

# CITY OF ONALASKA MEETING NOTICE

**COMMITTEE/BOARD:** Administrative & Judiciary Committee  
**DATE OF MEETING:** July 2, 2014 (Wednesday)  
**PLACE OF MEETING:** City Hall – 415 Main Street (Room 112)  
**TIME OF MEETING:** 6:00 P.M.

## **PURPOSE OF MEETING**

1. Call to Order and roll call.
2. Approval of minutes from the previous meeting.
3. Public Input: (limited to 3 minutes/individual)

## **Consideration and possible action on the following items:**

### **Administrative**

4. Approval of Operator's Licenses
5. Approval of Fall Color Run for Suburban Corvette Club on October 11, 2014 from approximately 10-10:30am starting at Rowe Park, Onalaska.
6. Approval of Justice Cry 5K & Kid's Run on August 23, 2014 beginning at the Omni Center at 10am.
7. Miscellaneous licensing reporting

### **Judiciary**

1. **Ordinance No. 1478-2014** to amend Section 10-1-37 of the City of Onalaska Code of Ordinances relating to parking at Eagle Bluff Elementary School (Third and Final Reading)
2. **Ordinance No. 1479-2014** to annex land located in the Southwest ¼ of the Southeast ¼ in Section 32, Township 17 North, Range 7 West from the Town of Onalaska to the City of Onalaska (First and Second Reading) (Stuhr Court Annexation)

### Adjournment

PLEASE TAKE FURTHER NOTICE that members of the Common Council of the City of Onalaska who do not serve on the Board may attend this meeting to gather information about a subject over which they have decision making responsibility.

Therefore, further notice is hereby given that the above meeting may constitute a meeting of the Common Council and is hereby noticed as such, even though it is not contemplated that the Common Council will take any formal action at this meeting.

### NOTICES MAILED TO:

Mayor Joe Chilsen  
\* Ald. Erik Sjolander - Vice Chair Admin & Chair Jud  
Ald. Jim Olson  
Ald. Bob Muth.  
Ald. Jim Bialecki  
\* Ald. Harvey Bertrand  
\*Ald. Jack Pogreba- Chair Admin.&Vice Chair Jud  
City Attorney Dept Heads Charter Com. WXOW  
La Crosse Tribune Onalaska Holmen Courier Life  
WIZM WKTY WLXR WKBH WKBT WLSU

Joan Wigginton  
Cherie Johnson/Joel Fisher  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Committee Members

Date Notices Mailed and Posted 6/26/14

In compliance with the Americans with Disabilities Act of 1990, the City of Onalaska will provide reasonable accommodations to qualified individuals with a disability to ensure equal access to public meetings provided notification is given to the City Clerk within seventy-two (72) hours prior to the public meeting and that the requested accommodation does not create an undue hardship for the City.

PACKET: 00882 License Packet July Operators

SEQUENCE: License #

ID	PERIOD	NAME		LICENSE CODE
00056	7/01/14- 6/30/16	ARNOLD	LAURIE	OPRATOR OPERATORS - 2 YEAR
00207	7/01/14- 6/30/16	STEVENS	JONATHAN	OPRATOR OPERATORS - 2 YEAR
00722	7/01/14- 6/30/16	WOBECK	LORI	OPRATOR OPERATORS - 2 YEAR
00812	7/01/14- 6/30/16	FRUCHTL	BRUCE	OPRATOR OPERATORS - 2 YEAR
00837	7/01/14- 6/30/16	SAWYER	CAMERON	OPRATOR OPERATORS - 2 YEAR
02623	7/01/14- 6/30/16	MERRITT	NEIL	OPRATOR OPERATORS - 2 YEAR
04072	7/01/14- 6/30/16	HEMKER	JORDAN	OPRATOR OPERATORS - 2 YEAR
04076	7/01/14- 6/30/16	MALIN	ALICE	OPRATOR OPERATORS - 2 YEAR
04087	7/01/14- 6/30/16	REEDY	LINDA	OPRATOR OPERATORS - 2 YEAR
04090	7/01/14- 6/30/16	MCLAIN	CEAIRA	OPRATOR OPERATORS - 2 YEAR
04094	7/01/14- 6/30/16	ANDERSON	RICHARD	OPRATOR OPERATORS - 2 YEAR
04095	7/01/14- 6/30/16	WELKE	SAMANTHA	OPRATOR OPERATORS - 2 YEAR
04101	7/01/14- 6/30/15	WING	LINDA	OPRATOR OPERATORS - 1 YEAR
04104	7/01/14- 6/30/16	BOWMAN	SAMUEL	OPRATOR OPERATORS - 2 YEAR
04110	7/01/14- 6/30/15	BAXTER	DYLAN	OPRATOR OPERATORS - 1 YEAR
04114	6/23/14- 6/30/15	RUETTEN	KEVIN	OPRATOR OPERATORS - 1 YEAR



# CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax: (608) 781-9534 • www.cityofonalaska.com

04088  
RECEIVED

JUN 13 2014

CITY OF ONALASKA

## SPECIAL EVENTS PERMIT APPLICATION

Cost: \$ 100.-

Date: 6-6-2014

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party<sup>1</sup>
- Other:

Requestor Information			
Organization/Requestor Name:		Phone:	
SCCM / SUBURBAN CORVETTE CLUB		(763) 417-3329	
Officer of Corporation or Director of Event:			
JOAN WIGGINTON			
Address of Organization:			
5120 LARCH LN. N.			
City:	State:	Zip:	
PLYMOUTH	MN	55442	
Contact Person:		Phone:	
JOAN WIGGINTON		(763) 417-3329	
Address:			
SAME			
City:	State:	Zip:	
Purpose/Description of Event:			
PROCESSION OF CARS OUT OF ROWE PARK.			

EVENT INFORMATION			
Name of Event:	Date of Event:	Time (beginning)	Time (ending)
FALL COLOR RUN WEEKEND	OCT. 11, 2014	10:00 <small>(am/pm)</small>	10:30 <small>(am/pm)</small>
Starting Point or Block to Be Closed:			
ROWE PARK			
Route or Specific Location (List Abutting Streets):			
EXITING FROM HIGH SCHOOL PARKING LOT ONTO WILSON STREET TURNING LEFT ON 12TH AVE. SAND LAKE ROAD BECOMES "S", AT ROUND ABOUT CONT. ON SAND LAKE RD., RIGHT ON "S" / SW JUNCTION. THIS ROUTE APPROVED BY POLICE DEPT.			
Termination Point:			
OUT OF TOWN LIMITS			
Estimated Maximum Number of Units/Persons Attending Event:			
300 CARS / 600 PEOPLE			

<sup>1</sup>Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

**\*\* NOTE \*\* CERTIFICATE OF INSURANCE REQUIRED,**  
 With the City of Onalaska listed as additional Insured.  
Original Certificate of Insurance must accompany this application.

