Office of the Town Clerk
Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045
Office: 262-796-3788 | Clerk@TownofBrookfieldwi.gov

MEETING AGENDA

	Town Board	Eric Gnant Room
Tuesday, September 1, 2026	Utility District No. 1	TOB Municipal Building
7 p.m.	Sanitary District No. 4	645 N. Janacek Rd., Brookfield, WI

1. Call to Order & Roll Call.
2. Meeting Notices.
3. Approval of Agenda.
4. Approval of Minutes:
   a. August 18, 2026 Public Hearing.
   b. August 18, 2026 meeting of the TB, UD1, SD4.
5. Citizen Comments: Three-minute limit.
6. Committee/Commission Reports/Recommendations: None.
7. Old Business: None.
8. New Business:
   a. Discussion and possible action regarding the Class “A” Beer and “Class A” Liquor Alcohol Beverage License Application for Capitol Gas & Food Town LLC.
   b. Discussion and possible action regarding the Class “A” Beer and “Class A” Liquor Alcohol Beverage License Application for Land & Sea.
   c. Discussion and possible action regarding notice of claim and circumstances filed by Patricia Seitz.
   d. Discussion and possible action regarding Invoice Number 2600003476 from the Village of Menomonee Falls for the 2025 Road Program.
   e. Discussion and possible action regarding Payment Application No. 3 Final from All-Ways Contractors for the Weyer Road Drainage Improvements.
   f. Convene into **CLOSED SESSION** pursuant to Wis. Stat. § 19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the government body has jurisdiction or exercises responsibility: Fire Chief Compensation.
   g. Reconvene into **OPEN SESSION**, according to Wis. Stat. § 19.85(1)(c), for any necessary action resulting from the Closed Session.
9. Departments Reports/Recommendations:
   a. Department of Public Works
      1. Discussion and possible action regarding a proposal by Universal Truck Equipment Inc. preauthorizing the upfitting of the previously approved Western Star Chassis purchase.
10. Approval of Vouchers and Checks.
11. Communication and Announcements.
12. Adjourn.

Posted August 28, 2026
Emily Howells, Town Clerk

Office of the Town Clerk
Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045
Office: 262-796-3788 | Clerk@TownofBrookfieldwi.gov

MEETING MINUTES

Tuesday, August 18, 2026
7 p.m.

Public Hearing

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

1. Call to Order & Roll Call.

   Chairman Henderson called the meeting to order at 7:06 p.m.

   Present: Chairman Henderson, Supervisors Steve Kohlmann, John Charlier, Matthew Paris and Ryan Stanelle.

   A quorum was met (5-0).

   Staff Present: Administrator Tom Hagie, Sanitary District No. 4 Superintendent Tony Skof, Town Attorney Jim Hammes, Fire Chief John Schilling, and Clerk Emily Howells.

2. Meeting Notices.

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

3. Approval of Agenda.

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

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

4. Public Hearing to receive comment on Resolution 2025-05 Vacate Portion of Lord Street

   No comments.

5. Adjourn.

   Motion by Charlier to adjourn at 7:11 p.m.; seconded by Kohlmann.

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

Respectfully submitted by,
Emily Howells, Town Clerk

Office of the Town Clerk
Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045
Office: 262-796-3788 | Clerk@TownofBrookfieldwi.gov

MEETING MINUTES

	Town Board	Eric Gnant Room
Tuesday, August 18, 2026	Utility District No. 1	TOB Municipal Building
Immediately Following the Public Hearing	Sanitary District No. 4	645 N. Janacek Rd., Brookfield, WI

1. Call to Order & Roll Call.

   Chairman Henderson called the meeting to order at 7:11 p.m.

   Present: Chairman Henderson, Supervisors Steve Kohlmann, John Charlier, Matthew Paris and Ryan Stanelle.

   A quorum was met (5-0).

   Staff Present: Administrator Tom Hagie, Sanitary District No. 4 Superintendent Tony Skof, Town Attorney Jim Hammes, Fire Chief John Schilling, and Clerk Emily Howells.

2. Meeting Notices.

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

3. Approval of Agenda.

   Motion by Stanelle to approve the agenda with the exception that item 8(a) immediately follows item 5, and that item 9 precede item 8; seconded by Kohlmann.

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

4. Approval of Minutes:

   a. August 4, 2026 meeting of the TB, UD1, SD4.

      Motion by Stanelle to approve the minutes of August 4, 2026; seconded by Kohlmann.

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

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

6. Committee/Commission Reports/Recommendations:

   a. Plan Commission

      1. Discussion and possible action on a Site Plan/Plan of Operation (Conceptual, Preliminary, Final approval) for a change in use for a new tenant, Escapology, at 18900 W. Bluemound Road, Tax key BKFT 1124.999.003 Jerry Benson (tenant/applicant). LMR II Galleria West LLC (owner).

