

CITY OF ONALASKA MEETING NOTICE

COMMITTEE/BOARD: Administrative & Judiciary Committee
DATE OF MEETING: September 7, 2016 (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 as listed on report dated September 7, 2016.
5. Approval of Special Event Permit for:
 - a. Down Syndrome Awareness Walk on September 17, 2016 at 10am starting at the Omni Center, Onalaska
 - b. Festival Foods Turkey Trot on November 24, 2016 from 8-11am starting at the Omni Center, Onalaska
6. Approval of request for burial of cremains with full body burial for Tim and Catherine Bulera and family in Block 158, Lot 7, Grave 3 and Grave 4 in the Onalaska Cemetery.
7. City of Onalaska Cemetery
 - a. 2016 Cemetery Financials
 - b. 2017 Cemetery Budget

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	Dawn Nouffer
* Ald. Barry Blomquist - Chair Jud & Vice Chair Admin	Tim & Catherine Bulera
Ald. Jim Olson	Jessica Robey
* Ald. Bob Muth.- Chair Admin & Vice Chair Jud	
Ald. Jim Bialecki	
Ald. Harvey Bertrand	
*Ald. Jim Binash	
City Attorney Dept Heads	
La Crosse Tribune Onalaska Holmen Courier Life	Omni Center
WXOW WKTY WLXR WKBT WLAX	Onalaska Public Library
*Committee Members	

Date Notices Mailed and Posted: 9/1/16

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.

8. Approval of Fee Schedule
9. Miscellaneous licensing reporting

Judiciary

1. **Ordinance 1567-2016** to amend Chapter 1 of Title 10, Section 15 of the Code of Ordinances of the City of Onalaska relating to controlled intersections designated (13th and Green Bay Street) (First and Second Reading)
2. **Ordinance 1568-2016** to amend Title 10 Chapter 1 Section 27 of the City of Onalaska Code of Ordinances related to parking restrictions (Green Coulee Road) (First and Second Reading)

Adjournment

9-07-2016 1:41 PM

FORMS REGISTER

PACKET: 01648 License Packet September Operators

SEQUENCE: License #

ID	PERIOD	-----NAME-----		LICENSE CODE
01087	8/05/16- 6/30/18	SCHLEPPEGRELL	MARLENE	OPRATOR OPERATORS - 2 YEAR
01422	9/01/16- 6/30/18	AYLSWORTH	JORDAN	OPRATOR OPERATORS - 2 YEAR
01424	9/02/16- 6/30/17	SCHREIER	NANCY	OPRATOR OPERATORS - 1 YEAR
03491	8/22/16- 6/30/18	SCHREINER	SETH	OPRATOR OPERATORS - 2 YEAR
03932	8/26/16- 6/30/18	NIEMEYER	LISA	OPRATOR OPERATORS - 2 YEAR
04420	8/25/16- 6/30/17	DANHOUSER	KAILYN	OPRATOR OPERATORS - 1 YEAR
04804	8/03/16- 6/30/18	XIONG	MAI	OPRATOR OPERATORS - 2 YEAR
04809	8/09/16- 6/30/18	FAELLA	JOSEPH	OPRATOR OPERATORS - 2 YEAR
04812	8/11/16- 6/30/18	FARMER	JAY	OPRATOR OPERATORS - 2 YEAR
04814	8/11/16- 6/30/18	ZAMANE	ZAKARIA	OPRATOR OPERATORS - 2 YEAR
04846	8/24/16- 6/30/18	NEWMAN	CODY	OPRATOR OPERATORS - 2 YEAR
04847	8/25/16- 6/30/18	MCCULLOUGH	HALEY	OPRATOR OPERATORS - 2 YEAR
04848	8/25/16- 6/30/18	HANSEN	LUCAS	OPRATOR OPERATORS - 2 YEAR
04850	8/26/16- 6/30/18	ANDERSON	HAYLEY	OPRATOR OPERATORS - 2 YEAR
04851	8/29/16- 6/30/18	LAU	IRMGARD	OPRATOR OPERATORS - 2 YEAR



