall not interfere with, confuse or present any hazard to pedestrians or vehicular traffic.
7. Shall display static images only. Blinking, flashing, moving, scrolling or animated messages shall not be permitted. Motion display or displays which give the viewer the illusion of motion shall not be permitted. *This requirement will be stated within the Conditional Use Order.*
8. Shall not change messages, image or displays more than once every 12 hours, or at such other or greater interval as determined by the Town Plan Commission and Town Board when reviewing and acting upon the Conditional Use request. *This requirement will be stated within the Conditional Use Order.*
9. Used only for the purpose of advertising the name of the individual business or services or activities conducted by the business located on the property. Content is limited to the display of numerical and alphabetical characters and shall not include any display or information relating to any product or service. *This requirement will be stated within the Conditional Use Order.*



10. Shall not be used to display political messages. *This requirement will be stated within the Conditional Use Order.*
11. Display and images must be adjustable to compensate for outdoor lighting levels during the day and evening hours to the Town requirements. *The proposal complies.*
12. Must be maintained in a good state of repair. *This requirement will be stated within the Conditional Use Order.*
13. The minimum lot size is 20,000 sq. ft. and the sign must meet the offset and setbacks of the district, unless otherwise approved by the Plan Commission. *The lot size and setback from the north lot line comply. The west setback from S. Barker Road requires Plan Commission approval.*
14. The sign placement shall not be located along a lot line adjacent to residentially zoned parcels. *The proposal complies.*

### **Staff Recommendation**

Staff recommends **conditional approval** of the request for an electronic changeable copy sign for St. John's Lutheran Church, located at 20275 Davidson Road, subject to the following conditions:

1. A Conditional Use Order shall be prepared by town staff, signed by the property owner, and recorded by the Town in the Waukesha County Register of Deeds, prior to a sign permit being issued. The Conditional Use Order shall outline the conditions of an Electronic Changeable Copy Sign and the illumination standards as noted in the Code, in addition to the standard conditional use conditions used by the town regarding noncompliance, revocability and nuisance complaints.
2. The Waukesha County Board shall approve the text amendment approved by the Town of Brookfield, prior to a sign permit being issued.
3. The proposed sign shall be a minimum of 5 ft. from the established road right of way of S. Barker Road, which is 30 ft. from the edge of the curb. A revised site plan shall be submitted to Staff showing the final location of the sign, prior to permits being issued.

The sign plans meet the required electronic changeable copy conditions for a Conditional Use request, in addition to the recent text amendments. As conditioned, the sign will be set back a safe distance from the road right of way while still allowing drivers to read the sign without having to move their line of vision away from the road entirely. The location of the sign should not impact any nearby residences. The proposal meets the purpose and intent of the Ordinance.



St. JOHN'S

CHURCH & PRESCHOOL

 ELCA

St. John's Lutheran Church & Preschool - Brookfield

20275 Davidson Road - Brookfield, Wisconsin 53045

Drawing Package Title: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(6)\_CA.pdf

Date: 06-17-26

THIS BAND FOR LEMBERG SIGN TEAM SIGNATURES (Client Signs Off in Area at Bottom of Sheet).

|                                               |                                                           |                                                   |                                              |
|-----------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <div>Design Review</div> <div>Signature</div> | <div>Project Management Review</div> <div>Signature</div> | <div>Operations Review</div> <div>Signature</div> | <div>Sales Review</div> <div>Signature</div> |
|-----------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|----------------------------------------------|



4085 North 128th Street  
Brookfield, WI 53005  
p. 262-781-1500  
www.LembergElectric.com

CLIENT DRAWING APPROVAL - PLEASE PROOFREAD ALL DRAWINGS CAREFULLY - Check off the boxes below / sign & date.

I have checked the following details on ALL pages and approve:☐ Spelling / Copy Content ☐ Sign Placement ☐ Colors (I have reviewed physical samples of colors, as listed in this document)

Client Signature

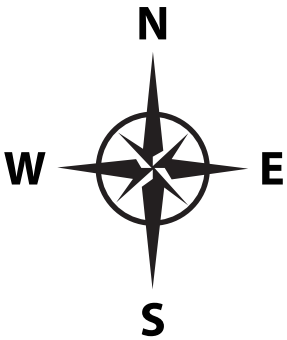
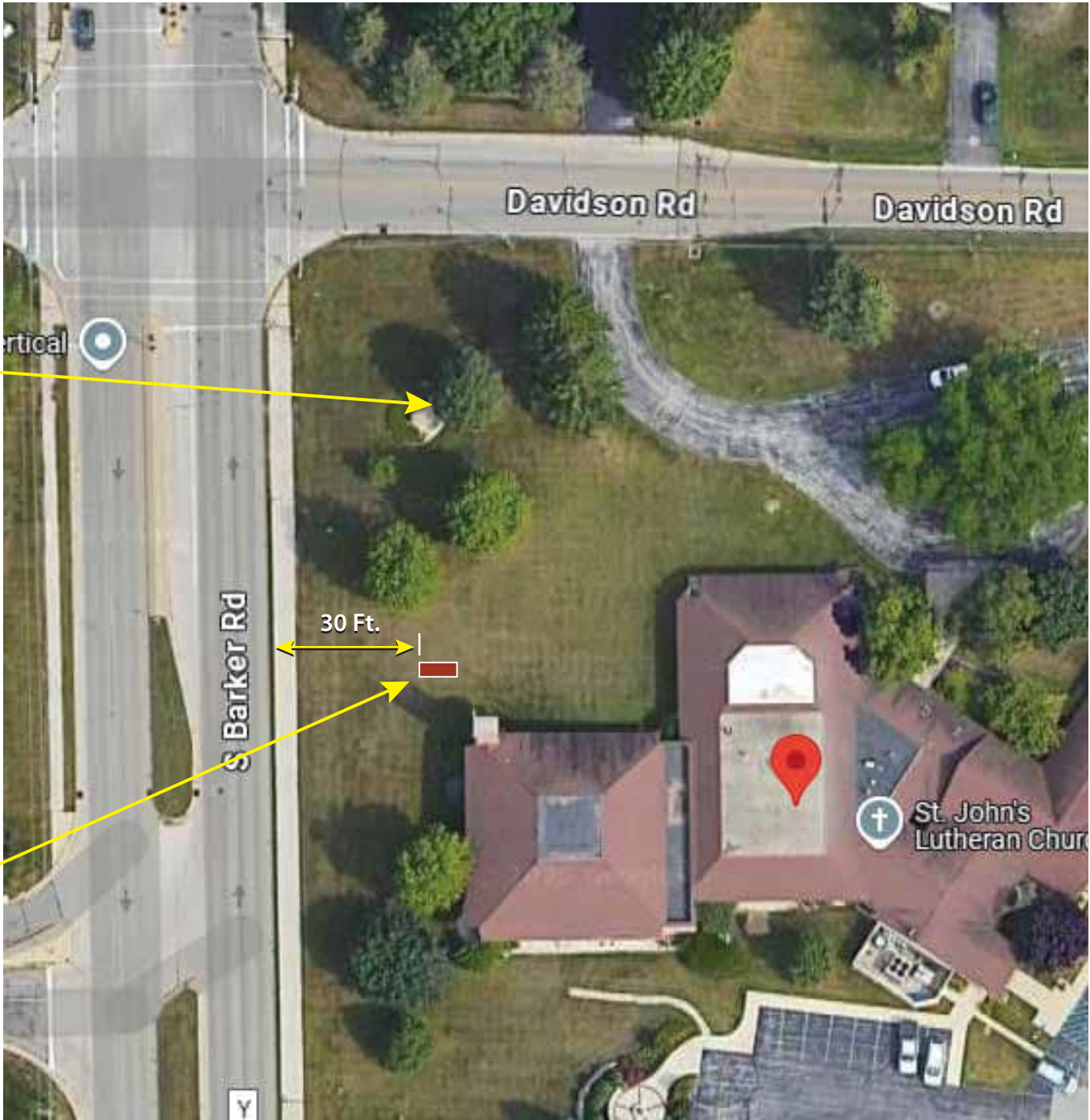
Date

Job # 2546-0267

CLIENT APPROVAL DRAWING

1 of 6





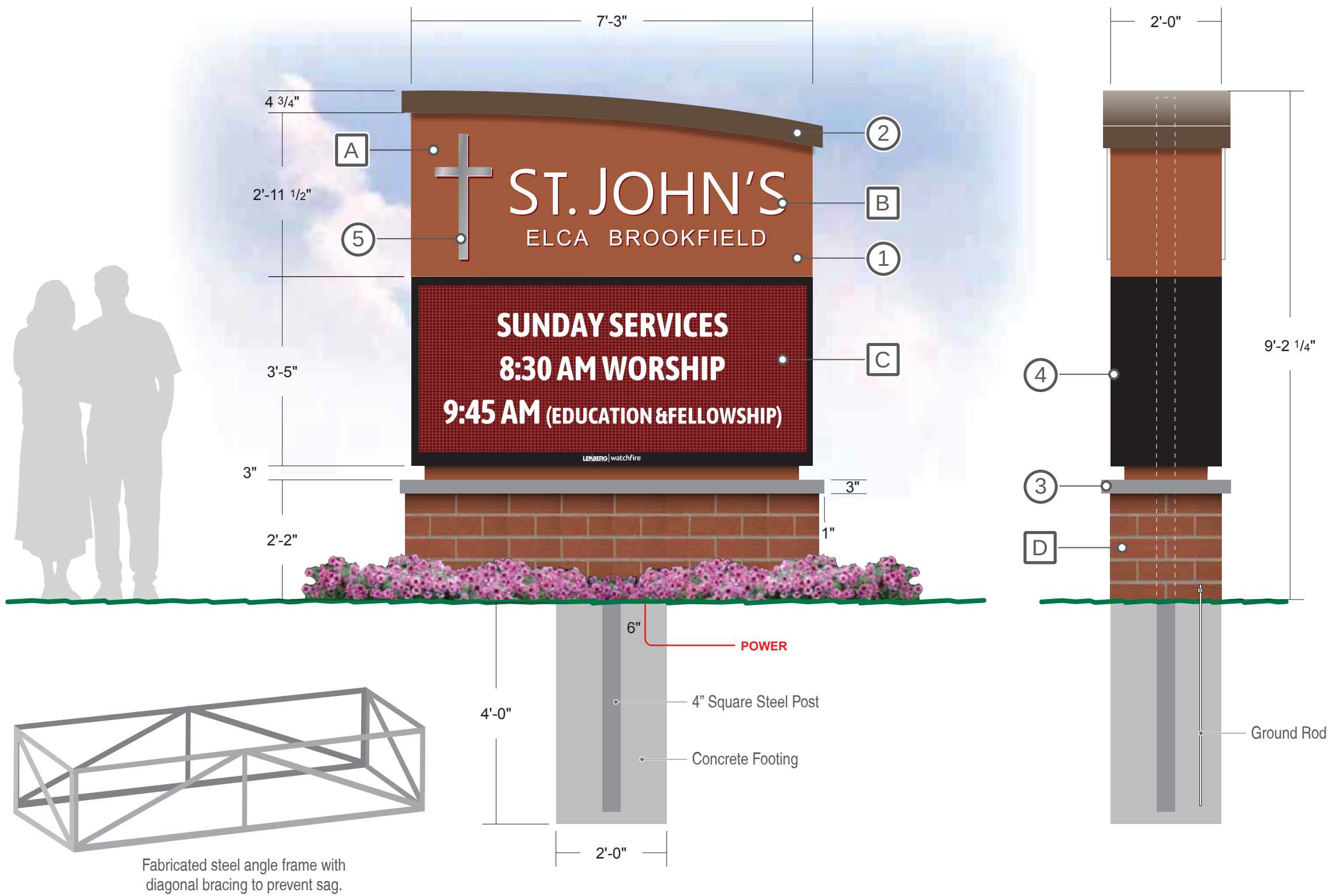
Sign shown in this photo rendering is approximate, and may be different than actual installation.



Monument Sign Specifications

- One (1) Monument Sign - Double Sided
- Illuminated with Internal White LED  
Sign Cabinet to have Photo Cell
- (A) Sign Cabinet:  
Extruded aluminum body and retainers.  
Routed 1/8" aluminum faces (countersunk screws on one side)
- (B) Graphics:  
Routed and backed with white acrylic, "Cross" has 3/4" thick push thru with 3M translucent film on 1st surface of acrylic.
- (C) Full Color EMC:  
10mm Watchfire, includes software, wireless communications & web based training. See detailed specifications sheet.
- (D) Masonry Base:  
Fabricated steel angle frame with diagonal bracing to prevent sag. Clad with thin brick "New Bedford" veneer to match architecture. Fabricated aluminum cap.
- Installation Method:  
4" x 4" (1/4" wall) square steel center post.  
Sign to saddle mount center post.  
Center post set in 24" Dia. concrete footing, 4' below grade.