         Motion by Paris to approve a Site Plan/Plan of Operation (Conceptual, Preliminary, Final approval) for a change in use for a new tenant, Escapology, at 18900 W. Bluemound Road, Tax key BKFT 1124.999.003 Jerry Benson (tenant/applicant). LMR II Galleria West LLC (owner).; seconded by Kohlmann.
         Motion prevailed by a voice vote (5-0).

      2. Discussion and possible action a request for Preliminary and Final approval for building and site alterations proposed for Pabla Plaza/Taste of India restaurant and banquet hall, located at 18110 W. Bluemound Road. Roger Schregardus (applicant), Manjit Singh (owner).

Motion by Charlier to approve a request for Preliminary and Final approval for building and site alterations proposed for Pabla Plaza/Taste of India restaurant and banquet hall, located at 18110 W. Bluemound Road. Roger Schregardus (applicant), Manjit Singh (owner) with the following conditions:

1. Updated water demand calculations for the entire building must be provided to the Sanitary District to verify and support the proposed meter sizing.
2. All required Building and Occupancy Permits shall be obtained.

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

3. Discussion and possible action regarding the three-month review for The Sandtrap LLC Conditional Use at 17780 W. Bluemound Road, Tax Key BKFT 1120.995.002. Jordan Jackson (applicant).

   Motion by Kohlmann to approve the proposed hours of operation 6 a.m. – 2 p.m., with another review set for the March 16, 2027 Town Board meeting; seconded by Charlier.
   Motion prevailed by a voice vote (4-1). Chairman Henderson voted Nay.

4. Discussion and possible action regarding Resolution 2025-05 Vacate Portion of Lord Street.

   Motion by Kohlmann to approve Resolution 2025-05 Vacate Portion of Lord Street; seconded by Charlier.
   Motion prevailed by a voice vote (5-0).

5. Discussion and possible action regarding draft amendments to Chapter 17 pertaining to automobile uses.

   No action. Public Hearing August 25, 2026 at 7 p.m.

7. Old Business: None.

8. New Business:

   a. Discussion and possible action regarding a hearing, requested by applicant Stephen Ransom, to appeal the denial of a Beverage Operator's License.

      Motion by Chairman Henderson to deny the Beverage Operator's License application of Stephen Ransom, who failed to appear at his scheduled hearing before the Town Board, based upon the Board's review of the applicant's felony convictions and pending criminal charges of intimidate victim (Wis. Stat. § 940.45(1)) and strangulation and suffocation (Wis. Stat. § 940.235(1)), and its determination that the circumstances of those offenses substantially relate to the licensed activity by demonstrating a pattern of conduct reflecting an inability or unwillingness to comply with the law and to responsibly perform the duties and responsibilities required of a licensed beverage operator, including conduct demonstrating an escalation toward violence; seconded by Paris.

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

   b. Convene into CLOSED SESSION pursuant to Wis. Stat. § 19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the government body has jurisdiction or exercises responsibility: Fire Chief Compensation.
      Motion by Kohlmann at 8:46 p.m. to convene into CLOSED SESSION pursuant to Wis. Stat. § 19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the government body has jurisdiction or exercises responsibility: Fire Chief Compensation.; seconded by Charlier.
      Motion prevailed by a voice vote (5-0).

   c. Reconvene into OPEN SESSION, according to Wis. Stat. § 19.85(1)(c), for any necessary action resulting from the Closed Session.

      Motion by Kohlmann at 9:20 p.m. to reconvene into OPEN SESSION, according to Wis. Stat. § 19.85(1)(c), for any necessary action resulting from the Closed Session.; seconded by Charlier.

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

No action resulting from Closed Session.

9. Departments Reports/Recommendations:
   a. Development Services
      1. Property Maintenance Code Violations Report.

         No action.
   b. Police Department
      1. Discussion and possible action regarding proposals for the review of the Town of Brookfield Police Department.

         Motion by Stanelle to table proposals for the review of the Town of Brookfield Police Department; seconded by Kohlmann.
         Motion prevailed by a voice vote (5-0).
   c. Sanitary District No. 4
      1. Discussion and possible action regarding bid proposals received for the Well No. 5 and Well No. 6 Rehabilitation.

         Motion by Charlier to approve the bid proposal by CTW Corporation not to exceed $153,744.20; seconded by Paris.
         Motion prevailed by a voice vote (5-0).
10. Approval of Vouchers and Checks.

    Motion by Paris to approve vouchers and checks in the amount of $304,898.32 with the following boards members abstaining from checks pertaining to that member: Paris abstains from check number 128988, Kohlmann abstains from check number 128978, Henderson abstains from check number 128969, and Charlier abstains from check number 128939; seconded by Kohlmann.