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: \$ _____

Date: _____

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party¹
- Other:

Requestor Information			
Organization/Requestor Name: (DSaw) Down Syndrome Association of Wisconsin		Phone: (414) 327-3729	
Officer of Corporation or Director of Event: Dawn Nouffer			
Address of Organization: 11709 W Cleveland Ave Suite 2			
City: West Allis	State: Wi	Zip: 53227	
Contact Person: Angel Benrud		Phone: (608) 769-2978	
Address: 921 6th Ave North			
City: Onalaska	State: Wi	Zip: 54650	
Purpose/Description of Event: 1 Mile Awareness Walk			

EVENT INFORMATION

Name of Event: Down Syndrome Awareness Walk	Date of Event: 9-17-16	Time (beginning) 10:00 <small>am/pm</small>	Time (ending) 2:00 <small>am/pm</small>
Starting Point or Block to Be Closed: The Omni Center			
Route or Specific Location (List Abutting Streets): Riders Club Road turning left at East Ave.			
Termination Point: The Omni Center			
Estimated Maximum Number of Units/Persons Attending Event: 300			

¹Attach 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:

Hot Dogs, walking tacos, chips and cookies

(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: We have a first aid kit and volunteers are certified in first aid and CPR
we will also call 911 if needed.

(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:

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.

Angel Benned
Signature of Applicant

8-15-16
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: Down Syndrome Walk 9-17-16

<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8-20-16</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8-22-16</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>See attached note from Sgt. Berg</u>	Date: <u>8-24-16</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Y.A.</u>	Date: <u>8-25-16</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Kaitlyn</u>	Date: <u>8/25/16</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>[Signature]</u>	Date: <u>8/25/16</u>

Site Diagram Sketch Attached: YES NO

GIS Dept. Map Prepared: ___/___/___

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

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

Approved By A&J: ___/___/___ Date License Issued: ___/___/___ License No: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/15/2016

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 Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202	CONTACT NAME: Michele Kromraj PHONE (A/C, No., Ext.): (414) 271-3575 E-MAIL ADDRESS:	FAX (A/C, No.): (414) 271-0196
	INSURER(S) AFFORDING COVERAGE	
INSURED Down Syndrome Association of Wisconsin Inc. 11709 W Cleveland Avenue, Suite 2 West Allis, WI 53227	INSURER A : SECURA INSURANCE A MUTUAL COMPANY 22543	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