CITY OF ONALASKA

## SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

### TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event?  YES  NO  
If yes, please explain in detail what food service you will provide:

*(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)*

2. Will alcoholic beverages be served/sold?  YES  NO  
If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

*(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)*

3. Will you be having a band or amplified music?  YES  NO  
If yes, a Variance Permit may be needed.

*(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)*

4. Do you require any special parking restrictions?  YES  NO  
If yes, please indicate what type, when and where:

5. Will you require the use of any City Services and/or equipment?

Barricades  YES  NO If yes, approximately how many: \_\_\_\_\_

Cones  YES  NO If yes, approximately how many: \_\_\_\_\_

Street Sweeper  YES  NO If yes, approximate time needed: \_\_\_\_\_ a.m./p.m.

*(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)*

6. Will temporary signage be used?  YES  NO  
If yes, please indicate what type and where:

*(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)*

7. Will there be a fireworks display?  YES  NO  
If yes, please indicate what type and where:

*(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)*

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event?  YES  NO  
If yes, please explain:

*(The Onalaska Police Department (608) 781-9550 will assist you with defining your safety/security needs)*

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)  
THE POLICE DEPT. IS ESCORTING US OUT OF TOWN.

10. Other special assistance requested:

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.

The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

Jean Wigginton  
Signature of Applicant

6-6-14  
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office  
415 Main Street  
Onalaska, WI 54650

FOR OFFICE USE ONLY

Name & Date of Event: Fall Color Run 10-11-14

City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____
Planning	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____

Date: 6-16-14  
Date: 6/18/14  
Date: 6/24/14  
Date: 6-24-14  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: 6/24

Site Diagram Sketch Attached:  YES  NO

GIS Dept. Map Prepared: 06/25/2014

NEW ONE ATTACHED

Insurance Required:  YES  NO Certificate of Insurance on File:  YES  NO COI Expires: 1/1/2015

Special Class B License Required:  YES  NO Date of Special Class B Application: \_\_\_/\_\_\_/\_\_\_

Approved By A&J: \_\_\_/\_\_\_/\_\_\_ Date License Issued: \_\_\_/\_\_\_/\_\_\_ License No: \_\_\_\_\_



## CITY OF ONALASKA

PLANNING DEPARTMENT, 415 MAIN STREET, ONALASKA, WI 54650  
PHONE: (608) 781-9590 FAX: (608) 781-9506  
[www.cityofonalaska.com](http://www.cityofonalaska.com)

### SITE DIAGRAM SKETCH

WE HAVE RESERVED THE UPPER + LOWER  
SHELTERS AT ROWE PARK.

CARS WILL LINE UP ON THE PARK ROAD  
& WILL EXIT THRU THE HIGH SCHOOL  
PARKING LOT.

PARADE OF CARS IS ESCORTED  
OUT OF TOWN BY THE POLICE DEPT.

I DONT HAVE A LAYOUT OF THE  
PARK.

Please sketch the proposed location of the event above or attach a site diagram. Note all buildings, parcel lines, right-of-ways, streets and alleys. Include on this map or attach a sketch of the proposed event barricades, concession stands, portable restrooms, bleachers and other structures that will be brought in for the event.



# CERTIFICATE OF LIABILITY INSURANCE

NATIO-3 OP ID: GRTI

DATE (MM/DD/YYYY)

05/27/2014

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

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

PRODUCER Legacy Insurance Network 3455 Briargate Blvd, Ste 215 Colorado Springs, CO 80920 Tim Gries	CONTACT NAME: <b>TIM GRIES</b>	
	PHONE (A/C, No, Ext): <b>719-593-5814</b>	FAX (A/C, No): <b>719-388-2075</b>
E-MAIL ADDRESS: <b>TIM@LEGACYINSURANCEBROKER.COM</b>		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: <b>Philadelphia Insurance</b>		
INSURER B: <b>United States Fire Ins. CO.</b>		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED **National Council of Corvette  
Corvette Clubs, Inc.  
2 GLEN ABBEY DR  
ROCKFORD, IL 61107**

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000,000 E&O <input checked="" type="checkbox"/> 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			PHPK117420	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB445903	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>PARTICIPANT ACCIDENT</b>			UDG4015A	01/01/2014	01/01/2015	AD&D 25,000 MEDICAL 50,000

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

DATE AND EVENT 10/10 THRU 10/12 2014 FALL COLOR RUN

LOCATION LA CROSSE, WISC

SPONSOR SUBRUBAN CORVETTES OF MINNESOTA MI 051

## CERTIFICATE HOLDER

## CANCELLATION

CITY AND POLICE DEPT OF  
ONALASKA, WISC  
415 MAIN ST  
ONALASKA, WI 54640

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Tim Gries

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Chief,

This event looks good. I have added it to our calendar. We never have any problems with this group. I do have a question about the route they are using and I have called Joan to confirm they are using the same route as last year.

I am sure she will get back to me in the next day or so.

SHE CALLED BACK. WE ARE  
GOOD TO GO.