    Motion prevailed by a voice vote (5-0).
11. Communication and Announcements.
    a. Chief Schilling announced the Town of Brookfield Fire Department was awarded a $2000 EV Grant from the WE Energies Foundation to be presented on August 26th.
    b. Charlier communicated that the Election over at Elmbrook Church went great.
12. Adjourn.

    Motion by Charlier to adjourn at 9:28 p.m.; seconded by Kohlmann.

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

Respectfully submitted by,

Emily Howells, Town Clerk

1800006686

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

Fees	
License Fee(s)	$ 600
Background Check Fee	$ x1 [20] (see tobacco)
Publication Fee	$ 15
Total Fees	$ 615

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
CAPITOL GAS & FOOD TOWN LLC

2. Business Trade Name or DBA

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: 07/07/2026

9. Wisconsin DFI Registration Number [redacted]

10. Premises Address: 21350 CAPITOL DR

11. City: PEWAUKEE

12. State: WI

13. Zip Code: 53072

14. County: Waukesha

15. Governing Municipality: ☐ City ☑ Town ☐ Village of: BROOKFIELD

16. Aldermanic District

17. Premises Phone

18. Premises Email: GASNFOOD21350@GMAIL.COM

19. Website

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 WILL BE STORED IN STORAGE ROOM AND SOLD FROM THE COOLER AND ALCOHOL DEPARTMENT

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	First Name	M.I.
SHABAN	AHMAD	M

Title	Email	Phone
OWNER	[redacted]	[redacted]

Signature	Date
	07/24/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☑ Initial (New) ☐ Renewal

License Period

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.

*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.

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

2. Business Trade Name or DBA

3. FEIN

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
AHMAD	M SHABAN	OWNER	[redacted]	[redacted]	New

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
07/24/2026

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)
CAPITOL GAS & FOOD TOWN LLC

2. Business Trade Name or DBA

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

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☑ State Permit

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

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

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
SHABAN	AHMAD	M

4. Email [redacted]

5. Phone [redacted]

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
[redacted]	WI	53221	[redacted]

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

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? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
SHABAN	AHMAD	M

Title	Email	Phone
OWNER	[redacted]	[redacted]

Signature	Date
	07/24/20

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	First Name	M.I.
SHABAN	AHMAD	M

Signature	Date
	07/24/20

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
07/24/2026

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)
CAPITOL GAS & FOOD TOWN 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	2. First Name	3. M.I.
SHABAN	AHMAD	M

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]	WI	53221	[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) 01/2016

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
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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

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

Law/Ordinance Violated	Location	Conviction Date

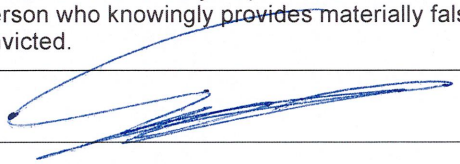
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature	Date
	07/24/2026

360 TRAINING

LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Ahmad Mohammad Shaban

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
07/29/2026	07/28/2028	WI-00653971

Official Signature

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

90 0000000132

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

Fees	
License Fee(s)	$ 600
Background Check Fee	$ 63 60
Publication Fee	$ 15
Total Fees	$ 675

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Land & Sea LLC

2. Business Trade Name or DBA
Land and Sea

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	8. Date of Organization	9. Wisconsin DFI Registration Number
Wi	08/01/2026	[redacted]

10. Premises Address
21675 E Moreland Blvd Suite 100

11. City	12. State	13. Zip Code
Brookfield	Wi	53186

14. County	15. Governing Municipality: ☐ City ☑ Town ☐ Village of: Brookfield	16. Aldermanic District
Waukesha		

17. Premises Phone	18. Premises Email	19. Website
(414) 737-4494	stephenpus@gmail.com	landandseamarket.net

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. ☐

3600 sq ft Retail Meat and Seafood market with a small selection of wines and beer.

21. Mailing Address (if different from premises address)
5203 W North Ave

22. City	23. State	24. Zip Code
Milwaukee	Wi	53208

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	First Name	M.I.
Petersen	Stephen	M

Title	Email	Phone
Owner	stephenpus@gmail.com	[redacted]

Signature	Date
[signature]	08/02/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
8-3-26			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☐ Initial (New) ☐ Renewal

License Period

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.

*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.