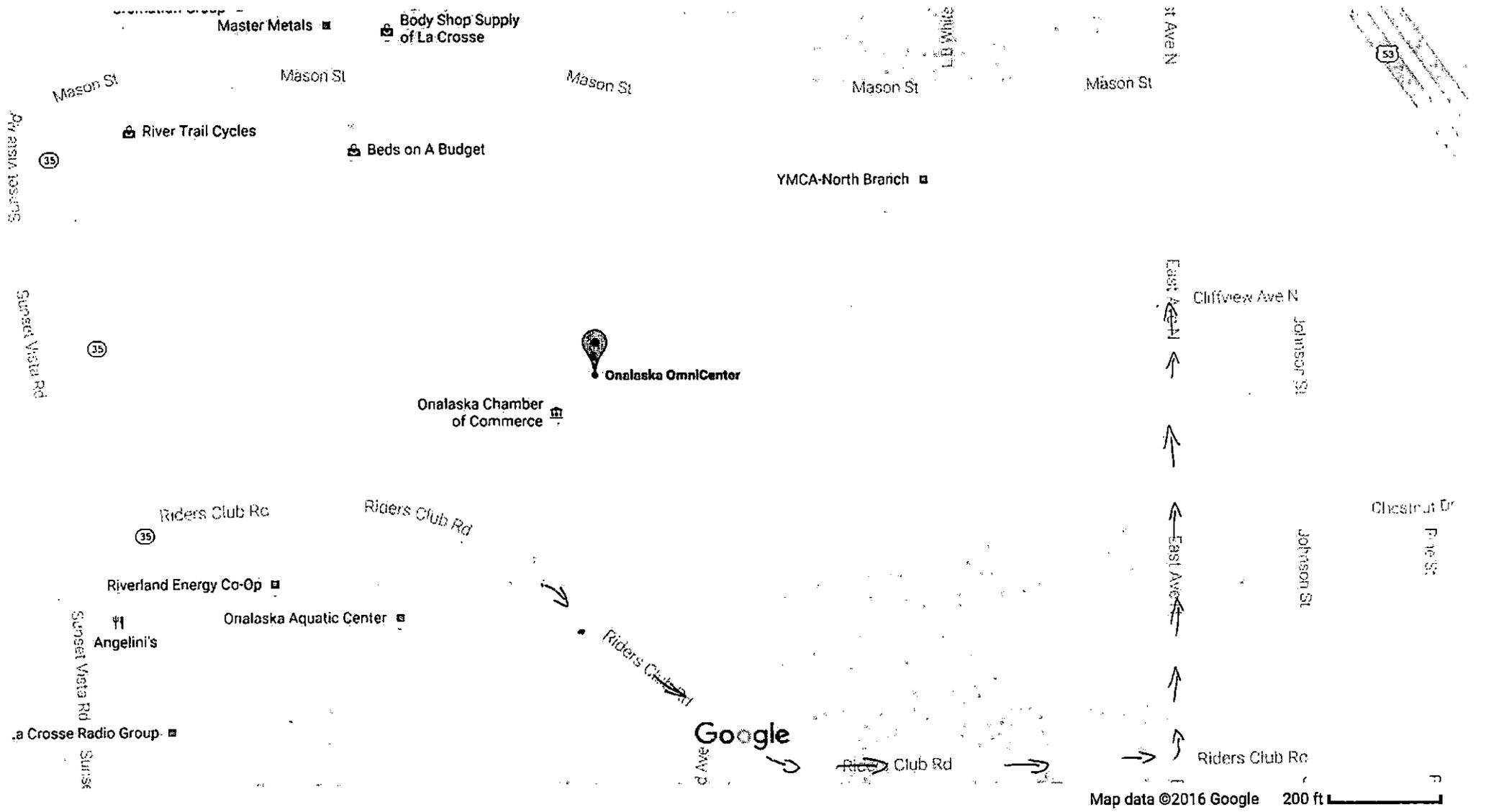
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP3168122	09/01/2015	09/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CP3168122	09/01/2015	09/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CU3219333	09/01/2015	09/01/2016	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC3168123	09/01/2015	09/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured for General Liability, when required by written contract or agreement, with respect to DSAW, Inc. Awareness Walk on 9/27/2016.

CERTIFICATE HOLDER City of Onalaska 415 430m Street Onalaska, WI 54650-2953	CANCELLATION 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 

Google Maps Onalaska OmniCenter





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: \$ _____

Date: _____

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party¹
- Other:

Requester Information			
Organization/Requestor Name: Festival Foods Turkey Trot		Phone: (715) 821-4553	
Officer of Corporation or Director of Event: Jessica Robey (local contact)			
Address of Organization: 1201 19th St. S			
City: La Crosse		State: WI	Zip: 54601
Contact Person: Lynn Baron (financial contact) <i>(Invoices, etc)</i>		Phone: (920) 964-3400 ext. 1469	
Address: 1724 Lawrence Dr.			
City: De Pere		State: WI	Zip: 54115
Purpose/Description of Event: Promote a healthy community + raise funds for the YMCA + Boys and Girls Club			

EVENT INFORMATION			
Name of Event: Festival Foods Turkey Trot	Date of Event: 11/24/16	Time (beginning) 8:00 <small>am/pm</small>	Time (ending) 11:00 <small>am/pm</small>
Starting Point or Block to Be Closed: Riders Club Road (near Omni Center)			
Route or Specific Location (List Abutting Streets): see attached maps			
Termination Point: Riders Club Road (near Omni Center)			
Estimated Maximum Number of Units/Persons Attending Event: 4,000			

¹Attach 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: Post race food: Pumpkin Pies

(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. Music will be played before, during and after the race at the start/finish line.