Tim

# Suburban Corvette Club Fall Color Run

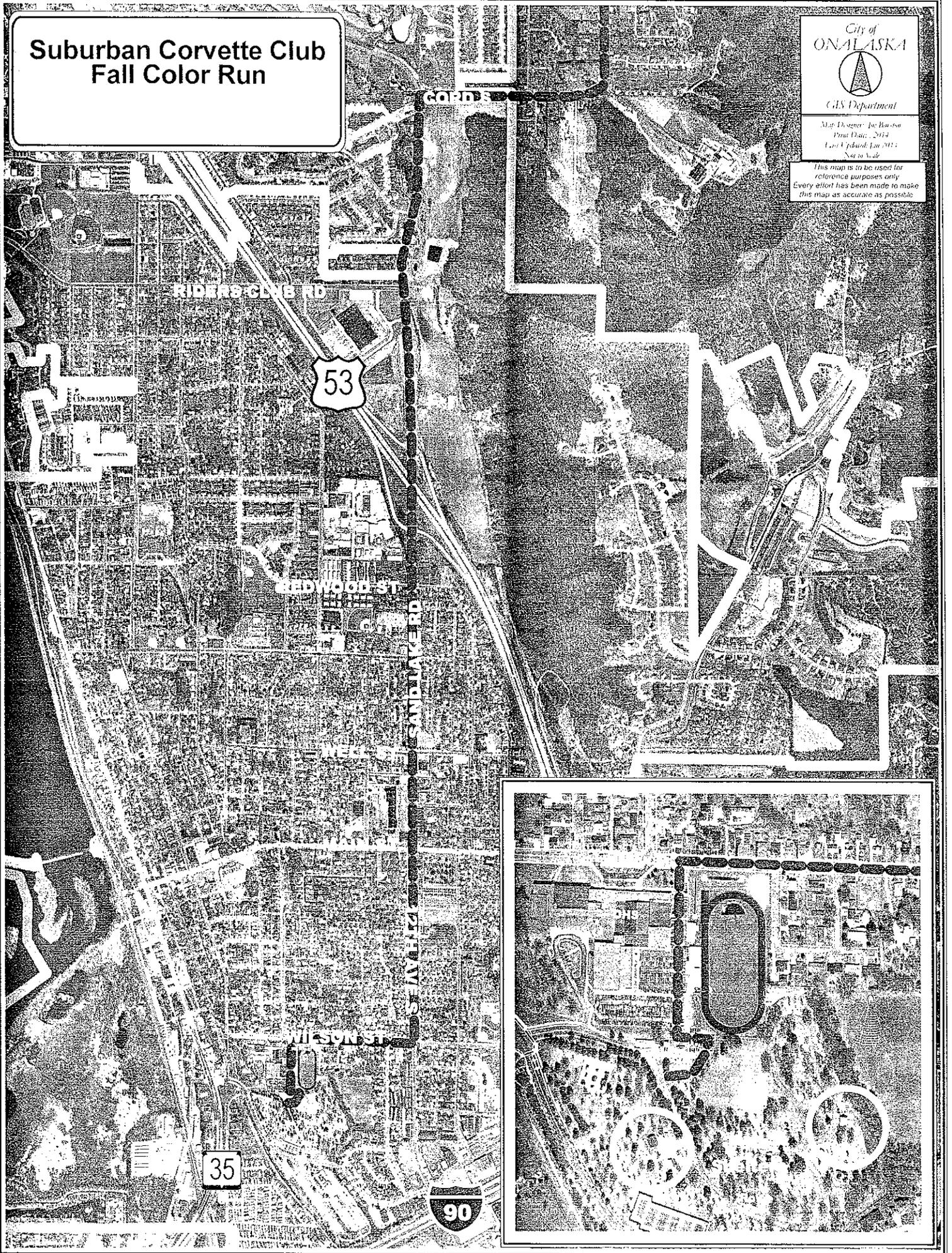
City of  
**ONALASKA**



CAS Department

Map Designer: Joe Kusko  
Print Date: 2014  
Last Update: Jan 2013  
Scale to 1:25,000

This map is to be used for  
reference purposes only.  
Every effort has been made to make  
this map as accurate as possible.





# CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 • www.cityofonalaska.com

## SPECIAL EVENTS PERMIT APPLICATION

Cost: \$ 0

Date: 06/10/2014

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party<sup>1</sup>
- Other:

Requestor Information			
Organization/Requestor Name: <b>First Free Church</b>		Phone: <b>(608) 782-6022</b>	
Officer of Corporation or Director of Event: <b>Cherie Johnson / Joel Fisher</b>			
Address of Organization: <b>123 Mason St.</b>			
City: <b>Onalaska</b>	State: <b>WI</b>	Zip: <b>54650</b>	
Contact Person: <b>Cherie Johnson</b>		Phone: <b>(608) 790-4958</b>	
Address: <b>123 Mason St.</b>			
City: <b>Onalaska</b>	State: <b>WI</b>	Zip: <b>54650</b>	
Purpose/Description of Event: <b>5k to raise awareness about human trafficking</b>			

EVENT INFORMATION			
Name of Event: <b>Justice Cry 5k + Kids' Run</b>	Date of Event: <b>08/23/2014</b>	Time (beginning): <b>10:00 am/pm</b>	Time (ending): <b>am/pm</b>
Starting Point or Block to Be Closed: <b>Begins @ omni Center</b>			
Route or Specific Location (List Abutting Streets): <b>See attachment for map; kids' race along same route, but shorter</b>			
Termination Point: <b>Omni Center</b>			
Estimated Maximum Number of Units/Persons Attending Event: <b>300+</b>			

<sup>1</sup>Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

**\*\* NOTE \*\* CERTIFICATE OF INSURANCE REQUIRED,**  
 With the City of Onalaska listed as additional Insured.  
Original Certificate of Insurance must accompany this application

## SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

### TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event?  YES  NO  
If yes, please explain in detail what food service you will provide:

*(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)*

2. Will alcoholic beverages be served/sold?  YES  NO  
If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

*(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)*

3. Will you be having a band or amplified music?  YES  NO  
If yes, a Variance Permit may be needed.

*(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)*

4. Do you require any special parking restrictions?  YES  NO  
If yes, please indicate what type, when and where:

5. Will you require the use of any City Services and/or equipment?

Barricades  YES  NO If yes, approximately how many: TBD → Will contact  
Cones  YES  NO If yes, approximately how many: " "  
Street Sweeper  YES  NO If yes, approximate time needed: \_\_\_\_\_ a.m./p.m.

*(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)*

6. Will temporary signage be used?  YES  NO

If yes, please indicate what type and where:

Omni Center, along route (see map)

*(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)*

7. Will there be a fireworks display?  YES  NO

If yes, please indicate what type and where:

*(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)*

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event?  YES  NO

If yes, please explain:

Doctors + EMTs will be on site as volunteers for our event.

*(The Onalaska Police Department (608) 781-9550 will assist you with defining your safety/security needs)*

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested:

N/A

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

**Hold Harmless Indemnification and Defense.**

The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

Cherie Johnson  
Signature of Applicant

06/13/2014  
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office  
415 Main Street  
Onalaska, WI 54650

**FOR OFFICE USE ONLY**

Name & Date of Event: Justice Cry SK - 8/23/14

City Clerk	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>need COI</u>	Date: <u>6-20-14</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Agree w/ Sgt Berg early start</u>	Date: <u>6-24-14</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>w/ recommendations from Sgt Berg</u>	Date: <u>6-24-14</u>
Public Works	<input type="checkbox"/> APPROVED	<input checked="" type="checkbox"/> DENIED	Reason: <u>FIND ROUTE ALONG SIDE STAIRS</u>	Date: <u>6-24-14</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>B</u>	Date: <u>6/24/14</u>

Site Diagram Sketch Attached:  YES  NO

GIS Dept. Map Prepared: 06/25/2014

Insurance Required:  YES  NO Certificate of Insurance on File:  YES  NO COI Expires: will submit 1/1

Special Class B License Required:  YES  NO Date of Special Class B Application: 1/1