1. Legal Business Name (individual name if sole proprietorship)
Land & Sea LLC

2. Business Trade Name or DBA
Land and Sea

3. FEIN
42-2821432

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Stephen M	Petersen	Owner	[redacted]	stephenpus@gmail.com	New
Nicholas J	Weeks	Owner		[redacted]	New
Lee A	Marcou	Owner			New

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 8/2/26

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)
Land & Sea LLC

2. Business Trade Name or DBA
Land and Sea

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	2. First Name	3. M.I.
Petersen	Stephen	M

4. Email [redacted]

5. Phone [redacted]

6. [redacted]

7. City	8. State	9. Zip Code	10. [redacted]
Milwaukee	WI	53208	[redacted]

11. Drivers License/State ID Number [redacted]

12. Drivers License/State ID State of Issuance
Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* Submit a completed Form AB-100 with this form. ☒ Yes ☐ No

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

Continued →

Part D: Business Attestation

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

Last Name	First Name	M.I.
Weeks	Nicholas	J

Title	Email	Phone
Owner/Partner	[redacted]	[redacted]

Signature	Date
[signature]	8/3/26

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	First Name	M.I.
Petersen	Stephen	M

Signature	Date
[signature]	8/2/26

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 8/12/26

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Land and Sea LLC

2. Business Trade Name or DBA
Land and Sea

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Petersen	Stephen	M

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	[redacted]	[redacted]

[redacted]	9. State	10. Zip Code	11. Date of Birth
	WI	53208	[redacted]

12. Driver License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

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

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

Years	Months
48	

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

	City	State	Zip Code
Previous Address 1 [redacted]	Milwaukee	WI	53202
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	Dane						
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
[redacted]	[redacted]	[redacted]
Penalty Imposed	Was sentence completed?. . . . . ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?. . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?. . . . . ☐ Yes ☐ No	

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

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

Part E: Attestation

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

Signature	Date
[signature]	8/12/26

360 TRAINING

LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Stephen Petersen

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
08/02/2026	08/01/2028	WI-00654132

Official Signature

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

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 08/03/2026

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Land & Sea LLC

2. Business Trade Name or DBA
Land and Sea

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Marcou	Lee	A

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Menomonee Falls	WI	53051	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

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

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

Years	Months
45	

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

	City	State	Zip Code
Previous Address 1 [redacted]	[redacted]	WI	53051
Previous Address 2		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	USA						
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
[redacted]	Burlington WI	[redacted]
Penalty Imposed	**Was sentence completed?**	
[redacted]	☑ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
[redacted]	[redacted]	[redacted]
Penalty Imposed	**Was sentence completed?**	
[redacted]	☑ Yes ☐ No	
Law/Ordinance Violated	**Location**	**Conviction Date**
[redacted]	[redacted]	[redacted]
Penalty Imposed	**Was sentence completed?**	
[redacted]	☑ Yes ☐ No	

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

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

Part E: Attestation

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

Signature	Date
[signature]	08/03/2026

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
08/03/2026

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Land and Sea LLC

2. Business Trade Name or DBA
Land and Sea LLC

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Weeks	Nicholas	J

4. Relationship to Business (Title)	5. Email	6. Phone
Partner/Owner	[redacted]	[redacted]

7. Home Address [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]	WI	53188	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

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

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

Years	Months
42	5

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
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? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

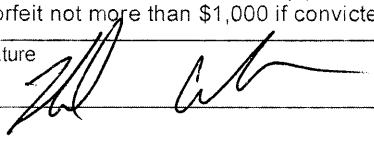
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

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

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

Part E: Attestation

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

Signature	Date
	08/03/2026

VILLAGE OF MENOMONEE FALLS
W156N8480 PILGRIM RD.
MENOMONEE FALLS, WI 53051

INVOICE

Customer #:	00938
Invoice Number:	2600003476
Service Date:	08/01/2026
Invoice Date:	08/24/2026
Terms:	NET30
Due Date:	09/23/2026
Balance Due:	**$120,730.70**

TOWN OF BROOKFIELD
655 NORTH JANACEK RD
BROOKFIELD WI 53045

Terms: Net 30 Days, 1.50% interest per month thereafter

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.000	2025 ROAD PROGRAM	$120,730.70	$120,730.70

NOTES: REIMBURSEMENT PER COST SHARING AGREEMENT BETWEEN THE VILLAGE OF MENOMONEE FALLS AND THE TOWN OF BROOKFIELD FOR THE REPAVING OF WEYER ROAD

PLEASE MAKE CHECKS PAYABLE TO: VILLAGE OF MENOMONEE FALLS

Total Invoice:	$120,730.70
Credits Applied:	$0.00
Payments Applied:	$0.00
Invoice Balance:	**$120,730.70**

Please keep top portion for your records

Please detach bottom portion and return with payment

CUSTOMER:
TOWN OF BROOKFIELD
655 NORTH JANACEK RD
BROOKFIELD WI 53045

REMIT PAYMENT TO:
VILLAGE OF MENOMONEE FALLS
W156N8480 PILGRIM RD.
MENOMONEE FALLS, WI 53051

Customer ID:	00938
Invoice Number:	2600003476
Service Date:	08/01/2026
Invoice Date:	08/24/2026
Terms:	NET30
Due Date:	09/23/2026
Balance Due:	**$120,730.70**