(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: Participant parking: OMNI Center, YMCA, Soccer field lot, Aquatic Center, First Free Church. We will work with the police department for restricting parking along parts of the road

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. (if available)

(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: Directional signage will be placed along route + at each turn along both routes

(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: Tri-State Ambulance has been contacted + will be onsite to handle any emergencies

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: _____

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.

James Papp
Signature of Applicant

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: Festival Foods Turkey Trot

11/24/16

City Clerk	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>need COI</u> ✓	Date: <u>8-23-16</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8-26-16</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>might be some additional cost per security</u>	Date: <u>8-27-16</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8-26-16</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8/24/16</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>8/24/16</u>

Site Diagram Sketch Attached: YES NO

GIS Dept. Map Prepared: ____/____/____

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

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

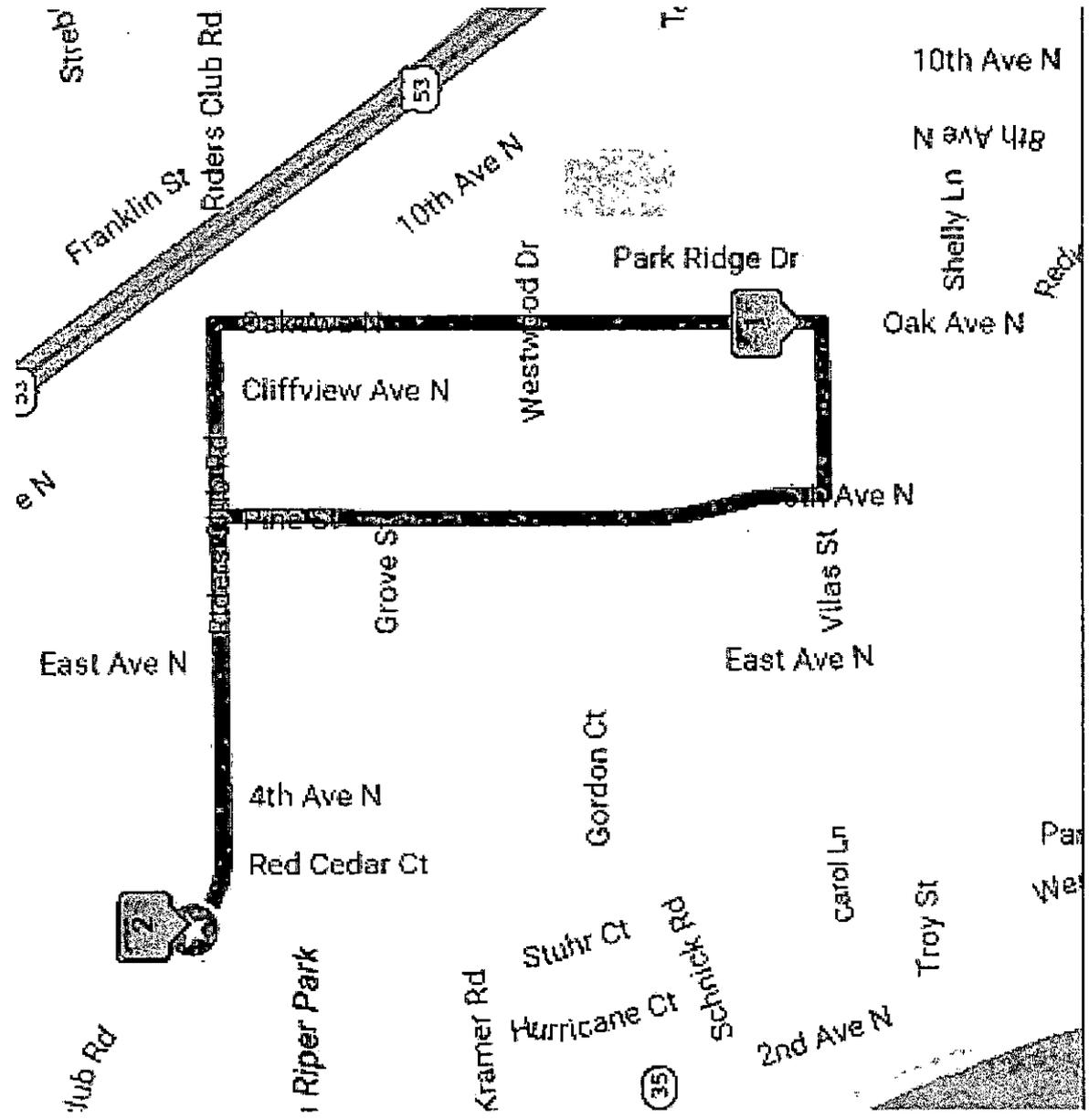