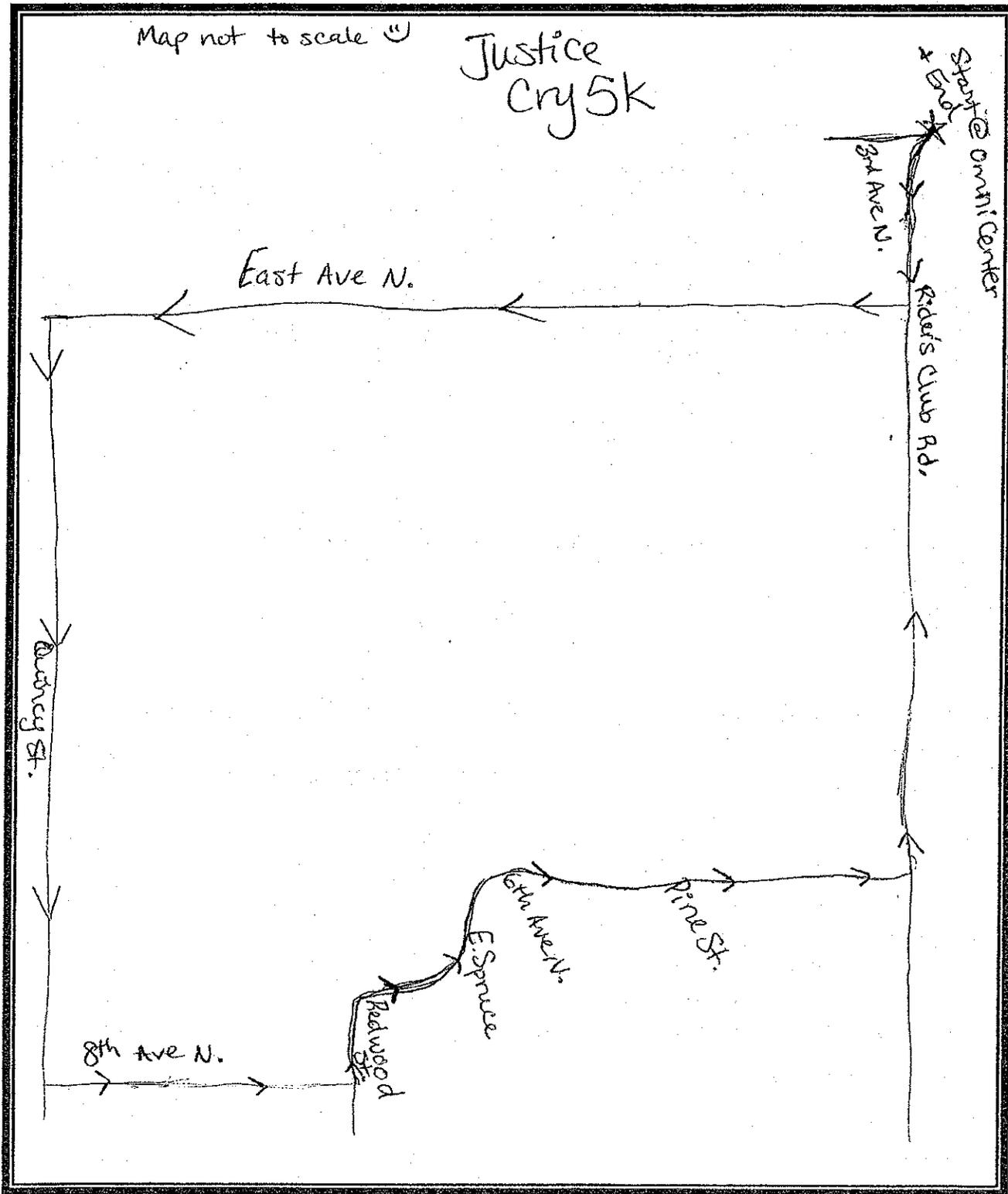
Approved By A&J: 1/1 Date License Issued: 1/1 License No: \_\_\_\_\_



# CITY OF ONALASKA

PLANNING DEPARTMENT, 415 MAIN STREET, ONALASKA, WI 54650  
PHONE: (608) 781-9590 FAX: (608) 781-9506  
www.cityofonalaska.com

## SITE DIAGRAM SKETCH



Please sketch the proposed location of the event above or attach a site diagram. Note all buildings, parcel lines, right-of-ways, streets and alleys. Include on this map or attach a sketch of the proposed event barricades, concession stands, portable restrooms, bleachers and other structures that will be brought in for the event.

Chief,

I have concerns about this event. They have a 10:00 start time. It would be easier to find help and easier to deal with traffic if they would move the start time to 8:00.

I also have concerns about the route. We just told the YMCA that we did not want them on East Avenue North for the color run. This group wants to use Riders Club Road, Quincy Street and East Avenue.

I am not opposed to them using parts of these roads but I think a different route & time would be safer and less of an inconvenience for people traveling in the area on the day of the event.

This is a large church so I am guessing it will be a large event.

I am happy to help these people. Let me know if you would like me to give them a call.