$_____
AMOUNT PAID

SUMMARY SHEET
(Use with AP2 or AP3)

APPLICATION FOR PAYMENT

OWNER Town of Brookfield

PROJECT Weyer Road Drainage Improvements

CONTRACTOR All-Ways Contractors

CONTRACT 1-2025

FOR PERIOD ENDING 5-20-2026

PAYMENT APPLICATION DATE 8-25-2026

PAYMENT APPLICATION NO. 3 FINAL

TOTAL AMOUNT REQUESTED TO DATE	$200,948.00
LESS RETAINAGE	$0.00
NET AMOUNT DUE	$195, 924.30
AMOUNT OF PREVIOUS PAYMENTS	$148, 200.04
AMOUNT DUE THIS APPLICATION	$52,747.96

CONTRACTOR's Certification:

The undersigned CONTRACTOR certifies, to the best of its knowledge, the following: (1) All previous progress payments received from OWNER on account of Work done under the Contract have been applied on account to discharge CONTRACTOR's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment; (2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to OWNER at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a bond acceptable to OWNER indemnifying OWNER against any such Liens, security interest, or encumbrances); and (3) All Work covered by this Application for Payment is in accordance with the Contract Documents and not defective.

☐ Required lien waivers attached.

Dated August 25, 2026

All-Ways Contractors
CONTRACTOR

By _____
(Authorized Signature)

By SCOTT A. BATCHELDER
(Print Name)

Payment of the above AMOUNT DUE THIS APPLICATION is recommended.

Dated _____, _____

STRAND ASSOCIATES, INC.®

By _____
(Authorized Signature)

By _____
(Print Name)

Contractor's Application for Payment No. 3 FINAL

	Application Date: 8/25/2026	**Application Period:**	
To (Owner): Town of Brookfield	**From** (Contractor): All-Ways Contractors, Inc.	**Via** (Engineer):	Strand Associates, Inc
Contact: Tom Hagie	**Contact:** Scott Batchelor	**Contact:**	Justin Gutoski
Project: Weyer Road Drainage Improvement	**Address:** P.O. Box 798 Elm Grove, WI 53122	**Address:**	910 West Wingra Drive Madison, WI 53715
Owner's Contract No.: Contract 1-2025	**Contractor's Project No.:**	**Engineer's Project No.:**	Contract 1-2025

Change Order Summary

Approved Change Orders

Number	Additions	Deductions (Enter as Positive Number)
1	$32,197.00	
2	$39,861.00	
TOTALS	$72,058.00	$0.00
NET CHANGE BY CHANGE ORDERS	**$72,058.00**	

1.	**ORIGINAL CONTRACT PRICE**	$ $128,890.00
2.	**Net change by Change Orders**	$ 72,058.00
3.	**CURRENT CONTRACT PRICE (Line 1 + Line 2)**	$ 200,948.00
4.	**TOTAL COMPLETED TO DATE** (Column L Total on Progress Estimates)	$ $200,948.00
5.	**RETAINAGE:** a. 2.5% X $200,948.00 **Work Completed**	$ 5,023.70
6.	**RETAINAGE REDUCTION TO DATE (Enter as Positive Number)**	$ 5,023.70
7.	**AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5a. + Line 6)**	$ 200,948.00
8.	**LESS PREVIOUS PAYMENTS (Line 7 from Prior Application)**	$ 148,200.04
9.	**AMOUNT DUE THIS APPLICATION**	$ 52,747.96

Contractor's Certification

The undersigned Contractor certifies that to the best of its knowledge:

(1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment;

(2) title to all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner per Article 15 of the General Conditions; and

(3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By: _____ **Date:** 8-25-26

Payment of: $ **$52,747.96**
(Line **9** or other - attach explanation of the other amount)

Recommended by: _____ _____
(Engineer) (Date)

Payment of: $ _____
(Line 9 or other - attach explanation of the other amount)

Approved by: _____ _____
(Owner) (Date)

Progress Estimate - Unit Price Work

Contractor's Application for Payment No. 3 FINAL

For (Project): **Weyer Road Drainage Improvements**

Application Date: **8/25/2026**

Application Period:

Owner's Contract No.: Contract 1-2025

Engineer's Project No:

A	B	C	D	E	F	G	H	I	J	K	L
						Work Completed Previously		Work Completed This Period		Total Work Completed to Date	
Item No.	Description	Unit	Estimated Quantity	Bid Unit Price	Bid Item Value ($)	Estimated Quantity Installed	Value of Work Installed ($)	Estimated Quantity Installed	Value of Work Installed ($)	Estimated Quantity Installed	Value of Work Installed ($)
1	Clearing and Grubbing	LS	1	$10,960.00	$10,960.00	**1.00**	$10,960.00	**0.00**	$0.00	**1.00**	**$10,960.00**
2	Common Excavation	LS	1	$41,760.00	$41,760.00	**1.00**	$41,760.00	**0.00**	$0.00	**1.00**	**$41,760.00**
3	13-IN by 17-IN Corrugate Metal Pipe Arch Culvert	LF	375	$88.40	$33,150.00	**375.00**	$33,150.00	**0.00**	$0.00	**375.00**	**$33,150.00**
4	Apron Endwalls for 13-IN by 17-IN Corrugated Metal Pipe Arch Culvert	EA	18	$395.00	$7,110.00	**18.00**	$7,110.00	**0.00**	$0.00	**18.00**	**$7,110.00**
5	15-IN by 21-IN Corrugated Metal Pipe Arch Culvert	LF	50	$97.50	$4,875.00	**50.00**	$4,875.00	**0.00**	$0.00	**50.00**	**$4,875.00**
6	Apron Endwalls for 15-IN by 21-IN Corrugated Metal Pipe Arch Culvert	EA	4	$420.00	$1,680.00	**4.00**	$1,680.00	**0.00**	$0.00	**4.00**	**$1,680.00**
7	Removing Storm Sewer and Culvert Pipe Structures	LS	1	$3,750.00	$3,750.00	**1.00**	$3,750.00	**0.00**	$0.00	**1.00**	**$3,750.00**
8	Erosion Control	LS	1	$1,720.00	$1,720.00	**1.00**	$1,720.00	**0.00**	$0.00	**1.00**	**$1,720.00**
9	Turf Restoration	LS	1	$23,885.00	$23,885.00	**1.00**	$23,885.00	**0.00**	$0.00	**1.00**	**$23,885.00**
TOTAL BASE BID					**$128,890.00**	**0.00**	**$128,890.00**		**$0.00**		**$128,890.00**
TOTAL ALL ITEMS - Original Bid					**$128,890.00**		**$128,890.00**		**$0.00**		**$128,890.00**
CHANGE ORDER #1											
1	Culvert Re-Allignment and Re-Ditching	LS	1	$ 21,555.00	$ 21,555.00	**1.00**	$21,555.00	**0.00**	$0.00	**1.00**	**$21,555.00**
2	Martha Land Additional Restoration	LS	1	$ 4,452.00	$ 4,452.00	**1.00**	$4,452.00	**0.00**	$0.00	**1.00**	**$4,452.00**
3	Flood Damage Repair Work	LS	1	$ 6,190.00	$6,190.00	**1.00**	$6,190.00	**0.00**	$0.00	**1.00**	**$6,190.00**
TOTAL - CHANGE ORDER #1					**$ 32,197.00**		**$32,197.00**		**$0.00**		**$32,197.00**
CHANGE ORDER #2											
1	Ditching, Filling, Restoration and Asphalt Driveway Prep and Paving	LF	870	$ 27.50	$ 23,925.00	**0.00**	$0.00	**870.00**	$23,925.00	**870.00**	**$23,925.00**
2	Furnish and install aspahlt driveway paving to match existing	SY	200	$ 79.68	$ 15,936.00	**0.00**	$0.00	**200.00**	$15,936.00	**200.00**	**$15,936.00**
TOTAL - CHANGE ORDER #2					**$ 39,861.00**		**$0.00**		**$39,861.00**		**$39,861.00**
TOTAL - ALL ITEMS					**$ 200,948.00**		**$161,087.00**		**$39,861.00**		**$200,948.00**

UNIVERSAL TRUCK EQUIPMENT INC.
N15921 SCHUBERT RD
GALESVILLE, WI. 54630
608-539-4600 ORDERS
608-539-4800 FAX
Date: 8-13-26