- Colors:
- 1) Paint, "Penny Wise" SW6349 (satin finish)
  - 2) Paint, "Half Caff" SW9091 (satin finish)
  - 3) Brushed Aluminum paint, MP41342SP
  - 4) Black paint, (satin finish)
  - 5) 3M translucent film, Silver 3630-121



4085 North 128th Street  
Brookfield, WI 53005  
p. 262-781-1500  
www.LembergElectric.com

Client: St. John's Lutheran Church  
Address: 20275 Davidson Road  
Location: Brookfield, Wisconsin 53045

Sales Representative: Skip DeBack  
Project Manager: Jaina Chiolero  
Designer: Mark Mayzik

Scale: 1/2"=1'-0"  
Paper Size: 11x17  
Signature / Date:

Client / Location or Project / Sign Classification / Version# or Sheet / Revision# / Drawing Status  
St\_Johns\_Brookfield\_MON\_v06\_r01\_CA

Date:  
06-17-26



Monument Illumination Rendering



SIGNS

4085 North 128th Street  
Brookfield, WI 53005  
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www.LembergElectric.com

Client: St. John's Lutheran Church

Address: 20275 Davidson Road

Location: Brookfield, Wisconsin 53045

Sales Representative: Skip DeBack

Project Manager: Jaina Chiolero

Designer: Mark Mayzik

Scale: N/A

Paper Size: 11x17

Signature / Date:

Client / Location or Project / Sign Classification / Version# or Sheet / Revision# / Drawing Status  
St\_Johns\_Brookfield\_MON\_IL\_v06\_r01\_CA

Date:  
02-12-26

These designs are the exclusive property of Lemberg Electric Inc. Use or duplication without expressed written permission of Lemberg Electric Inc. Is prohibited. Drawings are for conceptual use only. The document represents an approximation of materials & colors. Actual product colors may vary.



On Premise Quote



QUOTE NUMBER: 2501249.1 (Revision 1 ) DATE: 3/24/2025 SIGN ID: 2007011 W10-S

Lemberg Electric Co Inc 9010733  
Skip DeBack , Owner / Sales/Designs  
4085 N 128th St Ste 100  
Brookfield , WI 53005-1812  
(262) 781-1500  
sdeback@lembergelectric.com

Shipping Destination  
Lemberg Electric Co Inc  
4085 N 128th St Ste 100  
Brookfield , WI 53005-1812

Job Site  
Name: St John's Church & Preschool  
Address: 20275 Davidson Rd.  
City: Brookfield  
State: WI Zip: 53045

PRODUCT SPECIFICATIONS

|                     |                                                                                                                                                                                                                                                                         |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pixel Pitch:        | W10mm LED RGB                                                                                                                                                                                                                                                           |
| Pixel Matrix:       | 90H X 210W                                                                                                                                                                                                                                                              |
| Ventilation Style:  | Front Ventilation                                                                                                                                                                                                                                                       |
| Cabinet Size:       | 41in H x 7ft 3in L x 5in D                                                                                                                                                                                                                                              |
| Viewing Area:       | 36in H x 7ft L                                                                                                                                                                                                                                                          |
| Cabinet Style:      | Double Face (Slim)                                                                                                                                                                                                                                                      |
| Character Size:     | 11 lines / 42.0 Characters at a 3" type                                                                                                                                                                                                                                 |
| Approx. Weight:     | 585.00 Lbs.                                                                                                                                                                                                                                                             |
| Warranty:           | Standard 5 Year Watchfire warranty applies.                                                                                                                                                                                                                             |
| Mfg. Lead Time:     | 3-5 weeks (Based on signed quote, receipt of deposit, and artwork approval - if applicable )                                                                                                                                                                            |
| Electrical Service: | 120 VOLT 26.0 amps ( 13.00 per face) Single Phase Service. Refer to the Installation manual for details on wiring. Based on 18 hours of operation a day, plus or minus 10% depending on how the sign is programmed.<br>Example: 16.2 KWHrs a day x \$0.12 = \$1.94 /Day |

STANDARD FEATURES

|                  |                                                      |
|------------------|------------------------------------------------------|
| Brightness       | Daytime 7500 NITs Maximum;Nighttime 700 NITs Maximum |
| Color            | LED RGB                                              |
| Color Capability | Min. 1.2 Quintillion                                 |
| Includes         | Ignite Graphics Software                             |
| Video            | Up to 30FPS                                          |
| Viewing Angles   | 150 Horizontal/95 Vertical                           |

OPTIONS

|                    |                                                     |
|--------------------|-----------------------------------------------------|
| Software           | Ignite OPx (cloud-based, single region)             |
| Software Training  | Web Based Software Training                         |
| Communications     | OPx - 4G Wireless with Watchfire Cellular Data Plan |
| Wireless Data Plan | Life-of-sign Data Plan                              |
| Cabinet Separation | Standard Up To 15 Feet                              |
| Power Requirements | US 120 Volts                                        |
| Temperature Sensor | w/100-Step Photocell w/15 ft Cable                  |
| Sign Mounting Kit  | Not Ordered / Not Required                          |
| Technician On-Site | Not Ordered                                         |
| Warranty           | Standard 5-Year Parts Warranty                      |
| Spare Parts Kit    | Not Ordered                                         |

Watchfire cabinets are designed to minimize heat and provide durable protection from the elements. The rear side of our cabinet features mill-finish aluminum. Contact your Watchfire representative if a painted finish is required.

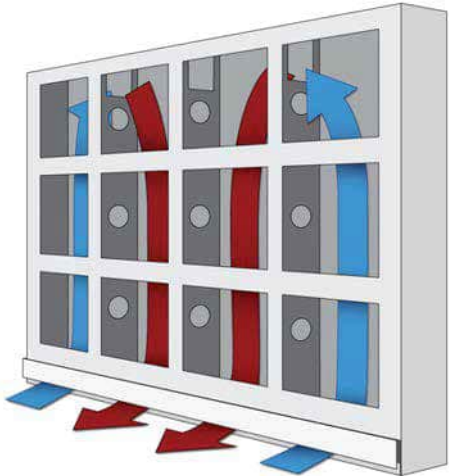
VENTILATION DESIGNS

Improperly ventilated signs risk overheating, which will affect the life and operation of the sign.

Front-vent Cabinets (Price Watcher Included)

Watchfire front-vent cabinets and Price Watcher models draw air in through vents on the lower edge of the cabinet. Patented multi-chamber cooling provides built-in fans to ensure brighter, longer lasting LEDs with no need for additional wiring or fan kits.

DO NOT BLOCK the air intake, exhaust or LED modules located on the front face with any part of the metal cabinet or coverings.



SIGNS

4085 North 128th Street  
Brookfield, WI 53005  
p. 262-781-1500  
www.LembergElectric.com

Client: St. John’s Lutheran Church  
Address: 20275 Davidson Road  
Location: Brookfield, Wisconsin 53045

Sales Representative: Skip DeBack  
Project Manager: Jaina Chiolero  
Designer: Mark Mayzik

Scale: N/A  
Paper Size: 11x17  
Signature / Date:

Client / Location or Project / Sign Classification / Version# or Sheet / Revision# / Drawing Status Date:  
St\_Johns\_Brookfield EMC\_r01\_CA 02-12-26



12-26-2023 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_2\_(0).pdf  
Initial drawings completed. - MCM

-

01-23-2025 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(0).pdf  
Added EMC. - MCM

-

03-26-2025 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(1).pdf  
Increased height of sign. - MCM

-

08-29-2025 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(2).pdf  
Revised EMC content. (SD) - MCM

-

12-19-2025 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(3).pdf  
Revised Shape of cabinet. (SD) - MCM

-

02-12-2026 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(4)\_CA.pdf  
Added color specs. Created client approval drawing. (SD) - MCM

-

02-18-2026 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(5)\_CA.pdf  
Moved the location of the new monument sign to the North. (SD) - MCM

-

06-17-2026 / Sign Class: Monument / File Name: St\_Johns\_Lutheran\_Brookfield\_Monument\_3\_(6)\_CA.pdf  
Added monument set back from curb distance. (JC) - MCM

-

-

-

-

-

Job # 2546-0267 CLIENT APPROVAL DRAWING

Notes & Revisions | Check List & Flagged Items



- Colors properly specified. (N)
- Colors picked by design, client to approve. (N)
- Elevation details called out. (N)
- EMC call outs and electrical drawings. (N)
- LED color temp. (N)
- Logo/Art do we have clean vector art. (N)
- Photo eye placement. (N)
- PMS Colors. (N)
- Sample colors being provided to client. (N)
- Tech audit info- Electrical Placement. (N)
- Tech audit info- Footer Details on Drawings. (Y)



12-26-2023  
Thin brick to match architecture required. - MCM

-

-

-

-

-

-

Job File Location Design: CustomerFolders OneDrive / St.John’sLutheranChurch / Brookfield-DavidsonRd



SIGNS

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Brookfield, WI 53005  
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Project Manager: Jaina Chiolero

Designer: Mark Mayzik

Scale: N/A

Paper Size: 11x17

Signature / Date:

Client / Location or Project / Sign Classification / Version# or Sheet / Revision# / Drawing Status  
St\_Johns\_Brookfield\_NOTES\_r07\_CA

Date:  
06-17-26





## TOWN OF BROOKFIELD STAFF REPORT

TO: Town of Brookfield Plan Commission

FROM: Rebekah Leto, AICP, Town Planner

MEETING DATE: June 23, 2026

RE: Site Plan/Plan of Operation Change for Land and Sea, located at 21675 E. Moreland Blvd, Suite 100

---

The following report is provided for cursory review prior to action. Specifics relating to the submitted documents of this application may be referenced in the Meeting Packet distributed by the Clerk.

---

**Property owner:** Sisan, LLC

**Applicant/Operator:** Nick Weeks

**Business Name:** Land and Sea

**Zoning:** B-2 Limited General Business District

### Project Description and Use

The property is 1.56 acres and was recently subject to a rezone from the B-3 District to the B-2 District. The existing building contains multiple units that are currently being modified to accommodate new tenants. One such tenant is a complete change in use from the prior use of the building (office), therefore requiring a Site Plan and Plan of Operation review.

The new tenant, Land and Sea, is a specialty retail market offering fresh and frozen meats and seafood, including raw beef, pork, poultry and seafood. The operation will include limited in-house processing and meat grinding, cutting and portioning of meat and fish, vacuum sealing for retail sales, and the preparation of value-added products such as marinated items and sausages. The applicant has indicated that customer traffic is expected to be consistent with a typical neighborhood business.

### Hours of Operation:

Public Hours – Monday-Friday, 10am – 7pm, Saturday 10am – 4pm, Sunday 10am – 2pm

Staff Preparation hours: 8 am – 8 pm

### Building and Floor Plan

No changes to the exterior are proposed. The unit is approximately 3,670 sq. ft., of which 1,800 sq. ft. will be used for the retail space that will include meat and seafood cases with prep tables for the employees, freezers for self-serve food and restrooms. The rear portion of the unit contains walk in coolers and an office space, along with a prep kitchen.



Loading and Unloading: Delivery trucks are proposed to park in the north portion of the parking lot and will be delivered to the unit via hand truck through the entrance on the northeast side of the building. All deliveries will be scheduled during normal business hours. Deliveries are anticipated between 5-10 times per week.

Parking:

There are 73 spaces on site and a shared parking agreement with Starbucks, per the property owner. No shared parking agreement has been submitted. The lower parking lot is proposed to be resurfaced, with the center parking area being modified to angled parking.

Existing and proposed parking counts are as follows:

|                               | Existing | Proposed  |
|-------------------------------|----------|-----------|
| Upper Parking                 | 44       | No change |
| Lower Parking                 | 29       | 36 (+7)   |
| Shared Parking with Starbucks | n/a      | 20        |
| Total                         | 73       | 100       |

The proposed uses and required number of space are shown on the proposed site plan exhibit (SP1.1). If the Plan Commission accepts the shared parking agreement with Starbucks property, which is under the same ownership, the proposed use(s) within the building comply with the parking requirements. It should be noted that some of the parking required is beyond what is reasonably needed for the space being used. For example, the existing Shore West Realty office requires 31 spaces per the code; however, it is unlikely that number of spaces are ever necessary for such a use.

Landscaping and Open Space: The applicant has prepared an exhibit that shows the existing and proposed parking lot landscaping. With the changes to the lower parking area, the two landscape islands are proposed to be removed. They will be replaced with islands that are in a different configuration that meet the size requirements of the Code. There is also a proposed strip of landscaping along the south property line. However, this landscaping bed is 6 feet deep and reduces the drive aisle to only 18 ft., whereas at least 20 ft. is preferred for the fire department. Specific plants species and densities have not been provided; however, the exhibit shows how the size of the landscaping areas comply with the code.

Lighting: No changes to the site lighting are proposed.

Topography and Drainage: No changes in grade are proposed.

Outdoor Storage: None proposed.

Signage: Signage will be proposed to the ARC at a later date.

Dumpster: There is an existing dumpster that is enclosed in the northeast (lower) parking lot. The operation is proposing to utilize the existing dumpsters. All organic waste will be placed in properly sealed bags. The operators are also proposing to be under a professional pest control program.