Tim

I ALSO AGREE,  
FIND ROUTE ALONG SIDE

STREETS

GH

6-24-14

# Justice Cry 5K & Kid's Run

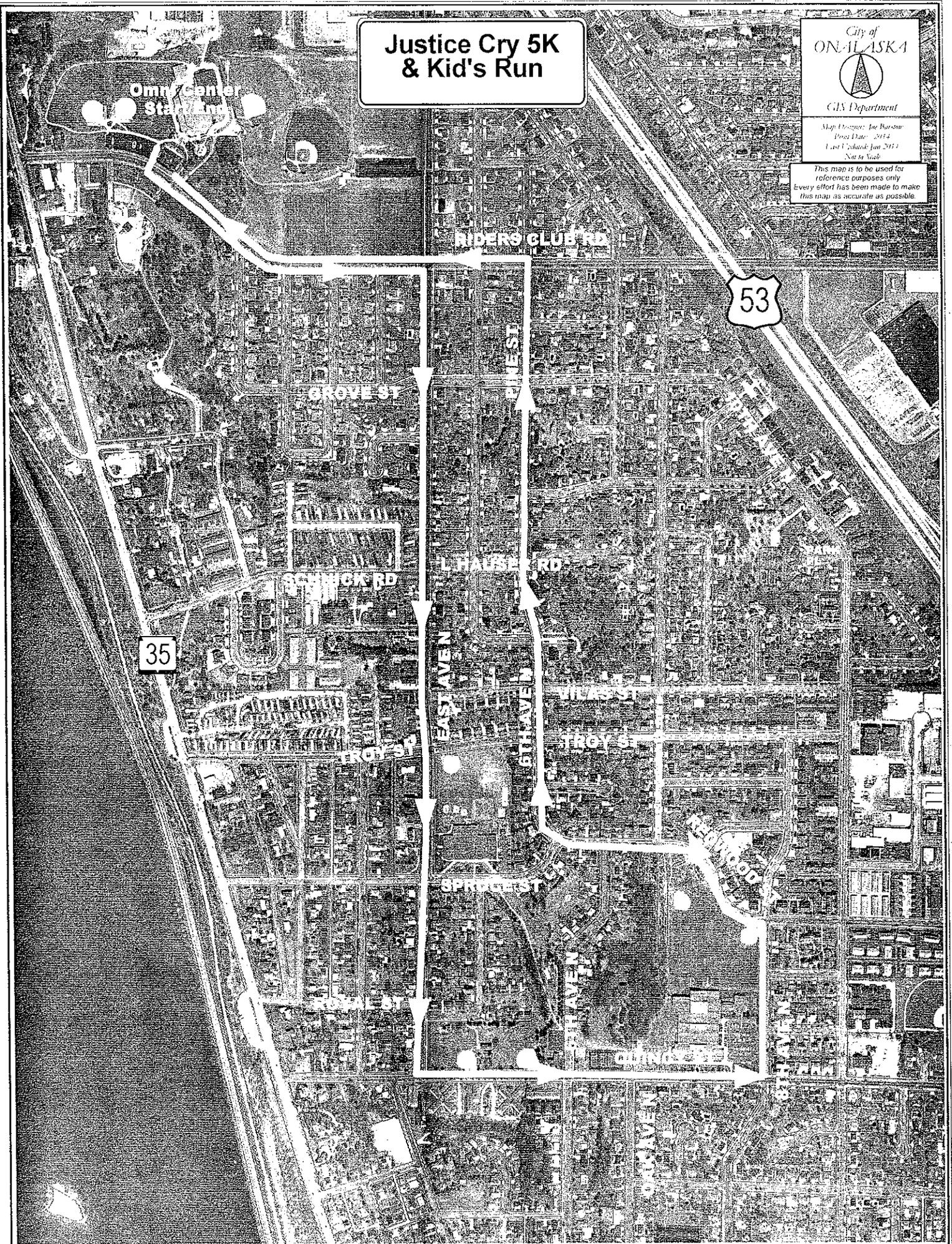
City of  
ONALASKA



GIS Department

Map Designer: Joe Parsons  
Print Date: 2014  
Last Updated: Jun 2013  
Not to Scale

This map is to be used for  
reference purposes only.  
Every effort has been made to make  
this map as accurate as possible.



Omni Center  
Station

RIDERO CLUB RD

53

GROVE ST

L. HAUSER RD

SCHWICK RD

35

EAST AVE

VILAS ST

TROY ST

TROY ST

SPRUCE ST

Redwood

ADAMS ST

6TH AVENUE

5TH AVENUE

4TH AVENUE

6/26/2014 7:59 AM

## L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
04043	RECBURN-E	RICKERT 1325 OAK AVE. N.	JEREMY ACTIVE	REC BURN REC BURN	6/04/2014	6/09/2014
04044	RECBURN-E	LEE 525 BIRCH ST.	MONICA ACTIVE	REC BURN REC BURN	6/04/2014	6/09/2014
04047	RECBURN-E	HOLTER 554 COURT RD	C JARR ACTIVE	REC BURN REC BURN	6/05/2014	6/09/2014
04048	RECBURN-E	BURROWS 1412 WELL ST.	JAMES ACTIVE	REC BURN REC BURN	6/06/2014	6/09/2014
04050	RECBURN-E	MATZ 2808 TRILLIUM PL	ADAM ACTIVE	REC BURN REC BURN	6/06/2014	6/09/2014
04051	RECBURN-E	ROBINSON 784 STONEBRIDGE AVE	LARRY ACTIVE	REC BURN REC BURN	6/06/2014	6/09/2014
04053	RECBURN-E	BAKKEN 814 EAST AVE. N.	ERIC ACTIVE	REC BURN REC BURN	6/06/2014	6/09/2014
04055	RECBURN-E	OLDENBURG 133 8TH AVE S	MARK ACTIVE	REC BURN REC BURN	6/09/2014	6/13/2014
04057	RECBURN-E	NUGENT 530 LA CROSSE ST	GABRIE ACTIVE	REC BURN REC BURN	6/09/2014	6/13/2014
04058	RECBURN-E	NOGA 407 4TH AVE S	KERIAN ACTIVE	REC BURN REC BURN	6/10/2014	6/13/2014
04065	RECBURN-E	LITTLEJOHN 520 BLUEBIRD CT	ASHLEY ACTIVE	REC BURN REC BURN	6/10/2014	6/13/2014
04066	RECBURN-E	POFAHL 615 GUENTHER CT	DARREL ACTIVE	REC BURN REC BURN	6/10/2014	6/13/2014

6/26/2014 7:59 AM

L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

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CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
04067	RECBURN-E	MCGARRY 1220 COUNTY ROAD PH	RICHAR ACTIVE	REC BURN REC BURN	6/10/2014	6/13/2014
04069	RECBURN-E	BAKALARS 314 3RD AVE. S.	BOB ACTIVE	REC BURN REC BURN	6/11/2014	6/13/2014
04070	RECBURN-E	MCDONALD 609 KELLY PL	TROY & ACTIVE	REC BURN REC BURN	6/11/2014	6/13/2014
04071	RECBURN-E	FENDT 4046 PINEVIEW ST.	BOB ACTIVE	REC BURN REC BURN	6/12/2014	6/16/2014
04073	RECBURN-E	SPRAIN 1525 HOFFMAN PL	ALLEN ACTIVE	REC BURN REC BURN	6/12/2014	6/16/2014
04084	RECBURN-E	BRUDOS 725 JULINE WAY	STEVEN ACTIVE	REC BURN REC BURN	6/13/2014	6/24/2014
04085	RECBURN-E	LIEBIG 312 4TH AVE S	JIM & ACTIVE	REC BURN REC BURN	6/13/2014	6/24/2014
04086	RECBURN-E	GRODEVANT 818 4TH AVE. N.	CHARLE ACTIVE	REC BURN REC BURN	6/13/2014	6/24/2014
04089	RECBURN-E	BROWN 302 3RD AVE S	QUENTI ACTIVE	REC BURN REC BURN	6/13/2014	6/24/2014
04091	RECBURN-E	VAN RIPER 942 8TH AVE N	AMY ACTIVE	REC BURN REC BURN	6/13/2014	6/24/2014
04093	RECBURN-E	SNYDER 734 OAK TIMBER DR	JOHN & ACTIVE	REC BURN REC BURN	6/16/2014	6/20/2014
04096	RECBURN-E	DEWEY 1521 BIRKA LN	JOSH & ACTIVE	REC BURN REC BURN	6/18/2014	6/20/2014