Quote is valid for 30 Days

For: Town of Brookfield
Att: Scott Hartung
Quoted by: Evan Kissinger

1) Swenson-SA 201 stainless steel dump body: Set-up for 96" C/A

* Unibody design "No cross members"
* 7.1 cu. yd. capacity
* 11ft. length with 84" inside width
* **One piece straight sides – 30" Sides and 38" Tailgate**
* Dump body is 100% welded
* 201 stainless steel sides and header, the side braces, front & rear bolsters, tailgate & tailgate braces, & cabshield
* 7ga., 201 stainless steel sides & ends
* One intermediate horizontal side braces, bottom rub and top rail are sloped for dirt & debris shedding
* 2 panel tailgate constructed with 7ga. 201 stainless steel and is 38" high
* Two (2) tailgate grab handles, one in each corner of bottom panel (stainless steel round stock)
* Air trip tailgate, brake chamber type (pancake style) NOT CYLINDER TYPE
* One piece, 3/16" AR400 steel floor-200,000 PSI tensile strength
* 45 degree floor to side knee-brace formed into floor
* Fully boxed-in & fully welded top rails
* Under frame is two 5" structural steel I-beam long sills with **"No splices" (4" subframe) – Fully Welded**
* Contoured front corner post
* 7ga. 201 stainless steel full depth rear corner posts
* Grip-Strut walk-rail on both sides of dump body
* **One safety body prop / one spring loaded shovel holder, DS**
* **22" x 78" cabshield, fully welded – 10ga./7ga. 201 S/S**
* **Back-up alarm**
* **Two sets of mud flaps – rear set to be quick detachable type**
* **Minimizer single axle poly fenders with S/S brackets mounted to the frame**
* **Stow-away type ladder front driver's side with grab handle and inside step**
* **LED S/T/T lights, LED warning lights & LED reverse lights in the rear corner post**
* **One Heated Back-Up Camera with monitor and S/S Camera Housing (customer to define location)**
* **Remount factory Stop, Tail & Turn lights**
* **All** electrical wiring connections will be put in **heat shrink tubing** & will run to a **sealed junction box**
* Unpainted Stainless Steel box / frame & underside of box painted black
* Mounted & fully operational
* One year warranty

1) Hydraulic system:

* Force America FASD45L (6.0 cu. in.) load sense pump with 1" shut off valve
* Gresen V40/V20, seven (7) section valve body, valve body mounted in **Stainless Steel enclosure on the frame**
* Valve body to run sander, prewet, plow lift & reverse, wing toe & heel, dump box with 500 psi relief on down side
* Force America 5100EX, electric/hydraulic spreader control, mounted within easy reach of driver
* Filter by-pass / Cable pull off hoist limiter / Wing loc valve- to prevent wing settling
* Low oil & temperature sending unit wired to warning lights / hydraulic oil / 2" ball valve for suction shut off tank
* Cable system controls, joystick type for plow & wing, single type for hoist
  (stainless steel cables w/ 100 lb. push/pull min.)
* **30 gal. Stainless Steel reservoir** with in tank mounted filter and 2" shut off valve
* Sight & temperature gauge
* Hoses & couplers and hyd. oil as needed
* Mounted & fully operational
* One year warranty

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1) Hoist: **(Includes cable pull-off valve/hoist limiter)**

* Mailhot CS100-4.5-3 (18.6 ton) heavy duty telescopic hoist, class 60
* Sub Frame with integrated hinge
* Cylinder is **Double Acting** - full power down / Trunnion mount cylinder with oscillating trunnion collar
* Two year warranty

1) Universal BH-12-43L HDP MBT/RTE power reversible snow plow:

* **12ft.** plow length
* **43in.** plow height (measured with 6" cutting edge / 50" with 8" cutting edge)
* 10ga. moldboard
* Pin & Loop hitch, plow portion
* **Heavy Duty Push Frame constructed with ½" x 4" x 8" angle iron, eight ½" ribs (in lieu of six), fully welded, six main hinge points (in lieu of four) with the furthest hinge point extending about 15" from the end of the plow**
* One heavy duty 4" x 13" power reversing cylinder w/ brass bushing and grease zerk at live end of cylinder for extended wear
* Combination moldboard trip/trip cutting edge
* Replaceable trip cutting edge (set up for one piece trip)
* Four heavy duty adjustable moldboard trip springs, extension type
* ¾" x 4" x 4" HD lower angle, fully gusseted (lower angle is pre-punched for carbide blades)
* Plow is fully welded
* **5/8" x 8" x 12'cutting edge with standard AASHO punch (pre drilled holes for carbide blades)**
* **Rubber snow flap, 3-ply, ½" thick x 12" wide with Stainless Steel flap retainer**
* **Plow markers**
* **Crank adjustable parking stand**
* **Shoe brackets fully welded**
* Primed & painted **Black**
* Quick couplers & hoses
* Mounted & fully operational
* One year warranty

1) Universal Truck Portion of Extendable Pin & Loop style hitch:

* 3/8" x 4" x 7" x 90" heavy duty bumper, full length
* 3½" x 10" **Double Acting** lift cylinder with **Nitrated rod**
* Painted & fully operational
* One year warranty

1) Universal UTGS 9" auger tailgate sander:

* **201 Stainless Steel Construction**
* Direct drive auger motor – custom **S/S** spill shields to hold tailgate open
* Full 3/8" thick flighting
* Flighting is welded to a 2-3/8" O.D. schedule 80 pipe, supported by 1-1/2" shafts
* Ball type bearings are 1-1/4" diameter & are greaseable, mounted with a 4 bolt flange
* End plates are ¼"
* Bottom opens with 6 hinge points for easy cleanout
* 18" self leveling poly spinner assy.
* **Mounted & fully operational with hoses & quick disconnects**
* One year warranty