**Staff Recommendation**

Staff recommends **approval** of the Site Plan/Plan of Operation for Land and Sea, in addition to the parking lot modifications, for the property known as 21675 E. Moreland Blvd, subject to the following conditions:

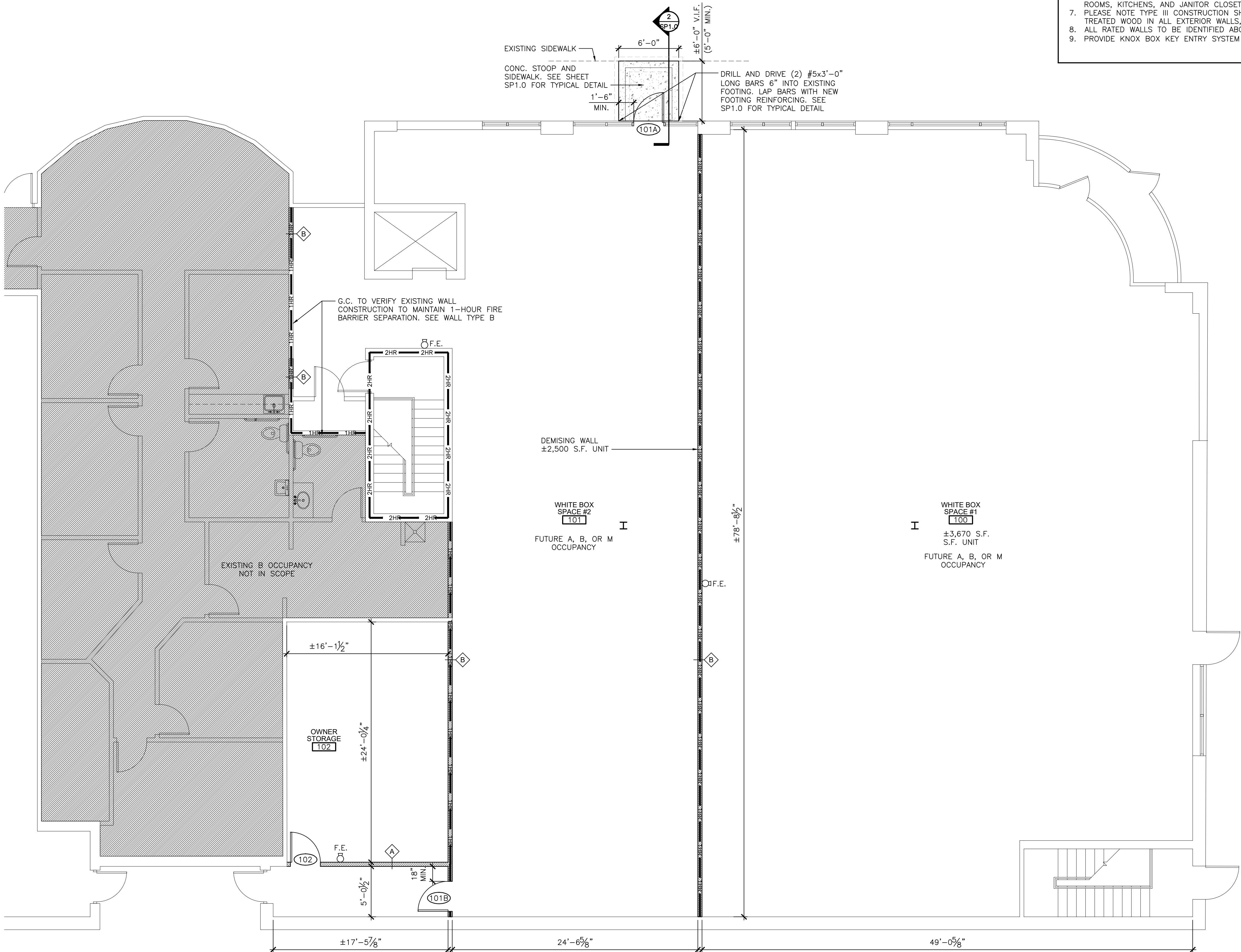
1. The parking agreement with the adjacent property to the southwest shall be provided to the Town for their records, prior to Occupancy being granted, in order to comply with the number of parking spaces required on site for the uses within the building.
2. Parking lot islands shall be landscape with the minimum size plantings required by the Ordinance.
3. A revised site plan shall be submitted showing a minimum 20 ft. wide drive aisle to accommodate emergency vehicles.
4. A Permit from the Waukesha County Environmental Health Division shall be provided to the Town Planner prior to Occupancy being granted.
5. All required town permits shall be obtained, including a Building Permit and Occupancy Permits for Building and Fire Inspection.

S:\Development Services\Applications\Plan of Operation (PC Review)\2026\Land and Sea 21675 E Moreland\SPPO Land and Sea Staff Report.docx



 [www.pinnacle-enar.com](http://www.pinnacle-enar.com)





- GENERAL NOTES
1. SEE SHEET A6.0 FOR WALL TYPES. ALL WALLS ARE TYPE A UNLESS OTHERWISE NOTED.

2. "FE" IDENTIFIES THE LOCATION OF FIRE EXTINGUISHERS CABINETS; SEE DETAIL 1 SHEET A6.0

3. G.C. TO COORDINATE WITH OWNER ALL ELECTRICAL OUTLET NEEDS/LOCATIONS.

4. G.C. TO COORDINATE WITH OWNER ALL FINISHES.

5. PLEASE NOTE TYPE IA, IB, IIA AND IIB CONSTRUCTION CLASSIFICATION TYPES REQUIRE FIRE TREATED BLOCKING.

6. PROVIDE MOISTURE RESISTANT DRYWALL AT ALL WET AREAS, INCLUDING BUT NOT LIMITED TO TOILET ROOMS, KITCHENS, AND JANITOR CLOSETS

7. PLEASE NOTE TYPE III CONSTRUCTION SHALL HAVE NON-COMBUSTIBLE MATERIALS OR FIRE-RETARDANT TREATED WOOD IN ALL EXTERIOR WALLS, INCLUDING BLOCKING AND SHEATHING.

8. ALL RATED WALLS TO BE IDENTIFIED ABOVE THE CEILING LINE WITH THEIR RATING.

9. PROVIDE KNOX BOX KEY ENTRY SYSTEM AS REQUIRED BY LOCAL CODES / AHJ.

THRIVE

ARCHITECTS

+ INTERIOR DESIGN STUDIO

Architect

259 South Street, Suite A  
Waukesha, WI 53186  
p: 833-380-6180

Project Info. — 26042

21675 E MORELAND  
BLVD WHITEBOX

INTERIOR ALTERATION

21675 E Moreland Blvd,  
Waukesha, WI 53186

© 2026 THRIVE ARCHITECTS, LLC

Sheet Title

FLOOR PLAN

|          |            |
|----------|------------|
| Drawn by | Checked by |
| JRR      | AMP        |

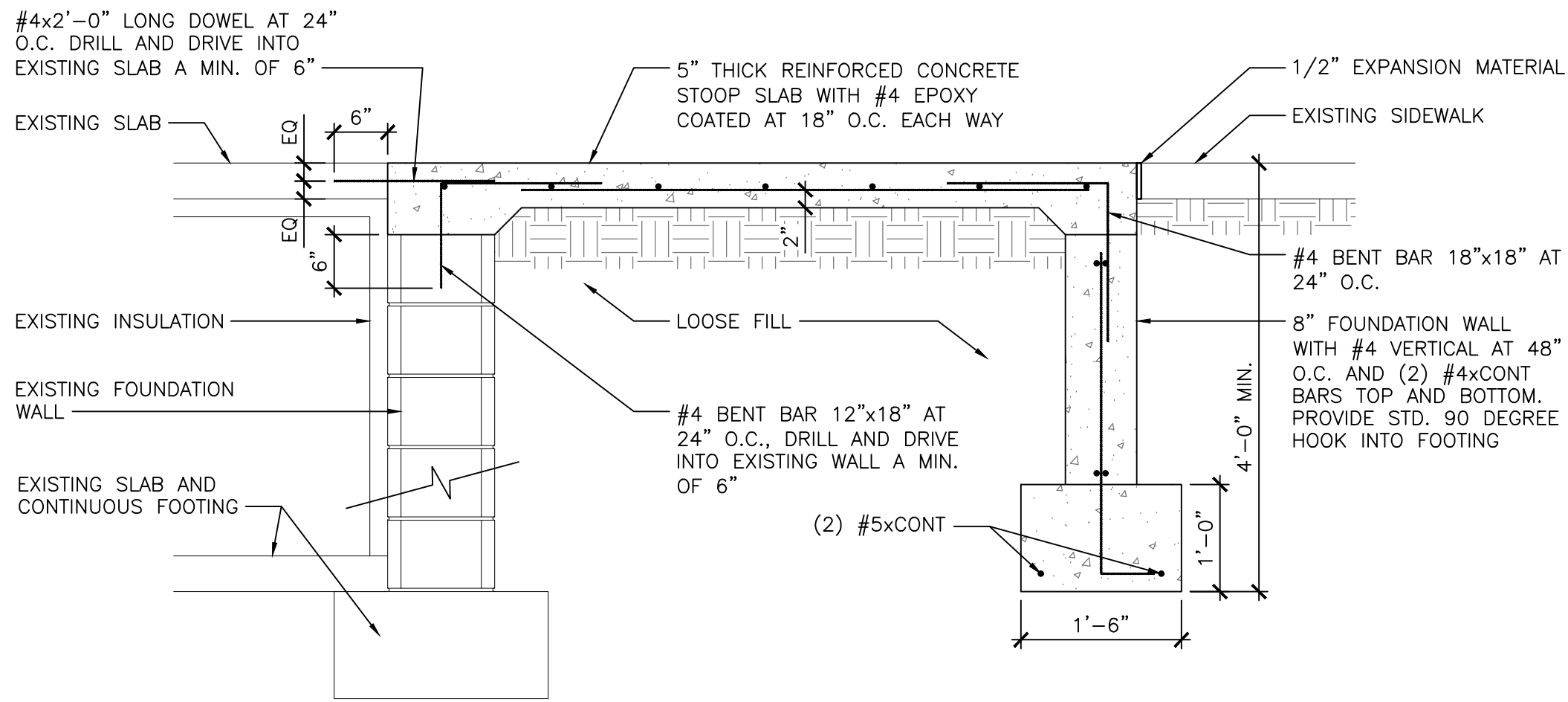
| Revisions |            |             |
|-----------|------------|-------------|
| No.       | Date       | Description |
|           | 05.06.2026 | Permit Set  |
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|           |            |             |
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2026-05-06 PERMIT SET

Sheet No.

A1.0



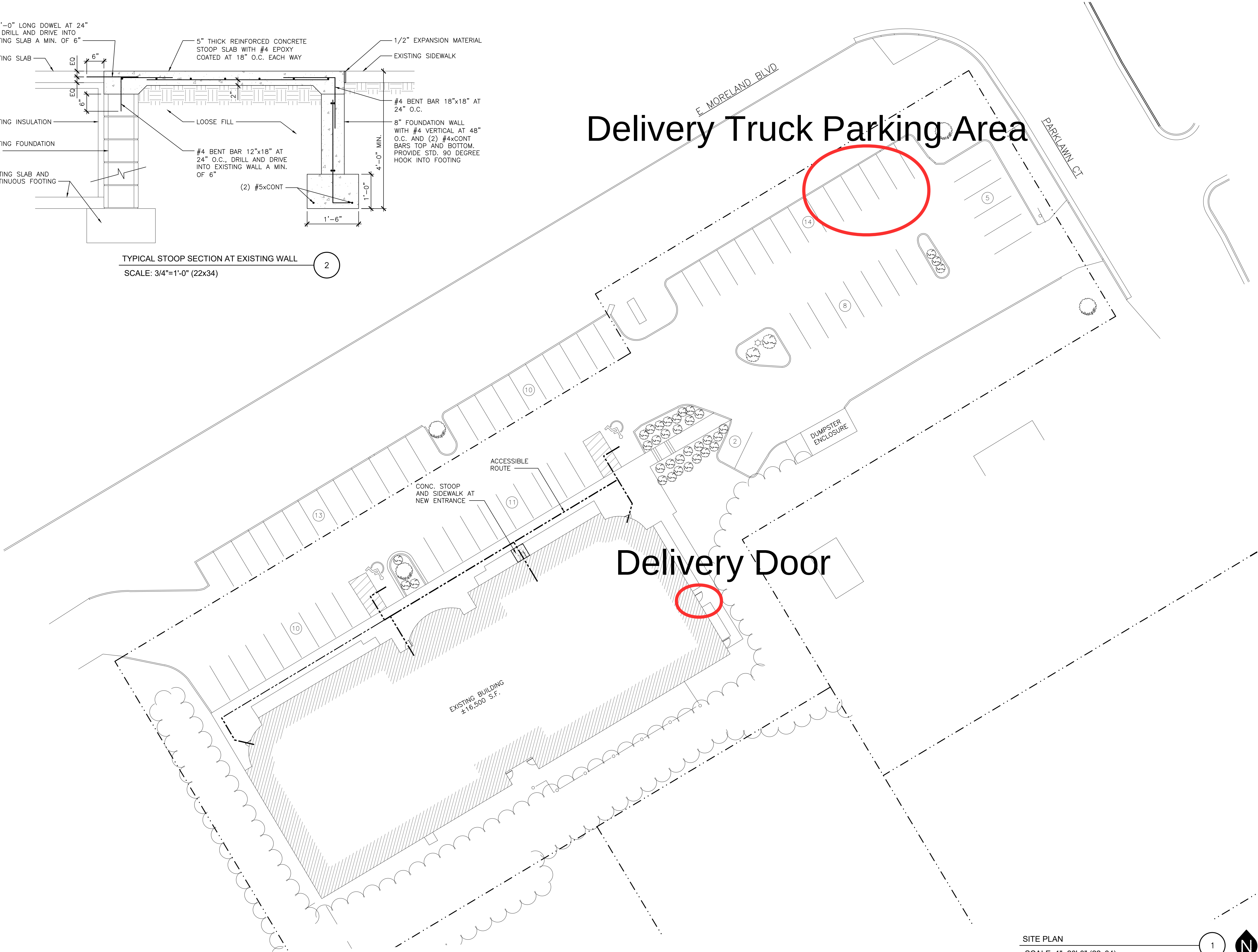


TYPICAL STOOP SECTION AT EXISTING WALL  
SCALE: 3/4"=1'-0" (22x34)