6/26/2014 7:59 AM

L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS		STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
04100	RECBURN-E	RADTKE 1416 JOHNSON ST	DAN	ACTIVE	REC BURN REC BURN	6/19/2014	6/24/2014
04102	RECBURN-E	JENSEN 304 OAK FOREST DR	KAY	ACTIVE	REC BURN REC BURN	6/19/2014	6/24/2014
04107	RECBURN-E	ELLIOTT 2042 GRAND VIEW BLVD	BRIAN	ACTIVE	REC BURN REC BURN	6/20/2014	6/24/2014
04108	RECBURN-E	NEHRING 1511 FRANKLIN ST.	TYRA	ACTIVE	REC BURN REC BURN	6/20/2014	6/24/2014
04109	RECBURN-E	PEDERSON 606 8TH AVE S	SUSAN	ACTIVE	REC BURN REC BURN	6/20/2014	6/24/2014
04111	RECBURN-E	NICHOLS 1209 FAIRFIELD ST	JOANNE	ACTIVE	REC BURN REC BURN	6/23/2014	6/25/2014
04112	RECBURN-E	OTTO 413 HICKORY ST	RICK &	ACTIVE	REC BURN REC BURN	6/23/2014	6/25/2014
04113	RECBURN-E	SYMONS 600 13TH AVE N	STEPHE	ACTIVE	REC BURN REC BURN	6/23/2014	6/25/2014
04116	RECBURN-E	BARNES 617 STONEBRIDGE AVE	REBECC	ACTIVE	REC BURN REC BURN	6/24/2014	

REPORT TOTALS: 33 LICENSES

**ORDINANCE NO. 1478-2014**

**AN ORDINANCE TO AMEND SECTION 10-1-37 OF THE CODE  
OF ORDINANCES OF THE CITY OF ONALASKA RELATING  
TO PARKING AT EAGLE BLUFF ELEMENTARY SCHOOL**

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS  
FOLLOWS:

SECTION I. Section 10-1-37(d) of the City of Onalaska Code of Ordinances related to parking at Eagle Bluff Elementary School is hereby deleted in its entirety and replaced as follows:

Section 10-1-37(d)      Reserved for Future Use

SECTION II. This Ordinance shall take effect and be in force after its passage and publication.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA, BY:

\_\_\_\_\_  
Joe Chilsen, Mayor

\_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

**FISCAL IMPACT OF ORDINANCE 1478 – 2014**

Please route in this order

Jarrold Holter, City Engineer

C. J. Holter  
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ \_\_\_\_\_ for \_\_\_\_\_ to meet the requirements of this ordinance.

**ORDINANCE NO. 1479-14**

**AN ORDINANCE TO ANNEX LAND LOCATED IN THE SOUTHWEST ¼ OF THE  
SOUTHEAST ¼ IN SECTION 32, TOWNSHIP 17 NORTH, RANGE 7 WEST  
FROM THE TOWN OF ONALASKA TO THE CITY OF ONALASKA**

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS  
FOLLOWS:

SECTION I. Proper petition for direct annexation by unanimous approval, signed by all the owners of all real property in such territory and all of the electors residing in such territory, having been presented to the Common Council of the City of Onalaska, requesting the annexation of the territory described in Exhibit A which is attached hereto and incorporated herein to the City of Onalaska, Wisconsin from the Town of Onalaska, La Crosse County, Wisconsin. The population of the area annexed is four (4).

IT IS HEREBY ORDAINED that the above-described property and the same is hereby annexed to the City of Onalaska, Wisconsin, and it is further ordained that the corporate limits of the City of Onalaska are hereby amended to include the above-described property within the corporate limits of the City of Onalaska, Wisconsin.

SECTION II. Sec. 2-1-3(b) of the Code of Ordinances of the City of Onalaska entitled “Ward and Aldermanic District Boundaries” and especially subsection (1) entitled “First Aldermanic District – Ward One (1)” is hereby amended to include the above-described property within the boundaries of the First Aldermanic District.

SECTION III. The property is hereby zoned R-1 Single-Family Residential and all of the provisions of the Code of Ordinances of the City of Onalaska governing said zoning classification shall apply hereto.

SECTION IV. This Ordinance shall take effect and be in force from and after its passage.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA

By: \_\_\_\_\_  
Joe Chilsen, Mayor

By: \_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

EXHIBIT A

Legal Description for Tax Parcel No. 10-1217-0

Part of the SW ¼ of the SE 1/4, Section 32 T17N-R7W, Town of Onalaska, La Crosse County, Wisconsin described as follows: Commencing at the South ¼ corner of Section 32, thence N 08°54'15" E 983.07 feet to the point of beginning of this description:

Thence S 16°24'45" W 193.22 feet;

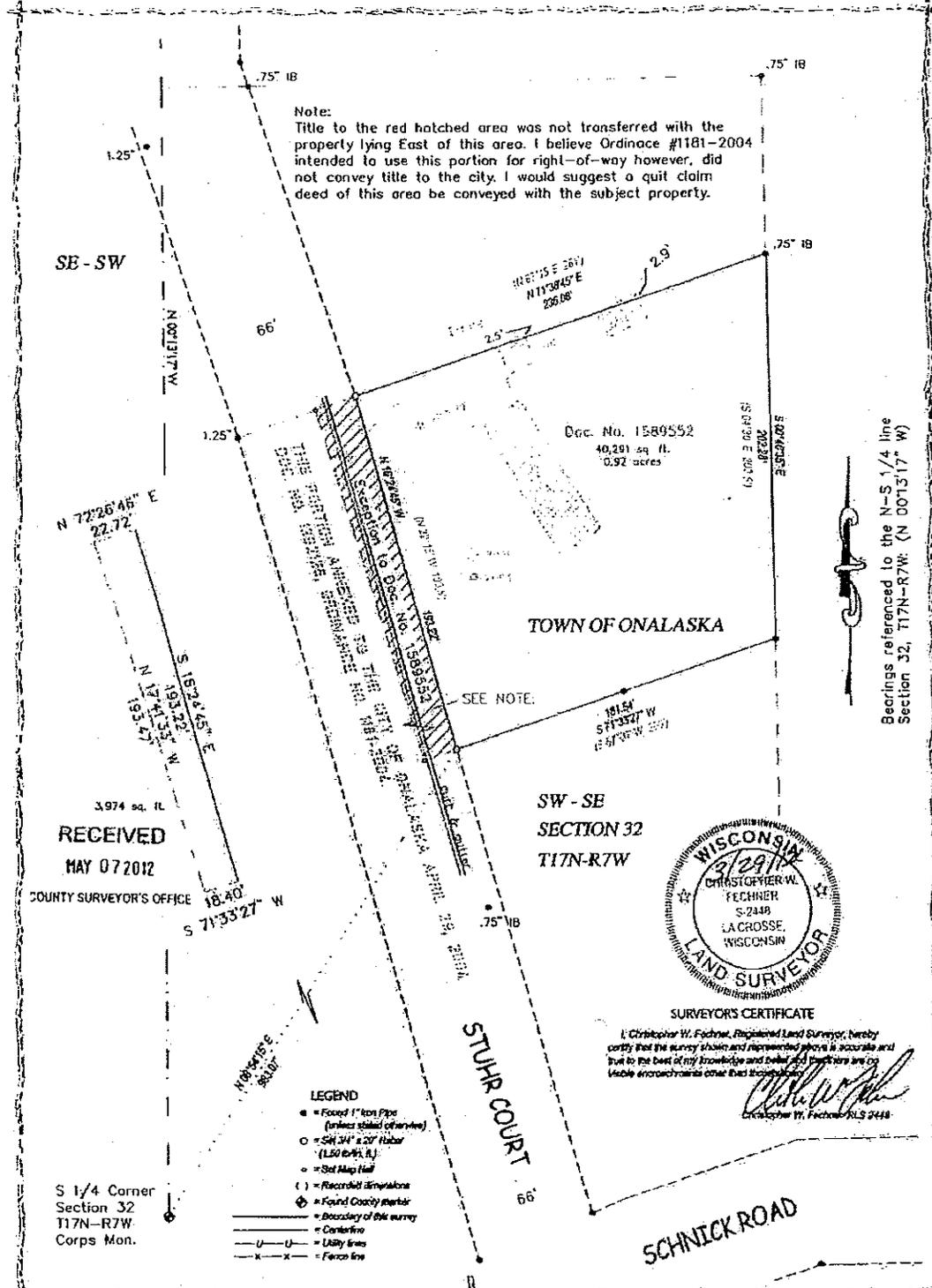
Thence N 71°38'45" E 236.08 feet;