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1) Universal AHW/UTF 9' UNI-TILT Wing: (Tilted front mount)

* All hydraulic **"No cables"**
* **9ft. moldboard length**
* **30in. straight moldboard height**
* 3/16" moldboard thickness
* **1½" main pivot bolt**
* **Eight ½" ribs, fully welded**
* 8" float at the toe
* Heavy duty adjustable spring loaded push beam with shear pin
* Floating link arm at the heel
* **Double acting** toe cylinder with 3½" bore and 2" Nitrided rod
* **Double acting** 4" x 13" **D-cell type** heel cylinder **with 2" Nitrided rod**
* ¾" x 4" x 4" lower angle, fully gusseted (top and bottom)
* **5/8" x 8" cutting edge** with standard AASHO punch (pre drilled holes for carbide blades)
* **Safety chain at the toe**
* **Safety chain with rear stop**
* Four (4) 1" thick horizontal floating links
* Two (2) ¾" thick vertical connecting links
* Four (4) 1½" link bolts with 8" bushings and grease zerks
* ½" thick mounting for the slab
* ½" x 4" x 6" rectangular front tube assy. (welded to Uni-Tilt mast assy. & runs through both front cheek plates)
* 3/8" x 4" x 6" rectangular rear tube assy.
* Main cheek plates to be braced w/ ½" x 1" stringers & bolted to the frame w/ six ¾" grade 8 bolts on each cheek plate
* Front cheek plates are (½" x 19" x 30")
* Rear cheek plates are (½" x 12" x 30")
* **Plow end markers – Post & heel**
* Wing lock valves for wing toe & heel
* Hoses & quick couplers with dust caps & plugs as needed
* **Puck installed on wing side**
* Mounted & fully operational
* Primed & painted **Black**
* One year warranty

1) Varitech Liquid Pre-Wet System:

* **Open Loop System**
* **One (1) 100 gallon poly tank, frame mounted on passenger's side with stainless steel mounting brackets**
* **12V 3.3 GPM Electric Prewet Pump Assy. (tank mounted)**
* Bulk tank fill quick couplings are supplied
* Replaceable in-line screen strainer
* Brass shut off valves
* Hardware, hoses, fittings, sealed wiring harness and mounting brackets are included
* Two (2) Conventional type nozzles, set up to spray on the spinner
* Installed on the tailgate and operational
* One year warranty

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1) Lights:

*** Two (2) Federal Signal LED Highlighters HL15PCAG (Amber/Green), mounted on an adjustable aluminum lightbar w/ branch guards**
* Two (2) Whelen 5GP LED warning lights rubber grommet mounted in rear corner posts
* Two (2) LED S/T/T rubber grommet mounted in the rear corner posts
* Two (2) LED back-up lights rubber grommet mounted in the rear corner posts
*** One set of ABL LED front mounted snow plowing lights with signals, high & low beams std. install off cowling of truck hood w/ custom made stainless steel mounting brackets**
* One (1) LED wing light & one (1) LED sander work light
* LED 3 light cluster mounted on the rear hitch plate
* 8" round heated mirror installed for viewing the wing
* Truck needs to have switch package & S/S mounting brackets on roof from the factory to mount UTE lightbar

1) Pintle hitch:

* 3/4" thick – Steel plate with 2 Heavy Duty D-Rings
* 20-ton Pintle Hook
* 7 pin RV-style trailer light receptacle wired for lights and trailer
* Mount air gladhands into plate

Total Package Price: $ 129,886.00

Build to be completed by Oct. 2027, if chassis arrives in WI by Oct. 31st, 2026.

Options:

*** LED lights mounted on UTE lightbar** — **Add:$ 1,075.00**

*** Carbides for the plow and the wing in lieu of the standard cutting edges** — **Call for Pricing**

*** Rotogrip I - The automatic chain grip system for snow & ice - installed** — **Add: $ 4,550.00**

* Security at the touch of a switch without having to stop the vehicle / Capable of forward & reverse operation
* Made of all high grade materials / **6 strands of chain** / The chains are capable of low speed operation (5 MPH or less)
* The chain strands & drive wheel are designed as field replaceable parts

Please note:
Additional cost may be incurred for chassis modifications and/or the **relocation** of chassis components to accommodate the installation of the equipment listed above. Purchaser acknowledges that Universal Truck Equipment shall not be held liable for any costs, delays or delivery penalties caused due to equipment installation interference with the host chassis.
Most trucks can be ordered to **eliminate or minimize** the modifying or relocating of the exhaust, battery boxes, air tanks and/or fuel tanks, please confirm with your chassis provider that adequate clearance shall be provided so as not to hinder the installation of the equipment.

Accepted by:_____ **Title:**_____