2

# Delivery Truck Parking Area

# Delivery Door

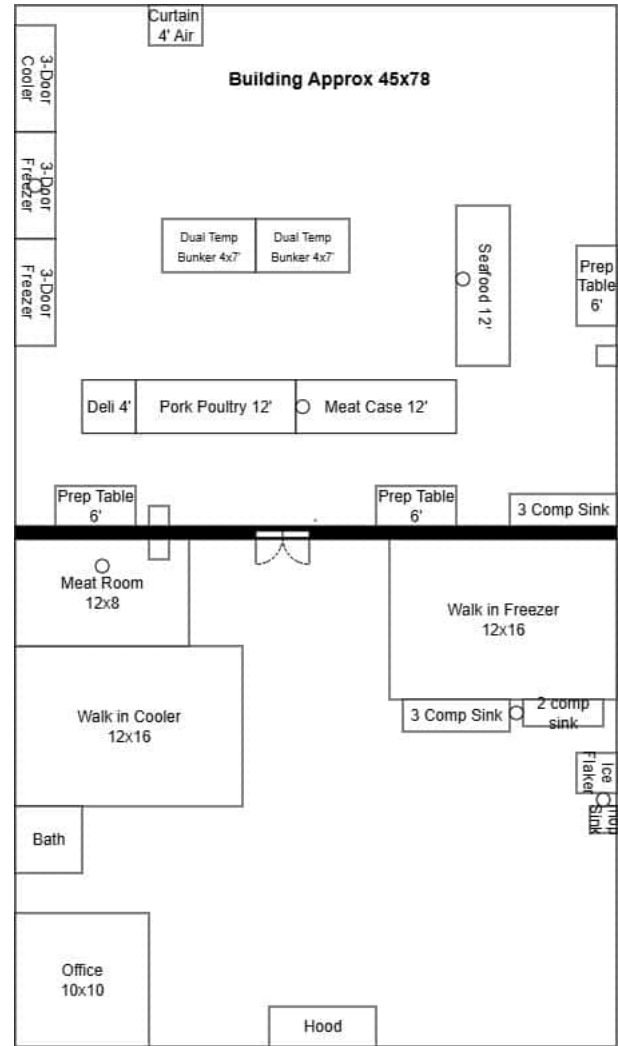
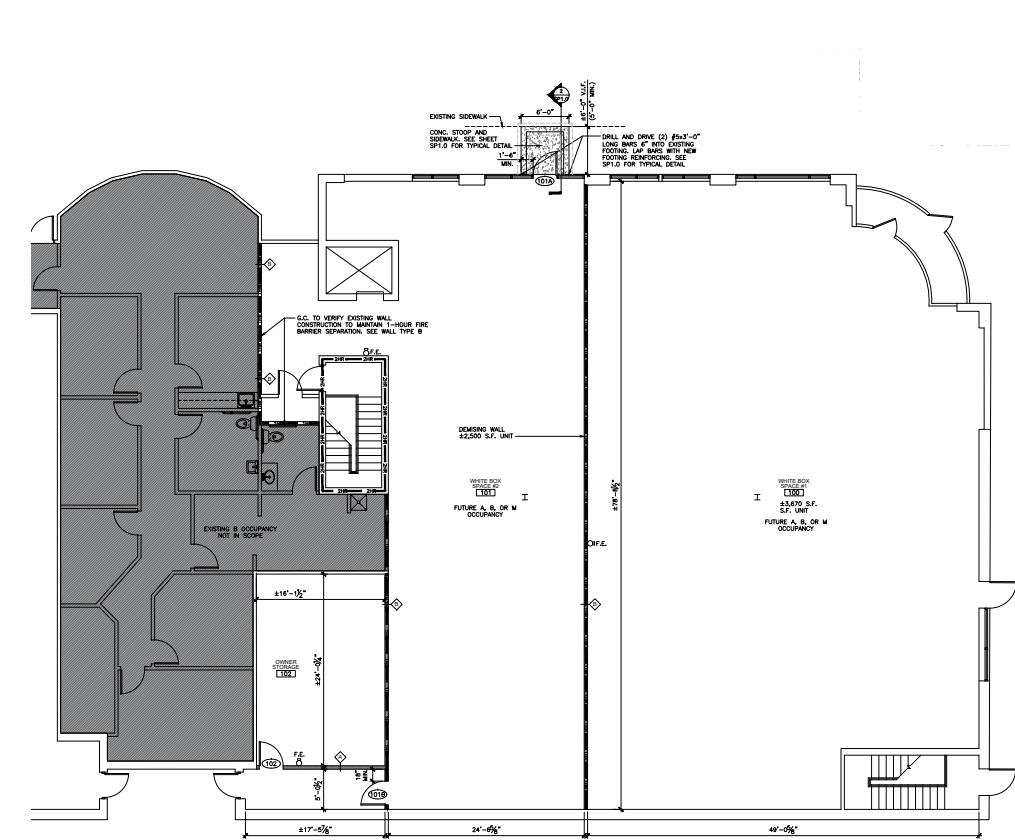


## SITE PLAN

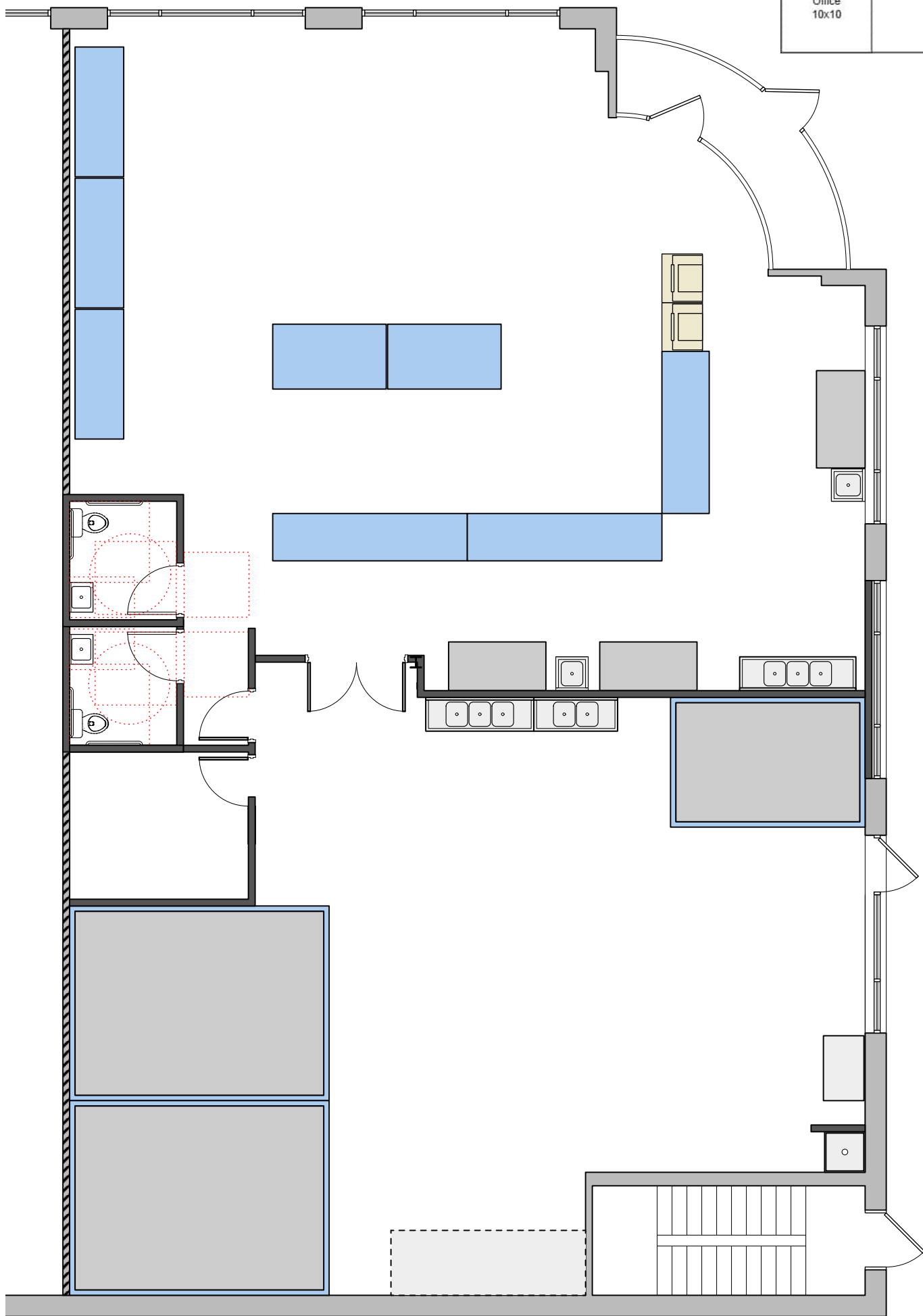
|          |            |
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| Drawn by | Checked by |
| JRR      | AMP        |

| Revisions |            |             |
|-----------|------------|-------------|
| No.       | Date       | Description |
|           | 05.06.2026 | Permit Set  |
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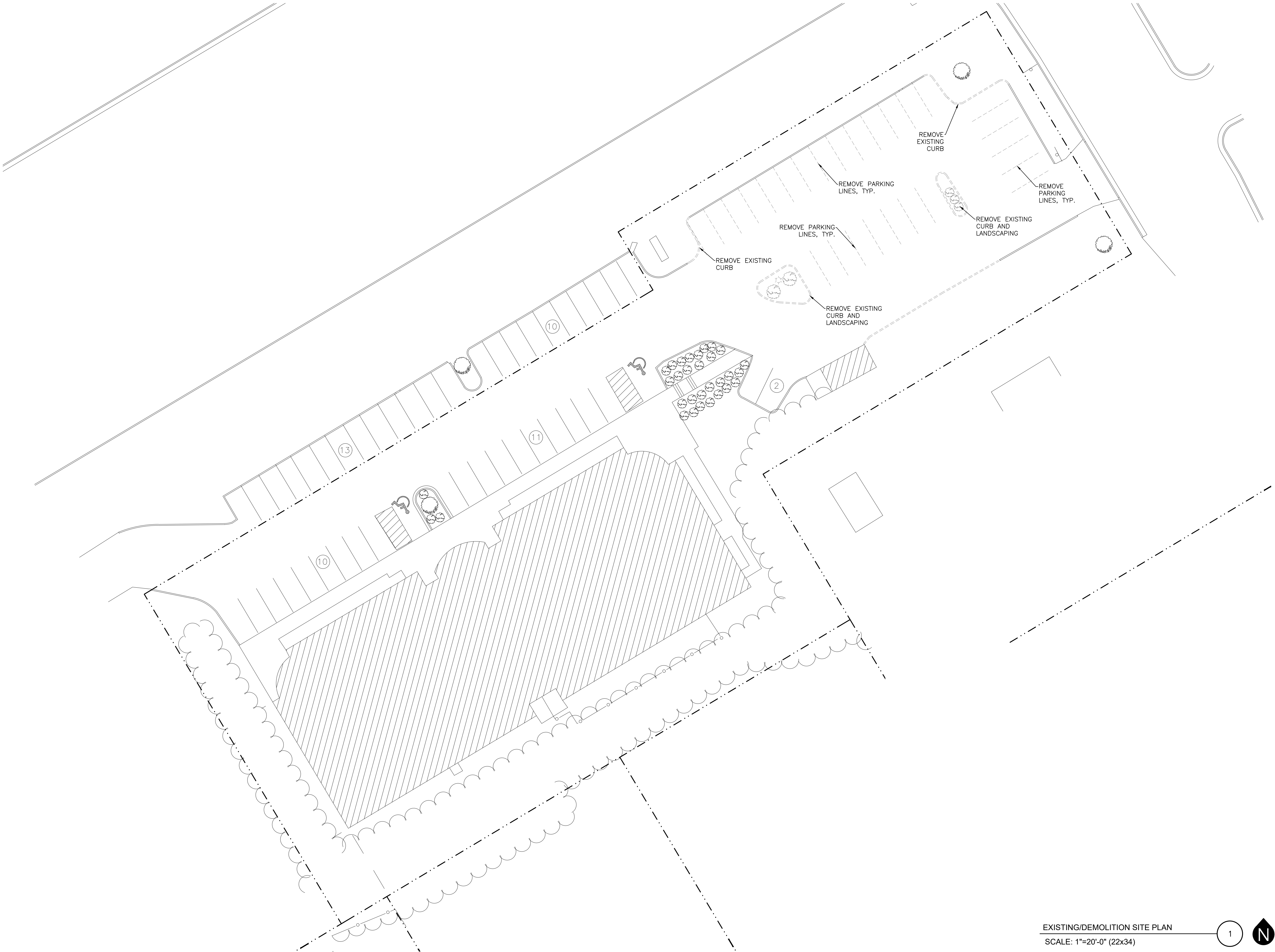




Black circles denote floor drain  
Black squares denote hand wash sink







THRIVE

ARCHITECTS

+ INTERIOR DESIGN STUDIO

Architect

259 South Street, Suite A  
WAUKESHA, WI 53186  
p: 833-380-6180

Project Info. — 26070

21675 E  
MORELAND

Parking Study

21675 E Moreland Blvd  
Waukesha, WI 53186

© 2026 THRIVE ARCHITECTS, LLC

Sheet Title

SITE PLAN

|          |            |
|----------|------------|
| Drawn by | Checked by |
| JRR      | AMP        |

| Revisions |            |             |
|-----------|------------|-------------|
| No.       | Date       | Description |
|           | 06.15.2026 | Preliminary |
|           |            |             |
|           |            |             |
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Sheet No.