www.cityofonalaska.com

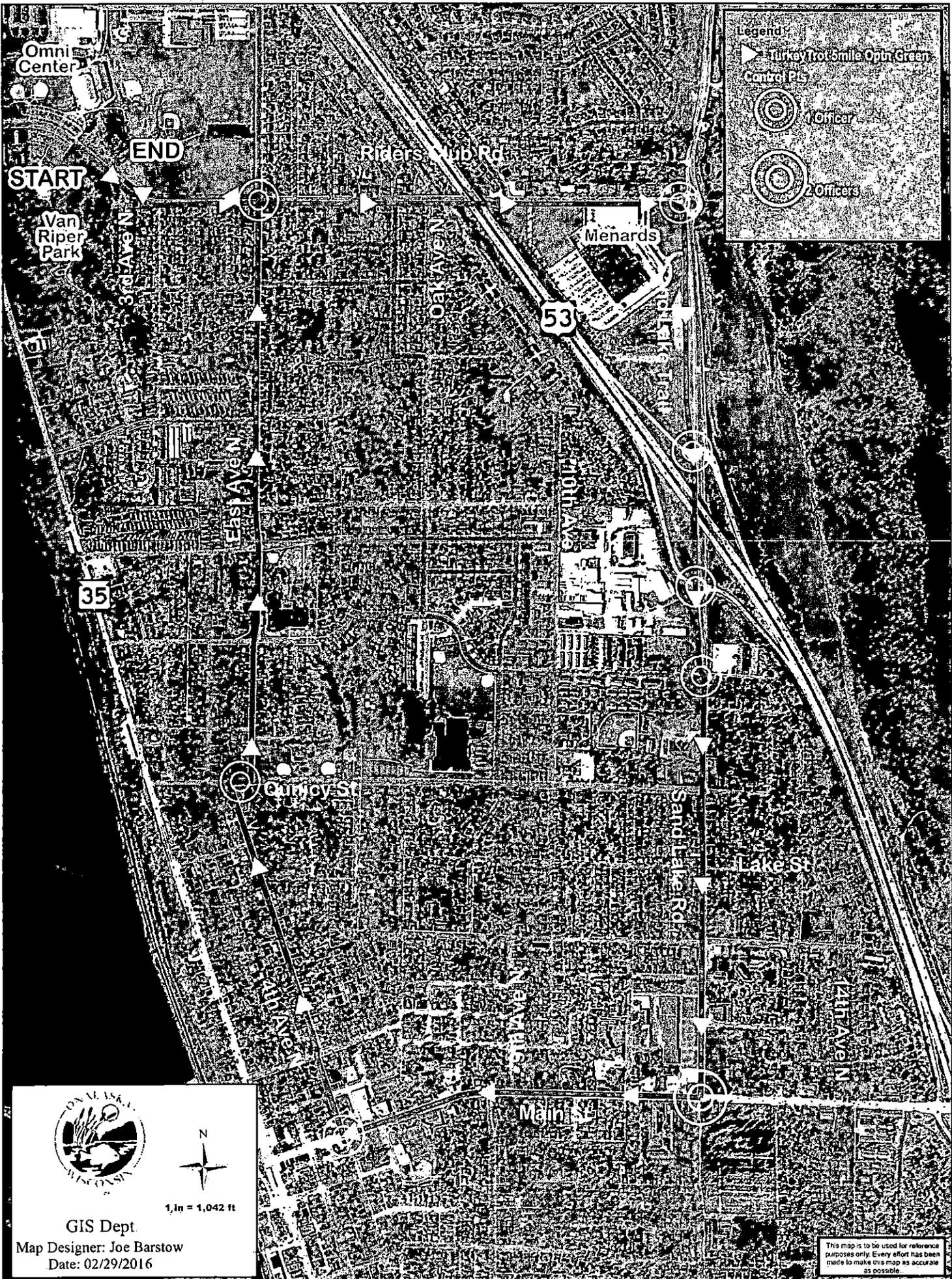
SITE DIAGRAM SKETCH

Attached.

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.

Turkey Trot 2 mile course





Legend

- Turkey Trot 5 mile Open Green Control Pt.
- 1 Officer
- 2 Officers

GIS Dept.
 Map Designer: Joe Barstow
 Date: 02/29/2016

1 in = 1,042 ft

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/29/2016

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 STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825	CONTACT NAME: Margaret M. Mayers	
	PHONE (A/C No. Ext): (260) 467-5689 FAX (A/C No.): (260) 467-5691 E-MAIL ADDRESS: margaret.mayers@starfinancial.com	
INSURED Road Runners Club of America/2016 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A National Casualty Company	11991
	INSURER B Nationwide Life Insurance Co.	66869
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2016 \$2M A.I. 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			KRO000005888100	12/31/2015 12:01 AM	12/31/2016 12:01 AM	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
	<input checked="" type="checkbox"/> Legal Liability to Participant \$2,000,000						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 2,000,000	
	OTHER:			Abuse & Molestation			GENERAL AGGREGATE \$ Unlimited	
	Aggregate \$5,000,000						PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY			KRO000005888100	12/31/2015 12:01 AM	12/31/2016 12:01 AM	Abuse and Molestation \$ 500,000	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
								BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED						\$	
	RETENTIONS						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000027201500	12/31/2015 12:01 AM	12/31/2016 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 11/24/16 running event INSURED RRCA CLUB/EVENT MEMBER: Green Bay Marathon, Inc., Att'n: John Mory, 211 North Broadway, Suite 104, Green Bay, WI 54303

CERTIFICATE HOLDER 11/24/16 City of Onalaska Onalaska City Hall 415 Main Street Onalaska, WI 54650	CANCELLATION 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 Terry Diller/MMA <i>Terry R. Diller, CPCU</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.

Tim and Catherine Bulera
2723 Tumbery Lane, Onalaska, WI 54650
608-779-4496 bulera@me.com

August 16, 2016

Attn: City Clerk
Administrative & Judiciary Committee
415 Main St.
Onalaska, WI 54650

To Whom It May Concern:

We are writing to ask permission for two interments in each of our cemetery lots. The interments would be a casket and cremains combination or two cremains. These combinations would enable our two single lots to accommodate four interments, if needed.

We own Lot No. Seven (7), Grave Three (3) and Grave Four (4) in Block No. One Hundred Fifty-Eight (158) in the Onalaska Cemetery. Please grant permission to allow two interments in each grave: two in Grave Three (3) and two in Grave Four (4).

The additional interments may be used by our son (Benjamin Bulera), a future spouse, or other relative.

Thank you for your consideration.