Thence N 00°48'35" E 202.38 feet;

Thence S 71°33'27" W 181.54 feet to the point of beginning.

Subject to any easements, covenants and restrictions of records.

Note:  
 Title to the red hatched area was not transferred with the property lying East of this area. I believe Ordinance #1181-2004 intended to use this portion for right-of-way however, did not convey title to the city. I would suggest a quit claim deed of this area be conveyed with the subject property.



Bearings referenced to the N-S 1/4 line Section 32, T17N-R7W: (N 00°13'17" W)



**SURVEYOR'S CERTIFICATE**  
 I, Christopher W. Fochner, Registered Land Surveyor, hereby certify that the survey shown and represented above is accurate and true to the best of my knowledge and belief and that there are no visible encroachments other than those shown.

SURVEY FOR  
**RE/MAX FIRST CHOICE**

PART OF THE SW 1/4 OF THE SE 1/4  
 SECTION 32, T17N-R7W  
 TOWN OF ONALASKA, LA CROSSE CO., WI  
 N4966 STUHR CT

DRAWN BY: CF	DATE: 3/29/12
REVISED BY:	DATE:
SCALE: 1" = 50'	
SHEET 1 OF 2	PROJECT NO. 5276A
	FIELD CHECK TS RC CF

**C.R. Coulee Region  
 L.S. Land Surveyors**

917 SOUTH 4TH STREET - P.O. BOX 1954  
 LA CROSSE, WISCONSIN 54601  
 PHONE (608) 784-1614 FAX (608) 784-1408  
 www.couleeregionlandsurveyors.com

O-1205

O-1205

O-1205

# Request for Annexation Review

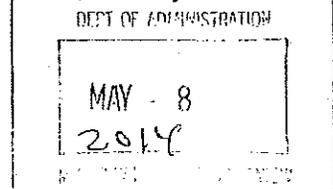
Wisconsin Department of Administration

WI Dept. of Administration  
 Municipal Boundary Review **13776**  
 101 E. Wilson Street, 9<sup>th</sup> Floor  
 Madison WI 53703  
 608-264-6102 Fax: 608-264-6104  
[wlmunicipalboundaryreview@wi.gov](mailto:wlmunicipalboundaryreview@wi.gov)  
<http://doa.wi.gov/municipalboundaryreview/>

**Petitioner Information**

Name: Kevin Mack - Mack Highland LLC  
 Address: 4966 Stuhr Ct  
Onalaska WI 54650  
 Email: Aromaplane@Centurytel.net

**Office use only:**



1. Town where property is located: Town of Onalaska
2. Petitioned City or Village: City of Onalaska
3. County where property is located: La Crosse
4. Population of the territory to be annexed: 4
5. Area (in acres) of the territory to be annexed: 0.92 ACRES
6. Tax parcel number(s) of territory to be annexed (if the territory is part or all of an existing parcel): 10217000-18269716

Petitioners phone: 608-386-8899  
 Town clerk's phone: 608-783-4958  
 City/Village clerk's phone: 608-781-9530

**Contact Information if different than petitioner:**

Representative's Name and Address:  
Kevin Mack  
NS130 Stuhr Ct  
Onalaska WI 54650  
City State Zip  
 Phone: 608-386-8899  
 E-mail:

Surveyor or Engineering Firm's Name & Address:  
Coulter Region Land Surveyors  
917 S. 4th  
P.O. Box 1954  
La Crosse WI 54601  
City State Zip  
 Phone: 608-784-1614  
 E-mail: WWW.Coulterregionlandsurveyors.com

**Required items to be provided with submission (to be completed by petitioner):**

1.  Legal Description meeting the requirements of s. 66.0217 (1) (c) [see attached annexation guide]
2.  Map meeting the requirements of s. 66.0217 (1) (g) [see attached annexation guide]
3.  Signed Petition or Notice of Intent to Circulate is included
4. Indicate Statutory annexation method used:
  - Unanimous per s. 66.0217 (2), or,
  - OR
  - Direct by one-half approval per s. 66.0217 (3)
5.  Check or money order covering review fee [see next page for fee calculation]

13776

RECEIVED  
11:30 AM  
CB  
MAY 06 2014

**PETITION FOR ANNEXATION**

CITY OF ONALASKA

TO: City Clerk  
City of Onalaska  
415 Main Street  
Onalaska, WI 54650

TO: City Clerk  
Town of Onalaska  
W7052 Second Street  
Onalaska, WI 54650

We, the undersigned,

Mack Highland LLC - Kevin Mack  
(Printed Name(s))

do hereby respectively petition the City of Onalaska, Wisconsin, to annex the real estate described hereinafter to the City of Onalaska, which is to be detached from the township of Onalaska, County of LaCrosse, Wisconsin to the City of Onalaska and that the subject property be zoned R1 upon annexation.

The property, which is the subject of this petition, is contiguous to the current boundaries of the City of Onalaska. A complete and accurate legal description and a scaled map of the area is attached hereto and incorporated herein by reference as EXHIBIT "A".

This instrument constitutes a Petition for direct annexation pursuant to Section 66.0217(2), Wisconsin Statutes. The number of electors residing within the boundaries of this property is 4 and the undersigned are the sole owners and fee title holders to these properties. Therefore, pursuant to Section 66.0217(4), no notice or publication is required.

A copy of this Petition is being mailed to the State of Wisconsin, Department of Administration, for review as required by Section 66.0217(6), Wisconsin Statutes along with the requisite Department of Administration annexation fee. See Annexation Review Fee Guide.

A complete and detailed legal description and map must accommodate this petition at the time of application in order for it to be placed on the Plan Commission Meeting agenda. Short forms or abbreviated legal descriptions will not be accepted. Maps must be to scale and dimensioned.