SP1.0

NOT FOR CONSTRUCTION



|          |            |
|----------|------------|
| Drawn by | Checked by |
| JRR      | AMP        |

| Revisions |            |             |
|-----------|------------|-------------|
| No.       | Date       | Description |
|           | 06.15.2026 | Preliminary |
|           |            |             |
|           |            |             |
|           |            |             |
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|           |            |             |
|           |            |             |



| PARKING LANDSCAPE STUDY |                          |                |
|-------------------------|--------------------------|----------------|
| TOTAL PARKING AREA      | TOTAL LANDSCAPE REQUIRED | TOTAL PROVIDED |
| 24,233 S.F.             | 1,212 S.F.               | 1,302 S.F.     |

| PARKING SPACE CALCULATIONS                                                                                         |          |                                                                                                                                                                    |                |                 |                 |
|--------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-----------------|
| TOTAL PARKING SPACES = 100 OCCUPANTS                                                                               |          |                                                                                                                                                                    |                |                 |                 |
| TENANT                                                                                                             | SF       | CALCULATION                                                                                                                                                        | # OF EMPLOYEES | SPACES REQUIRED | SPACES PROVIDED |
| WELL INFUSED                                                                                                       | 2,250 SF | FIVE PATRON SPACES PER DOCTOR, PLUS ONE SPACE PER EMPLOYEE FOR THE WORK SHIFT WITH THE LARGEST NUMBER OF EMPLOYEES                                                 | 3              | 11              | 15              |
| SHOREWEST REALTY OFFICE                                                                                            | 7,800 SF | ONE SPACE PER 250 SQUARE FEET OF GROSS FLOOR AREA                                                                                                                  | N/A            | 31              | 31              |
| ELIXIR CAFE                                                                                                        | 2,500 SF | SPACE PER 100 SQUARE FEET OF GROSS DINING AREA, PLUS ONE PER EMPLOYEE FOR THE WORK SHIFT WITH THE LARGEST NUMBER OF EMPLOYEES                                      | 2              | 27              | 27              |
| 8TH STATE YOGA                                                                                                     | 3,500 SF | ONE SPACE PER FOUR PATRONS BASED ON THE MAX CAPACITY OF THE FACILITY, PLUS ONE SPACE PER EMPLOYEE FOR THE WORK SHIFT WITH THE LARGEST NUMBER OF EMPLOYEES          | 2              | 12              | 12              |
| LAND & SEA                                                                                                         | 3,670 SF | ONE SPACE PER 150 S.F. OF GROSS FLOOR AREA OF CUSTOMER SALES AND SERVICE AREA, PLUS ONE SPACE PER EMPLOYEE FOR THE WORK SHIFT WITH THE LARGEST NUMBER OF EMPLOYEES | 3              | 15              | 15              |
| TOTAL PARKING SPACES                                                                                               |          |                                                                                                                                                                    |                | 96              | 100*            |
| *AN ADDITIONAL 20 STALLS ARE PROVIDED VIA AN AGREEMENT WITH THE ADJACENT STARBUCKS PROPERTY (UNDER SAME OWNERSHIP) |          |                                                                                                                                                                    |                |                 |                 |

NOT FOR CONSTRUCTION



TOWN OF BROOKFIELD  
WAUKESHA COUNTY

APPLICATIONS FOR ALCOHOLIC BEVERAGE LICENSES  
**2026-27**

**NOTICE IS HEREBY GIVEN** that the following applications have been received by the Clerk of the Town of Brookfield, Waukesha County, for alcohol retail licenses for the July 1, 2026 to June 30, 2027 license year:

**CLASS B FERMENTED MALT BEVERAGE AND CLASS B LIQUOR**

Manjit Singh for New Taste of India II, LLC d/b/a Taste of India, 18110 W. Bluemound Road, Brookfield, WI 53045

Alexander Sharp for Beyond The Board LLC d/b/a Beyond The Board, 17800 W. Bluemound Road, Ste. 4, Brookfield, WI 53045

**CLASS B FERMENTED MALT BEVERAGE AND CLASS C WINE**

Alexander Sharp for Beyond The Board LLC d/b/a Beyond The Board, 17800 W. Bluemound Road, Ste. 4, Brookfield, WI 53045

The Town Board of the Town of Brookfield will consider July 1, 2026 issuance of the above referenced licenses at its regularly scheduled meeting on Tuesday, July 21, 2026, at 7:00 p.m. at the Brookfield Town Hall, 645 N. Janacek Road, Brookfield, WI 53045.

Emily Howells  
Town Clerk

Published: 7/9, 7/10, 7/11



Form  
AB-200

# Alcohol Beverage License Application

| For Municipal Use Only |
|------------------------|
| Municipality           |
| License Period         |

## Application Type (check one)

☒ Initial (New) ☐ Renewal

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

☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☐ Class "B" Beer ..... \$ 100  
☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ Regular "Class B" Liquor \$ 500  
☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☒ Reserve "Class B" Liquor \$ 10,600  
☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_ ☐ Above-Quota "Class B"  
Liquor ..... \$ \_\_\_\_\_

### Fees

|                      |                         |
|----------------------|-------------------------|
| License Fee(s)       | \$ <u>10,600</u>        |
| Background Check Fee | \$ <u>2 40</u>          |
| Publication Fee      | \$ <u>15</u>            |
| <b>Total Fees</b>    | <b>\$ <u>10,655</u></b> |

## Part A: Premises/Business Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                              |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship)<br><u>New Taste of India II, LLC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                              |                                                           |
| 2. Business Trade Name or DBA<br><u>Taste of India</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                              |                                                           |
| 3. FEIN<br><u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Wisconsin Seller's Permit Number<br><u>[REDACTED]</u>                                                                                                     |                                                           |
| 5. Entity type (check one)<br><input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                              |                                                           |
| 6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                              |                                                           |
| 7. State of Organization<br><u>WI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Date of Organization<br><u>12/07/2017</u>                                                                                                                 | 9. Wisconsin DFI Registration Number<br><u>[REDACTED]</u> |
| 10. Premises Address<br><u>18110 W. Bluemound Road</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                              |                                                           |
| 11. City<br><u>Brookfield</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12. State<br><u>WI</u>                                                                                                                                       | 13. Zip Code<br><u>53045</u>                              |
| 14. County<br><u>Waukesha</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village<br>of: <u>Brookfield</u> | 16. Aldermanic District                                   |
| 17. Premises Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18. Premises Email                                                                                                                                           | 19. Website<br><u>tasteofindiabrookfield.</u>             |
| 20. Premises Description<br><b>Initial (New Applicants Only):</b> Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.<br><b>Renewal Applicants Only:</b> I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/><br><br><u>Existing building, being renovated for multiple tenants. Taste of India will occupy 1 space on upper level and will include banquet hall in lower level. Taste of India is restaurant with bar. Banquet Hall is planned to hold up to around 500 people</u> |                                                                                                                                                              |                                                           |
| 21. Mailing Address (if different from premises address)<br><u>17115 W. Bluemound Rd d1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                              |                                                           |
| 22. City<br><u>Brookfield</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 23. State<br><u>WI</u>                                                                                                                                       | 24. Zip Code<br><u>53005</u>                              |

## Part B: Questions

|                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the details of violation below. Attach additional sheets if necessary. |          |                                                                                        |
| Law/Ordinance Violated                                                                                                                                                                                                                                                                                                                                                                            | Location | Trial Date                                                                             |
| Penalty Imposed                                                                                                                                                                                                                                                                                                                                                                                   |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated                                                                                                                                                                                                                                                                                                                                                                            | Location | Trial Date                                                                             |
| Penalty Imposed                                                                                                                                                                                                                                                                                                                                                                                   |          | Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- ☒ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

### Part D: Attestation

One of the following must sign and attest to this application:

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

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

|                                                                                                  |                                           |                             |                            |
|--------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|----------------------------|
| Last Name<br><b>Singh</b>                                                                        |                                           | First Name<br><b>Manjit</b> | M.I.                       |
| Title<br><b>owner</b>                                                                            | Email<br><b>manjit@tasteofindiawi.com</b> |                             | Phone<br><b>[REDACTED]</b> |
| Signature<br> |                                           | Date<br><b>06/24/26</b>     |                            |

### Part E: For Clerk Use Only

|                                                          |                |                                                 |                     |
|----------------------------------------------------------|----------------|-------------------------------------------------|---------------------|
| Date Application Was Filed With Clerk<br><b>06.24.26</b> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                          |                | Date Provisional License Issued (if applicable) |                     |



# Alcohol Beverage License Application

## Appendix A - List of Persons Involved in the Applicant Business

**Application Type (check one)**  
☒ Initial (New)      ☐ Renewal

### \*Status Definitions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application

**1. Legal Business Name (individual name if sole proprietorship)**

New Taste of India II, LLC

2. Business Trade Name or DBA

### 3. FEIN

# Taste of India

823914500

**No Change:** There are no changes to this person's personal or contact information, or their relationship to the applicant business.

### **Listing of Persons Involved in Applicant Business**

[illegible]



Alcohol Beverage  
Appointment of Agent

Date

## Agent Type (check one)

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

## Part A: Business Information

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

New Taste of India II, LLC

2. Business Trade Name or DBA

Taste of India

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

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

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

## Part B: Agent Information

1. Last Name

Singh

2. First Name

Manjit

3. M.I.

4. Email

manjit@tasteofindiawi.com

5. Phone

6. Home Address

7. City

Brookfield

8. State

WI

9. Zip Code

53005

10. Date of Birth

11. Driver's License/State ID Number

12. Driver's License/State ID State of Issuance

WI

## Part C: Agent Questions

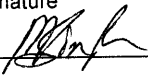
1. Have you satisfied the responsible beverage server training requirement? ..... ☐ Yes ☒ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



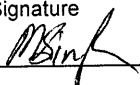
**Part D: Business Attestation**

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

|                                                                                                |                                           |                            |                            |
|------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|----------------------------|
| Last Name<br><b>Manjit</b>                                                                     |                                           | First Name<br><b>Singh</b> | M.I.                       |
| Title<br><b>owner</b>                                                                          | Email<br><b>manjit@tasteofindiawi.com</b> |                            | Phone<br><b>[REDACTED]</b> |
| Signature<br> |                                           |                            | Date<br><b>06/24/26</b>    |

**Part E: Agent Attestation**

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

|                                                                                                 |  |                             |                         |
|-------------------------------------------------------------------------------------------------|--|-----------------------------|-------------------------|
| Last Name<br><b>SINGH</b>                                                                       |  | First Name<br><b>MANJIT</b> | M.I.                    |
| Signature<br> |  |                             | Date<br><b>06/24/26</b> |



Alcohol Beverage  
Individual Questionnaire

Date

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

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

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

**Part A: Business Information**

|                                                             |                                      |                                                               |                                                                                      |
|-------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. Legal Business Name (individual name if sole proprietor) |                                      |                                                               |                                                                                      |
| New Taste of India II, LLC                                  |                                      |                                                               |                                                                                      |
| 2. Business Trade Name or DBA                               |                                      |                                                               |                                                                                      |
| Taste of India                                              |                                      |                                                               |                                                                                      |
| 3. Entity Type (check one)                                  |                                      |                                                               |                                                                                      |
| <input type="checkbox"/> Sole Proprietor                    | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization |

**Part B: Individual Information**

|                                      |  |                           |                                                 |                   |
|--------------------------------------|--|---------------------------|-------------------------------------------------|-------------------|
| 1. Last Name                         |  | 2. First Name             |                                                 | 3. M.I.           |
| Singh                                |  | Manjit                    |                                                 |                   |
| 4. Relationship to Business (Title)  |  | 5. Email                  |                                                 | 6. Phone          |
| owner                                |  | manjit@tasteofindiawi.com |                                                 |                   |
| 7. Home Address                      |  |                           |                                                 |                   |
|                                      |  |                           |                                                 |                   |
| 8. City                              |  | 9. State                  | 10. Zip Code                                    | 11. Date of Birth |
| Brookfield                           |  | WI                        | 53005                                           |                   |
| 12. Driver's License/State ID Number |  |                           | 13. Driver's License/State ID State of Issuance |                   |
|                                      |  |                           | WI                                              |                   |

**Part C: Address History**

|                                                                                                                      |           |       |        |                                                                     |          |
|----------------------------------------------------------------------------------------------------------------------|-----------|-------|--------|---------------------------------------------------------------------|----------|
| 1. Do you currently live in Wisconsin? .....                                                                         |           |       |        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| If yes, provide the month and year when you permanently moved to Wisconsin .....                                     |           |       |        | (MM/YYYY)<br>03/2002                                                |          |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. |           |       |        |                                                                     |          |
| Previous Address 1                                                                                                   |           | City  |        | State                                                               | Zip Code |
| Previous Address 2                                                                                                   |           | City  |        | State                                                               | Zip Code |
| Previous Address 3                                                                                                   |           | City  |        | State                                                               | Zip Code |
| Previous Address 4                                                                                                   |           | City  |        | State                                                               | Zip Code |
| Previous Address 5                                                                                                   |           | City  |        | State                                                               | Zip Code |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.                |           |       |        |                                                                     |          |
| State                                                                                                                | County    | State | County | State                                                               | County   |
| NH                                                                                                                   | Strafford |       |        |                                                                     |          |
| State                                                                                                                | County    | State | County | State                                                               | County   |
|                                                                                                                      |           |       |        |                                                                     |          |

Continued →



**Part D: Criminal History**

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

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

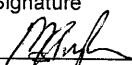
|                        |          |                                                                                            |
|------------------------|----------|--------------------------------------------------------------------------------------------|
| Law/Ordinance Violated | Location | Conviction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

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

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

**Part E: Attestation**

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

|                                                                                                 |                    |
|-------------------------------------------------------------------------------------------------|--------------------|
| Signature<br> | Date<br>06/24/2026 |
|-------------------------------------------------------------------------------------------------|--------------------|



Alcohol Beverage  
Individual Questionnaire

Date

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

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

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

## Part A: Business Information

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

NEW TASTE OF INDIA II LLC

2. Business Trade Name or DBA

TASTE OF INDIA

3. Entity Type (check one)

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

## Part B: Individual Information

1. Last Name

BADWAL

2. First Name

AMARJIT

3. M.I.

K

4. Relationship to Business (Title)

member

5. Email

AKBadwal445@GMAIL.COM

6. Phone

7. City

BROOKFIELD

9. State

WI

10. Zip Code

53005

11. Date of Birth

12. Driver's License/State ID State of Issuance

WI

## Part C: Address History

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

03-2004

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

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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

| State | County    | State | County | State | County | State | County |
|-------|-----------|-------|--------|-------|--------|-------|--------|
| NH    | STRAFFORD |       |        |       |        |       |        |
| State | County    | State | County | State | County | State | County |

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature

*Amarjit K Badwa*

Date

*6/24/26*



Form  
**AB-200**

## Alcohol Beverage License Application

| For Municipal Use Only |
|------------------------|
| Municipality           |
| License Period         |

### Application Type (check one)

☒ Initial (New) ☐ Renewal

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

☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ 100  
☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ Regular "Class B" Liquor \$ 500  
☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_  
☐ "Class C" Liquor (wine only) \$ 100 ☐ Above-Quota "Class B"  
Liquor ..... \$ \_\_\_\_\_

### Fees

|                      |               |
|----------------------|---------------|
| License Fee(s)       | \$ 600        |
| Background Check Fee | \$ 60         |
| Publication Fee      | \$ 15         |
| <b>Total Fees</b>    | <b>\$ 675</b> |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)  
Beyond The Board LLC

2. Business Trade Name or DBA  
Beyond the Board

3. FEIN  
[REDACTED]

4. Wisconsin Seller's Permit Number  
[REDACTED]

### 5. Entity Type (check one)

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... ☐ Yes ☒ No  
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization  
WI

8. Date of Organization  
01-07-2022

9. Wisconsin DFI Registration Number  
[REDACTED]

10. Premises Address  
17800 W Bluemound Rd Suite 4

11. City  
Brookfield

12. State  
WI

13. Zip Code  
53045

14. County  
Waukesha

15. Governing Municipality: ☐ City ☒ Town ☐ Village  
of Brookfield

16. Aldermanic District

17. Premises Phone  
262-207-4358

18. Premises Email  
Info@BeyondTheBoardWI.com

19. Website  
BeyondTheBoardWI.com

### 20. Premises Description

**Initial (New Applicants Only):** Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

Alcohol is stored in the backroom and kitchen fridge. Drinks are preped in the kitchen and served at tables.

### 21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ..... ☐ Yes ☐ No



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

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

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

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

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

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

### Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☒ (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☒ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

### Part D: Attestation

One of the following must sign and attest to this application:

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

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

|                                                                                                  |  |                                    |                     |           |
|--------------------------------------------------------------------------------------------------|--|------------------------------------|---------------------|-----------|
| Last Name<br>Sharp                                                                               |  | First Name<br>Alexander            |                     | M.I.<br>N |
| Title<br>Member                                                                                  |  | Email<br>Info@BeyondTheBoardWI.com | Phone<br>[REDACTED] |           |
| Signature<br> |  |                                    | Date<br>6-25-2026   |           |

### Part E: For Clerk Use Only

|                                                  |                |                      |                                                 |
|--------------------------------------------------|----------------|----------------------|-------------------------------------------------|
| Date Application Was Filed With Clerk<br>6-26-26 | License Number | Date License Granted | Date License Issued                             |
| Signature of Clerk/Deputy Clerk                  |                |                      | Date Provisional License Issued (if applicable) |



# Alcohol Beverage License Application

## Appendix A - List of Persons Involved in the Applicant Business

## Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

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

## Beyond The Board LLC

2. Business Trade Name or DBA

## Beyond The Board

### 3. FEIN

87-4315372

|                                                                                                                                           |                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <input type="checkbox"/> Initial (New) <input type="checkbox"/> Renewal                                                                   | License Period |
| <b>*Status Definitions</b>                                                                                                                |                |
| <b>New:</b> All entries on a new application or any person added to a renewal application for the first time.                             |                |
| <b>Remove:</b> This person no longer has a relationship to the applicant business.                                                        |                |
| <b>Update:</b> There are changes to this person's personal or contact information, or their relationship to the applicant business.       |                |
| <b>No Change:</b> There are no changes to this person's personal or contact information, or their relationship to the applicant business. |                |

### \*Status Definitions

**New:** All entries on a new

application or any person added to a renewal application for the first time.

**Remove:** This person no longer has a relationship to the applicant business.

**Update:** There are changes to this person's personal or contact information, or their relationship to the applicant business.

**No Change:** There are no changes to this person's personal or contact information, or their relationship to the applicant business.

### Listing of Persons Involved in Applicant Business

[illegible]



Alcohol Beverage  
Appointment of AgentDate  
6-25-2026

## Agent Type (check one)

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

## Part A: Business Information

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

## Part B: Agent Information

|                                                    |                |                                                       |                                 |              |
|----------------------------------------------------|----------------|-------------------------------------------------------|---------------------------------|--------------|
| 1. Last Name<br>Sharp                              |                | 2. First Name<br>Alexander                            |                                 | 3. M.I.<br>N |
| 4. Email<br>Info@BeyondTheBoardWI.com              |                |                                                       | 5. Phone<br>[REDACTED]          |              |
| 6. Home Address<br>[REDACTED]                      |                |                                                       |                                 |              |
| 7. City<br>Racine                                  | 8. State<br>WI | 9. Zip Code<br>53405                                  | 10. Date of Birth<br>[REDACTED] |              |
| 11. Driver's License/State ID Number<br>[REDACTED] |                | 12. Driver's License/State ID State of Issuance<br>WI |                                 |              |

## Part C: Agent Questions

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

Continued →



**Part D: Business Attestation**

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

|                                                                                                |                                    |                         |                     |           |
|------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|---------------------|-----------|
| Last Name<br>Sharp                                                                             |                                    | First Name<br>Alexander |                     | M.I.<br>N |
| Title<br>Member                                                                                | Email<br>Info@BeyondTheBoardWI.com |                         | Phone<br>[REDACTED] |           |
| Signature<br> |                                    |                         | Date<br>6-25-2026   |           |

**Part E: Agent Attestation**

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

|                                                                                                 |  |                         |                 |           |
|-------------------------------------------------------------------------------------------------|--|-------------------------|-----------------|-----------|
| Last Name<br>Sharp                                                                              |  | First Name<br>Alexander |                 | M.I.<br>N |
| Signature<br> |  |                         | Date<br>6-25-26 |           |



# Alcohol Beverage Individual Questionnaire

Date  
6-25-26

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

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

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

## Part A: Business Information

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

Beyond The Board LLC

2. Business Trade Name or DBA

Beyond The Board

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Sharp

2. First Name

Alexander

3. M.I.

N

4. Relationship to Business (Title)

Member

5. Email

Info@BeyondTheBoardWI.com

6. Phone

7. Home Address

8. City

Racine

9. State

WI

10. Zip Code

53405

11. Date of Birth

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

WI

## Part C: Address History

1. Do you currently live in Wisconsin? .....

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin .....

(MM/YYYY)

12/1988

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

| Previous Address 1     | City | State | Zip Code |
|------------------------|------|-------|----------|
| Lived at above last 5. |      |       |          |
| Previous Address 2     | City | State | Zip Code |
|                        |      |       |          |
| Previous Address 3     | City | State | Zip Code |
|                        |      |       |          |
| Previous Address 4     | City | State | Zip Code |
|                        |      |       |          |
| Previous Address 5     | City | State | Zip Code |
|                        |      |       |          |

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

| State | County | State | County | State | County | State | County |
|-------|--------|-------|--------|-------|--------|-------|--------|
|       |        |       |        |       |        |       |        |
|       |        |       |        |       |        |       |        |

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature



Date

6-25-26



# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

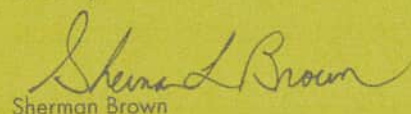
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 22206925  
CARD # 29354070

**ServSafe Alcohol® CERTIFICATE**

ALEXANDER SHARP

NAME  
6/25/2026  
DATE OF EXAMINATION



Card expires two years from the date of examination. Local laws apply.  
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(a) & s.134.66

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14102901 v.1402

Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com) with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

NATIONAL  
RESTAURANT  
ASSOCIATION

233 S. Wacker Drive,  
Suite 3600  
Chicago, IL 60604-6383  
1-800-SERVSAFE  
312.715.1010 In the Chicago area  
[ServSafe.com](http://ServSafe.com)

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Alcohol Beverage  
Individual QuestionnaireDate  
6-25-26

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

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

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

## Part A: Business Information

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

BEYOND THE BOARD LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

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

## Part B: Individual Information

1. Last Name

LEWIS

2. First Name

JUSTIN

3. M.I.

C

4. Relationship to Business (Title)

MEMBER

5. Email

JUSTINLEWIS0788@GMAIL.COM

6. Phone

7. Home Address

8. City

CUDAHY

9. State

WI

10. Zip Code

53110

11. Date of Birth

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

WI

## Part C: Address History

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

09/1988

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

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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

| State | County | State | County | State | County | State | County |
|-------|--------|-------|--------|-------|--------|-------|--------|
|       |        |       |        |       |        |       |        |
|       |        |       |        |       |        |       |        |

Continued →



**Part D: Criminal History**

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

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

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

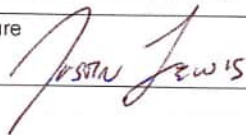
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

**Part E: Attestation**

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

Signature



Date

06/25/2020



# Alcohol Beverage Individual Questionnaire

Date  
6-25-26

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

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

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

## Part A: Business Information

|                                                             |                                      |                                                               |                                                                                      |
|-------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. Legal Business Name (individual name if sole proprietor) |                                      |                                                               |                                                                                      |
| Beyond The Board LLC                                        |                                      |                                                               |                                                                                      |
| 2. Business Trade Name or DBA                               |                                      |                                                               |                                                                                      |
| Beyond The Board                                            |                                      |                                                               |                                                                                      |
| 3. Entity Type (check one)                                  |                                      |                                                               |                                                                                      |
| <input type="checkbox"/> Sole Proprietor                    | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization |

## Part B: Individual Information

|                                      |  |                                                 |  |              |
|--------------------------------------|--|-------------------------------------------------|--|--------------|
| 1. Last Name                         |  | 2. First Name                                   |  | 3. M.I.      |
| Brocilo                              |  | Madeline                                        |  | M            |
| 4. Relationship to Business (Title)  |  | 5. Email                                        |  | 6. Phone     |
| Member                               |  | brocilo.ma333@gmail.com                         |  | [REDACTED]   |
| 7. [REDACTED]                        |  | 9. State                                        |  | 10. Zip Code |
| 8. City                              |  | WI                                              |  | 53211        |
| Milwaukee                            |  | 11. Date of Birth                               |  | [REDACTED]   |
| 12. Driver's License/State ID Number |  | 13. Driver's License/State ID State of Issuance |  |              |
| [REDACTED]                           |  | WI                                              |  |              |

## Part C: Address History

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

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 11/1997

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

|                    |           |       |          |
|--------------------|-----------|-------|----------|
| Previous Address 1 | City      | State | Zip Code |
| [REDACTED]         | Milwaukee | WI    | 53211    |
| Previous Address 2 | City      | State | Zip Code |
| Previous Address 3 | City      | State | Zip Code |
| Previous Address 4 | City      | State | Zip Code |
| Previous Address 5 | City      | State | Zip Code |

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

|       |           |       |        |       |        |       |        |
|-------|-----------|-------|--------|-------|--------|-------|--------|
| State | County    | State | County | State | County | State | County |
| WI    | Milwaukee |       |        |       |        |       |        |
| State | County    | State | County | State | County | State | County |
|       |           |       |        |       |        |       |        |

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

Signature

*Madeline Brodlo*

Date

6-25-26





We charge a play rate to cover new games as they wear out. You can enjoy food without playing games, and if you don't play, there's no play rate charge.  
Play Rates: 7\$ Adults | 3\$ Kids under 12

**Notable Symbols:** Spicy/Hot Contains Soy Contains Shellfish Contains Dairy Gluten Free Available:

## Snacks

### Mozzarella Sticks

11.95  
Breaded Mozzarella  
Served with Red Sauce

### Wisconsin Cheese Curds

12.95



### Wings

11.95

#### Bone-in/Boneless

Pick Two Sauces:

Buffalo Garlic Parmesan,  
Spicy Peach BBQ,  
Nashville Hot , or  
Jamaican Jerk

### Pretzel Bites

12.95  
Served with nacho cheese



## Loaded Tots

### Classic Tots

15.45   
Green Pepper, Onions, Ham,  
covered in Nacho Cheese

### BBQ Tots

16.95   
Red Onions, Grilled  
Chicken, covered in Nacho  
Cheese with a BBQ Drizzle



### Buffalo

### Chicken Tots

16.95  
Grilled Chicken, covered  
in Nacho Cheese, Buffalo  
& Ranch Drizzles

## Subs

All Sandwiches served with Tots or Side  
Salad. Substitute Cheese Curds: +2.95

### Chicken

#### Club

12.45  
Grilled Chicken, Bacon,  
Provolone, Lettuce,  
Tomato & Mayo

#### Spicy Italian

Half: 10.45 Full: 13.95   
Ham, Pepperoni, Salami, Provolone,  
Lettuce, Tomato, Red Onion, Mayo,  
Pepper Relish, Oil & Red Wine  
Vinegar blend

### Veggie

Half: 9.95 Full: 13.95  
Lettuce, Tomato, Black Olives,  
Green Pepper, Red Onion, & Mayo



### The BLT

Half: 10.45 Full: 15.95  
Bacon, Lettuce,  
Tomato, & Mayo

### Chicken Sandwich

11.45  
Fried Chicken, Tomato,  
Lettuce, & Mayo

### Hot Ham & Cheese

Half: 10.95 Full: 14.95  
Ham served hot, Provolone,  
& Honey Mustard



#### Additional Toppings

Mayo Ranch Green Pepper Pickles  
Honey Mustard Red Onion Black Olives Jalapenos  
Pepper Relish Tomatoes Lettuce

## Tacos

### Chicken Tacos

11.95   
Grilled Chicken, Tomatoes &  
Shredded Lettuce on Corn  
Tortillas

### Shrimp Tacos

13.95   
Shrimp, Kimchi, and  
Gochujang on Corn Tortillas

### Al Pastor Tacos

14.45   
Al Pastor Pork,  
Pineapple, Pickled  
Red Onions on Corn  
Tortillas



## Pizzas

All Pizzas contain Cheese.   
Gluten Free Crust +1.95

### Cajun Kraken

24.95  
Shrimp, Red Onion,  
Tomatoes on Red Sauce

### Dwarven Delight

20.45  
Sausage, Mushroom, Green Pepper  
on Red Sauce with Balsamic Glaze

### Pineapple Paragon

22.95  
Al Pastor Pork, Pineapple, Pickled  
Red Onions on Red Sauce

### Garlic Griffin

24.45  
Grilled Chicken, Tomatoes, Green  
Pepper on Garlic Parm base

### BBQ Barbarian

20.45  
Grilled Chicken, Red Onions on BBQ Base

### Carnivore's Conquest

27.45  
Grilled Chicken, Al Pastor Pork, Pepperoni,  
Sausage, Ham, Salami on Red Sauce

### Supreme Banquet

25.45  
Pepperoni, Sausage, Black Olives, Green  
Pepper, & Mushrooms on Red Sauce

### Kimchi Chimera

22.45   
Kimchi, Al Pastor Pork, Pickled  
Red Onions on Red & Gochujang  
Sauce with Gochujang Drizzle.  
\*Not available as Gluten Free.