SIGNATURES OF PETITIONERS	ADDRESS OF PROPERTY	DATE OF SIGNATURE
<u>Kevin Mack</u>	<u>4966 Stuhr Ct</u> <u>Onalaska WI 54650</u>	<u>5/6/14</u>

Tax Parcel Identification Numbers: 101212000-18209716  
Contact Person: Kevin Mack Telephone (Cos): 386-8899  
Address: NS130 Stuhr Ct Onalaska Email: Aonaplaza+@Centurytel.net

For office use:	Date: _____	Initials: _____	
Enclosures:	<input type="checkbox"/> Petition	<input type="checkbox"/> Legal Description	<input type="checkbox"/> Map

415 Main Street, Onalaska, WI 54650 Land Use & Development Director 608-781-9590

13776

**AFFIDAVIT OF CIRCULATOR**

I, Kevin Mack Macklinville being duly sworn, state: I reside at NS130 Stuehr Ct Onalaska, Wisconsin.

I personally circulated the attached petition in the town(s) of Onalaska, La Crosse County, Wisconsin, commencing on the 1st day of May, 20 14 and terminating on the 6 day of May, 20 14, and personally obtained each signature on this petition. I

know that each person who signed is an elector or owner of the property located in the territory proposed for annexation and signed the petition with full knowledge of its content of the date indicated opposite his or her name. I know their respective residences given. I reside in the area described above. I am aware that falsifying this affidavit is punishable under Sections 12.13(3)(a) and 946.32(1)(a) of the Wisconsin statutes.

Subscribed and sworn to before me this 6<sup>th</sup> day of May, 20 14.

Caroline L. Burnmaster

Notary Public  
State: WI

Expires: 10-18-15  
County: La Crosse

Kevin Mack

Signature of Circulator



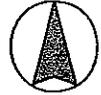
10-1217-0

Municipal Limits



CITY OF ONALASKA

City of  
ONALASKA



GIS Department

Map Designer: Joe Barstow

Print Date: 2014

Last Updated: Jan 2014

Scale: 1" = 100'

MACK HIGHLAND LLC

10-1217-0

N4966 STUHR CT

0.72 acres

HURRICANE CT

STUHR CT

SCHNICK RD

This map is to be used for  
reference purposes only.  
Every effort has been made to make  
this map as accurate as possible.

**REQUEST FOR ACTION & POSSIBLE CONSIDERATION BY  
COMMON COUNCIL:**

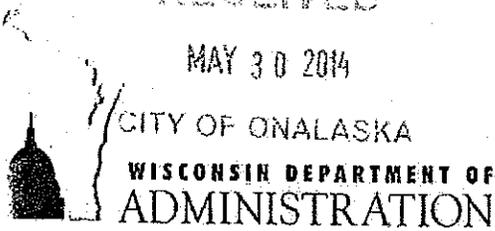
June 10<sup>th</sup>, 2014

**Consideration of an annexation application for 4966 Stuhr Court, Parcel 10-1217-0 (0.92 acres),  
applicant Kevin Mack, Mack Highland, LLC, N5130 Stuhr Court, Onalaska**

1. Payment of all fees including ACT 317 fees (\$1,345 for first installment).
2. Payment of East Avenue North Sanitary Sewer Fee - \$1,102 per acre @ 0.92 acres (\$1,014).
3. Topography Map Fee - \$10 per acre \* 0.92 acres = \$10 minimum fee.
4. Park Fee - \$922.21 per residential unit.
5. Annexed land to be placed in the R-1 Single-Family Residential Zoning District.
6. Owner/developer must notify City prior to any utility connection to City-owned utilities takes place.
7. Owner/developer shall pay all fees and have all plans reviewed and approved by the City prior to obtaining a building permit. Owner/developer must have all conditions satisfied and improvements installed per approved plans prior to issuance of occupancy permits.
8. All conditions run with the land and are binding upon the original developer and all heirs, successors and assigns. The sale or transfer of all or any portion of the property does not relieve the original developer from payment of any fees imposed or from meeting any other conditions.
9. Any omissions of any conditions not listed in Plan Commission Minutes shall not release the property owner/developer from abiding by the City's Unified Development Code requirements.
10. Owner to quit claim street right-of-way to City.

RECEIVED

MAY 30 2014



SCOTT WALKER  
GOVERNOR  
MIKE HUEBSCH  
SECRETARY

Municipal Boundary Review  
PO Box 1645, Madison WI 53701  
Voice (608) 264-6102 Fax (608) 264-6104  
Email: [wimunicipalboundaryreview@wi.gov](mailto:wimunicipalboundaryreview@wi.gov)  
Web: <http://doa.wi.gov/municipalboundaryreview/>

May 28, 2014

PETITION FILE NO. 13776

CAROLINE L. BURMASTER, CLERK  
CITY OF ONALASKA  
415 MAIN ST  
ONALASKA, WI 54650

MELISSA ERDMAN, CLERK  
TOWN OF ONALASKA  
N6957 KNUDSON ROAD  
ONALASKA, WI 54650

Subject: KEVIN MACK - MACK HIGHLAND LLC ANNEXATION

The proposed annexation submitted to our office on May 8, 2014, has been reviewed and found to be in the public interest. In determining whether an annexation is in the public interest, s. 66.0217 (6), Wis. Stats. requires the Department to examine "[t]he shape of the proposed annexation and the homogeneity of the territory with the annexing village or city and any other contiguous village or city...." so as unincorporated land transitions to city or village status, the resulting boundaries are rational and easy for jurisdictions and residents to follow. The subject petition is for territory that is reasonably shaped and contiguous to the **CITY OF ONALASKA**.

Note: The scale map that is included in the ordinance that annexes this territory must include a graphic scale and must clearly show and identify the existing municipal boundary in relation to the territory being annexed (ref: s. 66.0217 (1)(g), Wis. Stats.).

The Department reminds clerks of annexing municipalities of the requirements of s. 66.0217 (9)(a), Wis. Stats., which states:

"The clerk of a city or village which has annexed shall file immediately with the secretary of state a certified copy of the ordinance, certificate and plat, and shall send one copy to each company that provides any utility service in the area that is annexed. The clerk shall record the ordinance with the register of deeds and file a signed copy of the ordinance with the clerk of any affected school district..."

State and federal aids based on population and equalized value may be significantly affected through failure to file with the Secretary of State. Please file a copy of your annexing ordinance, including a statement certifying the population of the annexed territory. **Please also include the MBR number with your ordinance as this assists with record keeping. Your MBR number is: 13776**

The address of the Office of the Secretary of State is:

Annexations and Railroads  
Division of Government Records  
Office of the Secretary of State  
PO Box 7848  
Madison WI 53707-7848

Please call me at (608) 264-6102, should you have any questions concerning this annexation review.

Sincerely,

Erich Schmidtke, Municipal Boundary Review

cc: petitioner