### Elven Harvest

17.45  
Green Pepper, Mushroom, Black  
Olives, Red Onion, & Tomato on  
Red Sauce

### Tropical Treat

20.45  
Ham & Pineapple on Red Sauce

Cheese 14.95 Pepperoni 16.45 Sausage 16.95

## Extra Toppings

### Meats

+2.95

Pepperoni Grilled Chicken Al Pastor Ham  
Sausage Bacon Shrimp Salami

### Veggies

+1.45

Green Pepper Mushroom Pickled Red Onion  
Black Olives Red Onion Kimchi  
Tomatoes Jalapenos





# Salads



Salads can be GF with Grilled Chicken substitution and/or removal of croutons.

## Classic Caesar

11.95

Classic Caesar with Grilled Chicken, Shredded Parmesan, Croutons, & Caesar Dressing  
\*\*Dressing Contains Fish\*\*



## Chicken Bacon Ranch

12.45

Fried Chicken, Bacon, Tomatoes & Ranch Dressing

## House Salad

8.95

Tomatoes, Red Onion, Croutons, & Italian Dressing



# Rice Plates

Substitute Proteins for Grilled Chicken +1.95

## Pyromancer's Platter

14.95

Fire Roasted Vegetable Rice and Quinoa Blend with Al Pastor Pork and Pickled Red Onions



## Thai Tempest

12.45

Thai Rice and Quinoa Blend with Shrimp & a side of Kimchi



# Sweet Treats

## Milkshakes

5.95

Your choice: Chocolate or Vanilla

## Root Beer Float

6.45

Made with Sprecher Root Beer



## Cookie Dough Latte

5.45

Topped with Cookie Crumble



## Affogato

7.45

Espresso over Ice Cream

## Simple Sundae

7.95

2 Scoops of Vanilla Ice Cream topped with Whipped Cream, Cherry, & Chocolate Drizzle

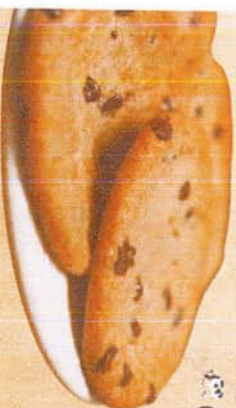


## Chocolate Chip Cookies

5.95

Fresh Baked Chocolate Chip Cookies

A la mode +1.45



# Drinks

## Beer:

Miller Light 3.45  
Pabst Blue Ribbon 3.45  
New Glarus Spotted Cow 5.45  
Guinness 5.45  
Stella Artois 5.45  
Corona 5.45

## Wine:

Cabernet 7.45  
Pino Grigio 7.45  
Riesling 7.45  
Moscatto 7.45

## Soda:

No free refills

Sprecher Root Beer 4.95  
Mountain Dew 2.45  
Diet Mountain Dew 2.45  
Sprite 2.45  
Dr. Pepper 2.45  
Coke 2.45  
Diet Coke 2.45

## Coffee:

All drinks available in Decaf

Coffee 3.95  
Latte 4.95  
Vanilla Latte 5.45  
Sugar Free Vanilla Latte 5.45  
Caramel Macchiato 5.45  
Espresso 2.95  
Americano 3.95  
Cappuccino 4.95  
Chai Tea Latte 5.45  
Mocha 5.45

Oat Milk: +.95

Extra Flavored Syrup: +.75

Extra shot of Espresso: +1.95

## Other:

Lemonade 2.45  
Unsweetened Cold Tea 2.45  
Milk 2% 2.95  
Chocolate Milk 2.95  
Oat Milk 3.95  
Hot Green Tea 3.45  
Hot Chai Tea 3.45  
Hot Apple Cider 3.45  
Hot Chocolate: 3.95



STB Income Breakdown

| Date: | Time      | Food & Drink | Games       | Merch       | OpenItems | Paid In Total | Gift Cards | Net          | Taxes      | Tips        | Total:       |
|-------|-----------|--------------|-------------|-------------|-----------|---------------|------------|--------------|------------|-------------|--------------|
|       | 1/1/2025  | \$4,080.75   | \$7,828.13  | \$1,453.03  | \$35.88   | \$0.00        | \$55.00    | \$13,397.79  | \$668.79   | \$1,724.27  | \$15,845.85  |
|       | 2/1/2025  | \$3,384.96   | \$6,405.28  | \$854.40    | \$23.92   | \$0.00        | \$110.00   | \$10,668.56  | \$532.22   | \$1,533.57  | \$12,844.35  |
|       | 3/1/2025  | \$4,326.80   | \$8,408.49  | \$1,454.66  | \$11.96   | \$700.00      |            | \$14,901.91  | \$708.71   | \$1,983.65  | \$17,594.27  |
|       | 4/1/2025  | \$3,487.24   | \$6,919.34  | \$649.93    | \$11.96   | \$0.00        | \$115.00   | \$11,068.47  | \$552.21   | \$1,570.47  | \$13,306.15  |
|       | 5/1/2025  | \$3,129.14   | \$6,449.51  | \$864.22    | \$0.00    | \$410.00      | \$50.00    | \$10,852.87  | \$521.05   | \$1,349.18  | \$12,773.10  |
|       | 6/1/2025  | \$3,217.43   | \$5,854.44  | \$1,245.80  | \$0.00    | \$0.00        | \$50.00    | \$10,317.67  | \$519.20   | \$1,375.76  | \$12,262.63  |
|       | 7/1/2025  | \$3,783.87   | \$7,257.71  | \$2,079.43  | \$29.90   | \$270.45      | \$95.00    | \$13,421.36  | \$656.38   | \$1,938.76  | \$16,111.50  |
|       | 8/1/2025  | \$3,851.02   | \$8,017.00  | \$2,415.30  | \$0.00    | \$95.88       | \$280.00   | \$14,379.20  | \$713.26   | \$2,021.26  | \$17,393.72  |
|       | 9/1/2025  | \$3,051.07   | \$6,158.47  | \$1,400.65  | \$29.90   | \$0.09        | \$119.65   | \$10,640.18  | \$531.28   | \$1,381.40  | \$12,672.51  |
|       | 10/1/2025 | \$3,585.83   | \$7,609.18  | \$1,600.38  | \$0.00    | \$99.37       | \$192.00   | \$12,894.76  | \$643.57   | \$1,811.73  | \$15,542.06  |
|       | 11/1/2025 | \$3,988.68   | \$8,231.62  | \$1,813.12  | \$14.95   | \$23.03       | \$115.00   | \$14,071.40  | \$701.62   | \$2,019.78  | \$16,907.80  |
|       | 12/1/2025 | \$3,834.93   | \$8,203.51  | \$1,951.08  | \$0.00    | \$49.85       | \$1,160.00 | \$14,039.37  | \$700.78   | \$1,948.38  | \$17,848.53  |
|       | Totals:   | \$43,721.72  | \$87,342.68 | \$17,782.00 | \$158.47  | \$1,648.67    | \$2,341.65 | \$150,653.55 | \$7,449.07 | \$20,658.21 | \$181,102.47 |
|       | 1/1/2026  | \$5,361.76   | \$11,586.11 | \$1,608.76  | \$0.00    | \$0.00        | \$338.00   | \$18,556.63  | \$926.15   | \$2,744.85  | \$22,565.63  |
|       | 2/1/2026  | \$4,507.22   | \$10,888.21 | \$1,229.08  | \$0.00    | \$259.12      | \$0.00     | \$16,883.63  | \$837.91   | \$2,475.60  | \$20,197.14  |
|       | 3/1/2026  | \$4,629.11   | \$9,497.65  | \$655.20    | \$0.00    | 0             | \$20.00    | \$14,781.96  | \$737.18   | \$2,297.95  | \$17,837.09  |
|       | 4/1/2026  | \$4,122.45   | \$10,138.37 | \$1,093.89  | \$0.00    | \$11.00       | \$50.00    | \$15,365.71  | \$765.58   | \$2,259.23  | \$18,440.52  |
|       | 5/1/2026  | \$4,231.68   | \$12,121.86 | \$857.96    | \$0.00    |               | \$200.00   | \$17,211.50  | \$857.14   | \$2,601.51  | \$20,870.15  |
|       | 6/1/2026  |              |             |             |           |               |            |              |            |             |              |
|       | 7/1/2026  |              |             |             |           |               |            |              |            |             |              |
|       | 8/1/2026  |              |             |             |           |               |            |              |            |             |              |
|       | 9/1/2026  |              |             |             |           |               |            |              |            |             |              |
|       | 10/1/2026 |              |             |             |           |               |            |              |            |             |              |
|       | 11/1/2026 |              |             |             |           |               |            |              |            |             |              |
|       | 12/1/2026 |              |             |             |           |               |            |              |            |             |              |
|       | Totals:   | \$22,852.22  | \$54,232.20 | \$5,444.89  | \$0.00    | \$270.12      | \$608.00   | \$82,799.43  | \$4,123.96 | \$12,379.14 | \$99,910.53  |





WAUKESHA COUNTY  
DEPARTMENT OF PARKS AND LAND  
USE  
Division of Environmental Health

License, Permit or Registration

The person, firm, or corporation whose name appears on this license is hereby authorized to operate the facility indicated below. The operation and maintenance of the facility shall be in accordance with the Waukesha County Code. This is not a zoning permit.

|                                                          |                  |                                  |
|----------------------------------------------------------|------------------|----------------------------------|
| ACTIVITY                                                 | EXPIRATION DATE  | I.D. NUMBER                      |
| <b>Retail Food - Serving Meals - Moderate Complexity</b> | 30-Jun-2027      | HDEH-CGVNXQ                      |
| LICENSEE MAILING ADDRESS                                 | NOT TRANSFERABLE | BUSINESS / ESTABLISHMENT ADDRESS |
| BEYOND THE BOARD, LLC                                    |                  | BEYOND THE BOARD                 |
| 1612 VIRGINIA ST                                         |                  | 17800 W BLUEMOUND RD             |
| RACINE WI 53405                                          |                  | BROOKFIELD WI 53045              |

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE DIVISION OF  
ENVIRONMENTAL HEALTH  
515 W MORELAND BLVD AC 260  
WAUKESHA, WI 53188  
(262)896-8300

\* Include the name of your facility and the ID number.



Alcohol Beverage  
Appointment of AgentDate  
7.8.26

cash 18000000736

## Agent Type (check one)

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

## Part A: Business Information

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

Servant 33

2. Business Trade Name or DBA

Melting Pot

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

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

\*2526 BB/BL 29\*

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

To ensure continuous compliance with municipal and state alcohol beverage licensing requirements in the event of change, absence, or termination of the current agent.

## Part B: Agent Information

1. Last Name

Elliott

2. First Name

Austin

3. M.I.

D

4. Email

os1061698@gmail.com

5. Phone

6. Home Address

7. City

Milwaukee

8. State

WI

9. Zip Code

53221

10. Date of Birth

11. [Redacted]

12. Driver's License/State ID State of issuance

Wisconsin

## Part C: Agent Questions

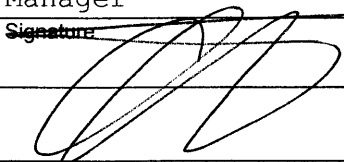
1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion. T. Broshfield 2526.268
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ..... ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



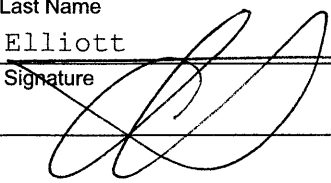
**Part D: Business Attestation**

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

|                                                                                                |                              |                      |                                                                                              |           |
|------------------------------------------------------------------------------------------------|------------------------------|----------------------|----------------------------------------------------------------------------------------------|-----------|
| Last Name<br>Elliott                                                                           |                              | First Name<br>Austin |                                                                                              | M.I.<br>D |
| Title<br>Manager                                                                               | Email<br>os1061698@gmail.com |                      | Phone<br> |           |
| Signature<br> |                              |                      | Date<br>06/29/26                                                                             |           |

**Part E: Agent Attestation**

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

|                                                                                                 |  |                      |                  |           |
|-------------------------------------------------------------------------------------------------|--|----------------------|------------------|-----------|
| Last Name<br>Elliott                                                                            |  | First Name<br>Austin |                  | M.I.<br>D |
| Signature<br> |  |                      | Date<br>06/29/26 |           |



Alcohol Beverage  
Individual Questionnaire

Date

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

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

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

**Part A: Business Information**

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

Servant 33

2. Business Trade Name or DBA

The Melting Pot

3. Entity Type (check one)

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

1. Last Name

Elliott

2. First Name

Austin

3. M.I.

D

4. Relationship to Business (Title)

Employee

5. Email

os1061698@gmail.com

6. Phone

7. Home Address

8. City

Milwaukee

9. State

WI

10. Zip Code

53221

11. Date of Birth

12. Driver's License/State ID Number

13. Driver's License/State ID State of Issuance

Wisconsin

**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

09/2021

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

Previous Address 1

City

Milwaukee

State

WI

Zip Code

53221

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

IL

McHenry

State

County

State

County

State

County

State

County

WI

milwaukee

Continued →



**Part D: Criminal History**

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

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

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

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

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

**Part E: Attestation**

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

|                                                                                               |                    |
|-----------------------------------------------------------------------------------------------|--------------------|
| Signature  | Date<br>06/29/2026 |
|-----------------------------------------------------------------------------------------------|--------------------|





Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Bureau of Consumer Protection  
 2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911  
 Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058  
 Email: [DATCPHotline@wi.gov](mailto:DATCPHotline@wi.gov) Website: [datcp.wi.gov](http://datcp.wi.gov)

## LICENSE APPLICATION for

- Pawnbroker
- Secondhand Jewelry Dealer
- Secondhand Article Dealer
- Secondhand Article Dealer Mall or Flea Market

Wis. Stat. § 134.71

Completion of this form is mandatory; failure to fully complete this form will result in denial of the license application. Personally identifiable information may be used for purposes other than for which it is originally being collected. Wis. Stat. § 15.04(1)(m).

### CHECK ALL THAT APPLY:

☐ Original application ☒ Renewal

TYPE: ☐ Pawnbroker ☒ Secondhand Jewelry Dealer ☐ Secondhand Article Dealer\* ☐ Mall or Flea Market

### INSTRUCTIONS:

**NATURAL PERSON (INDIVIDUAL) LICENSE** – Complete Sections 1, 2, 3 and 6

**PARTNERSHIP LICENSE** – Complete Sections 1, 2, 3, 4 and 6

**CORPORATE LICENSE** – Complete Sections 1, 2, 3, 5, and 6

### (SECTION 1) APPLICANT INFORMATION

|                                     |                           |                                    |                                                              |
|-------------------------------------|---------------------------|------------------------------------|--------------------------------------------------------------|
| FIRST NAME<br><i>Craig</i>          | MI<br><i>S</i>            | LAST NAME<br><i>Husar</i>          | HOME TELEPHONE NUMBER<br><i>-</i>                            |
| SEX<br><i>M</i>                     | RACE<br><i>White</i>      | DATE OF BIRTH<br><i>[REDACTED]</i> | PLACE OF BIRTH (City, State, Country)<br><i>Milwaukee WI</i> |
| ADDRESS STREET<br><i>[REDACTED]</i> | CITY<br><i>Brookfield</i> | STATE<br><i>WI</i>                 | ZIP<br><i>53045</i>                                          |

LIST ALL STATES APPLICANT PREVIOUSLY RESIDED:

IS APPLICANT A: ☐ Natural Person (Individual) ☒ Corporation ☐ Limited Liability Company ☐ Partnership

### (SECTION 2) CONVICTION RECORD

Has the applicant, been convicted or adjudicated of any of the following **within the last 10 years** where the circumstances of the offense substantially relate to the circumstances of the licensed activity:

|                                                 |                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------|
| a felony?                                       | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| a misdemeanor?                                  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| a statutory violation punishable by forfeiture? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| a county or municipal ordinance violation?      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:

Attach additional sheets if necessary.

### (SECTION 3) BUSINESS INFORMATION

|                                                        |                                               |                              |                    |                     |                                       |
|--------------------------------------------------------|-----------------------------------------------|------------------------------|--------------------|---------------------|---------------------------------------|
| BUSINESS NAME<br><i>Craig Husar</i>                    | ADDRESS STREET<br><i>20100 W Bluemound Rd</i> | CITY<br><i>Brookfield</i>    | STATE<br><i>WI</i> | ZIP<br><i>53045</i> | PHONE NUMBER<br><i>(262) 789-8585</i> |
| OWNER'S NAME<br><i>Craig Husar</i>                     | ADDRESS STREET<br><i>Same</i>                 | CITY                         | STATE              | ZIP                 | PHONE NUMBER<br><i>( ) -</i>          |
| BUSINESS MANGER'S NAME                                 | ADDRESS STREET                                | CITY                         | STATE              | ZIP                 | PHONE NUMBER<br><i>( ) -</i>          |
| BUILDING OWNER'S NAME<br><i>Wimmer Brothers Realty</i> | ADDRESS STREET<br><i>5300 S 108th St #101</i> | CITY<br><i>Hales Corners</i> | STATE<br><i>WI</i> | ZIP<br><i>53130</i> | PHONE NUMBER<br><i>(414) 328-0981</i> |



**(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION**

Limited Liability Company Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|------------------------|-----|----------------|------|-------|-----|
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |

**(SECTION 5) PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|------------------------|-----|----------------|------|-------|-----|
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |

**(SECTION 6) CORPORATION INFORMATION**Corporation Name: Lyle Husar DesignsList name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City       | State | Zip   |
|------------------------|-----|----------------|------------|-------|-------|
| Husar, Craig S         |     |                | Brookfield | WI    | 53045 |
|                        |     |                |            |       |       |
|                        |     |                |            |       |       |
|                        |     |                |            |       |       |

**(SECTION 7) PENALTY NOTICE**I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of *Wis. Stat. §§ 134.71, 943.34, 948.62 or 948.63.*

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

|  |  |
|--|--|
|  |  |
|--|--|

YOUR SIGNATURE

PRINT NAME

**FOR ADMINISTRATIVE USE ONLY**

|                     |                            |                         |  |                                            |    |       |    |
|---------------------|----------------------------|-------------------------|--|--------------------------------------------|----|-------|----|
| LICENSING AUTHORITY |                            | LICENSE NUMBER ASSIGNED |  | DATE EFFECTIVE                             |    | CLERK |    |
| FEES RECEIVED:      | Pawnbroker Bond            | \$                      |  | Secondhand Article License                 | \$ |       |    |
|                     | Pawnbroker License         | \$                      |  | Secondhand Dealer Mall/Flea Market License | \$ |       |    |
|                     | Secondhand Jewelry License | \$                      |  | <b>TOTAL FEE:</b>                          |    |       | \$ |

**FOR LAW ENFORCEMENT USE ONLY**
☐ Recommend Approval
☐ Recommend Denial (Attach explanation.)

Investigating Office Signature:

Date:

Print Name of Investigating Officer:





Wisconsin Department of Agriculture, Trade and Consumer Protection  
Bureau of Consumer Protection  
2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911  
Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058  
Email: [DATCPHotline@wi.gov](mailto:DATCPHotline@wi.gov) Website: [datcp.wi.gov](http://datcp.wi.gov)

## LICENSE APPLICATION for

- Pawnbroker
- Secondhand Article Dealer
- Secondhand Jewelry Dealer
- Secondhand Article Dealer Mall or Flea Market

Wis. Stat. § 134.71

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### CHECK ALL THAT APPLY:

☐ Original application ☒ Renewal

TYPE: ☐ Pawnbroker ☐ Secondhand Jewelry Dealer ☒ Secondhand Article Dealer ☐ Mall or Flea Market

### INSTRUCTIONS:

**NATURAL PERSON (INDIVIDUAL) LICENSE** – Complete Sections 1, 2, 3 and 6

**PARTNERSHIP LICENSE** – Complete Sections 1, 2, 3, 4 and 6

**CORPORATE LICENSE** – Complete Sections 1, 2, 3, 5, and 6

### (SECTION 1) APPLICANT INFORMATION

FIRST NAME: Robert MI: A LAST NAME: Scottecase HOME TELEPHONE NUMBER: (414) 750 0771  
SEX: M RACE: C PLACE OF BIRTH (City, State, Country): Chicago  
ADDRESS STREET: [REDACTED] CITY: Madison STATE: WI ZIP: 53703  
LIST ALL STATES APPLICANT PREVIOUSLY RESIDED: \_\_\_\_\_

IS APPLICANT A: ☒ Natural Person (Individual) ☐ Corporation ☐ Limited Liability Company ☐ Partnership

### (SECTION 2) CONVICTION RECORD

Has the applicant, been convicted or adjudicated of any of the following within the last 10 years where the circumstances of the offense substantially relate to the circumstances of the licensed activity:

a felony? ☐ YES ☒ NO  
a misdemeanor? ☐ YES ☒ NO  
a statutory violation punishable by forfeiture? ☒ YES ☐ NO  
a county or municipal ordinance violation? ☐ YES ☒ NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:

Attach additional sheets if necessary.

6.19.21 Speedometer Violation

### (SECTION 3) BUSINESS INFORMATION

|                          |                              |                   |           |              |                   |
|--------------------------|------------------------------|-------------------|-----------|--------------|-------------------|
| BUSINESS NAME            | ADDRESS STREET               | CITY              | STATE     | ZIP          | PHONE NUMBER      |
| <u>Mega Media Agency</u> | <u>19555 W. Bluemound Rd</u> | <u>Breckfield</u> | <u>WI</u> | <u>53045</u> | <u>[REDACTED]</u> |
| OWNER'S NAME             | ADDRESS STREET               | CITY              | STATE     | ZIP          | PHONE NUMBER      |
| <u>Rob Scottecase</u>    | <u>[REDACTED]</u>            | <u>Madison</u>    | <u>WI</u> | <u>53703</u> | <u>[REDACTED]</u> |
| BUSINESS MANGER'S NAME   | ADDRESS STREET               | CITY              | STATE     | ZIP          | PHONE NUMBER      |
| <u>Florie Larkins</u>    | <u>[REDACTED]</u>            | <u>Milwaukee</u>  | <u>WI</u> | <u>53045</u> | <u>[REDACTED]</u> |
| BUILDING OWNER'S NAME    | ADDRESS STREET               | CITY              | STATE     | ZIP          | PHONE NUMBER      |
| <u>PHDL Prep LLC</u>     | <u>PO Box 265</u>            | <u>Oconomowoc</u> | <u>WI</u> | <u>53066</u> | <u>[REDACTED]</u> |



**(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION**

Limited Liability Company Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|------------------------|-----|----------------|------|-------|-----|
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |

**(SECTION 5) PARTNERSHIP INFORMATION**

Partnership Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|------------------------|-----|----------------|------|-------|-----|
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |

**(SECTION 6) CORPORATION INFORMATION**

Corporation Name:

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

| Name (Last, First, MI) | DOB | Street Address | City | State | Zip |
|------------------------|-----|----------------|------|-------|-----|
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |
|                        |     |                |      |       |     |

**(SECTION 7) PENALTY NOTICE**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of Wis. Stat. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

|                                                                                                       |                                |
|-------------------------------------------------------------------------------------------------------|--------------------------------|
| <br>YOUR SIGNATURE | Robert Sethecase<br>PRINT NAME |
|-------------------------------------------------------------------------------------------------------|--------------------------------|

**FOR ADMINISTRATIVE USE ONLY**

| LICENSING AUTHORITY |                            | LICENSE NUMBER ASSIGNED | DATE EFFECTIVE                             | CLERK     |
|---------------------|----------------------------|-------------------------|--------------------------------------------|-----------|
| FEES RECEIVED:      | Pawnbroker Bond            | \$                      | Secondhand Article License                 | \$        |
|                     | Pawnbroker License         | \$                      | Secondhand Dealer Mall/Flea Market License | \$        |
|                     | Secondhand Jewelry License | \$                      | <b>TOTAL FEE:</b>                          | <b>\$</b> |

**FOR LAW ENFORCEMENT USE ONLY**
☐ Recommend Approval    ☐ Recommend Denial (Attach explanation.)

Investigating Office Signature:

Date:

Print Name of Investigating Officer:



## Sanitary District Updates

### Well 2 – Noise and vibrations after rehab completed early this year

The contractor removed the well pump and sent it to the manufacturer for inspection. While removing the pump, the contractor noted slight uneven wear on the shaft sleeve bearings. The manufacturer found no unusual wear on the pump but did note a slight pump impeller imbalance, which was corrected. The contractor also inspected the line shafts again and noted some deflections that are out of specification on a few shafts. These shafts had been inspected during the rehab and were previously reported to be within specifications. The contractor ordered new shafts, which are scheduled to be delivered this week. They plan on reinstalling the pump, new line shafts, and new bearings later this week or early next week. Once installed, they will need to test pump and take two bacteriological samples 24 hours apart before placing the well back online. I will discuss the situation with the contractor to try to determine the cause of the shaft issues.

### Well 1 – Diminished pump performance

I was informed yesterday that the pump will be delivered to the contractor on Wednesday. This pump will be replaced as soon as Well 2 is back online. Pump removal, installation, and test pumping should take two days. We will then need two safe bacteriological samples 24 hours apart before placing it back online.

### Reservoir pipe repair

This project was completed, and the reservoir was put back online at the end of April.

### Future scheduled projects:

- Wells 5 & 6: Scheduled to be rehabbed later this year. We are currently completing the specifications for this project and will be seeking bids in early August.
- Water Tower Inspections: Both water towers will have their required 5-year inspection completed this year. The interiors will be inspected using an underwater ROV (Remotely Operated Vehicle) camera, so we will not need to drain the water towers or take them out of service for the inspection.

Feel free to contact me anytime with any questions.

Tony Skof