Sincerely,

Tim & Catherine Bulera

Tim & Catherine Bulera

City of Onalaska
AUG 23 2016
City Clerk



City of Onalaska

Balance Sheet Report

Account Summary

As Of 08/31/2016

700
8-31-16

Account	Name	Balance
Fund: 630 - CEMETERY		
Assets		
630-11100	CASH	175,225.02
630-11300	INVESTMENTS	69,578.48
630-11500	SPECIAL TRUST INVESTMENT	2,000.00
630-13000	ACCOUNTS RECEIVABLE	0.00
630-13300	INTEREST RECEIVABLE	1.13
630-14202	REIMBURSEMENT FROM STATE	0.00
630-18100	LAND	214,787.45
630-18150	CONSTRUCTION WORK IN PROGRESS	232,693.95
630-18200	BUILDING	17,036.58
630-18531	EQUIPMENT	45,731.80
630-18927	ACCUM. DEPR. - BLDG.	3,455.34
630-18928	LAND IMPROVEMENT	78,413.04
630-18929	ACC. DEPR. - LAND IMPROVEMENTS	37,412.11
630-18930	ACC. DEPR. - EQUIP	-29,416.51
630-19000	WRS NET PENSION ASSET	4,851.00
630-19200	DEF. OUTFLOW-WRS PENSION-CONTRIBL	5,532.00
	Total Assets:	425,116.45
		425,116.45
Liability		
630-21100	ACCOUNTS PAYABLE	0.00
630-21110	AP PENDING (DUE TO POOL)	0.00
630-21511	FICA W/H	0.00
630-21512	FEDERAL W/H	0.00
630-21513	STATE W/H - WI	0.00
630-21515	FICA W/H - MEDICARE	0.00
630-21520	RETIREMENT W/H	0.00
630-21528	BC/BS HEALTH INS	0.00
630-21529	HEALTH INS W/H (EMPL. HEAL. INS. CO.)	0.00
630-21530	HEALTH INS	0.00
630-21531	CANCER INS	0.00
630-21533	HEALTH/DENTAL/LIFE INS PREMIUMS	0.00
630-21534	MEDICAL & DEP. CARE - SECT. 125	0.00
630-21535	WI-RETIREMENT SYSTEM (P.T.EE)	0.00
630-21540	UNITED WAY	0.00
630-21560	COMMUNITY CREDIT UNION W/H	0.00
630-21570	UNION DUES	0.00
630-21571	LOCAL 150 UNION DUES W/H	0.00
630-21572	1ST FINANCIAL SVGS	0.00
630-21573	DEFERRED COMPENSATION	0.00
630-21581	SUPPORT PAYMENTS	0.00
630-21700	ACCRUED WAGES	0.00
630-21800	ACCUMULATED EMPLOYEE BENEFIT (VAC)	1,638.40
630-21820	ACCUMULATED EMPLOYEE BENEFIT (SICK)	0.00
630-22900	CURRENT PORTION OF LONG TERM DEBT	0.00
630-25100	DUE TO GENERAL FUND	0.00
630-25200	DEFERRED INFLOW-WRS PENSION	36.00
630-29200	LONG TERM OBLIGATIONS	0.00
	Total Liability:	1,674.40
Equity		
630-31104	CONTRIBUTED CAPITAL	8,350.00
630-32000	INVESTMENT IN CAPITAL ASSETS	0.00
630-33101	PERP. CARE FUND	237,193.91

Balance Sheet Report

As Of 08/31/2016

Account	Name	Balance
630-33103	CAPITAL IMPROVEMENTS	134,240.85
630-34100	FUND BALANCE	-2,542.68
630-34160	FUND BALANCE - SPEC. TRUST	2,000.00
630-34237	CEMETERY FENCE PROJECT	20,600.00
	Total Beginning Equity:	399,842.08
Total Revenue		59,011.51
Total Expense		35,411.54
Revenues Over/Under Expenses		23,599.97
	Total Equity and Current Surplus (Deficit):	423,442.05
	Total Liabilities, Equity and Current Surplus (Deficit):	<u>425,116.45</u>



	Original Total Budget	Current Total Budget	Period Activity	Fiscal Activity	Variance Favorable (Unfavorable)	Percent Remaining
Fund: 630 - CEMETERY						
Revenue						
630-00000-43693	0.00	0.00	0.00	0.00	0.00	0.00 %
630-00000-46540	24,250.00	24,250.00	1,400.00	18,640.00	-5,610.00	23.13 %
630-00000-46541	23,200.00	23,200.00	2,496.00	30,576.00	7,376.00	131.79 %
630-00000-46544	0.00	0.00	0.00	329.15	329.15	0.00 %
630-00000-46545	250.00	250.00	0.00	420.00	170.00	168.00 %
630-00000-46546	2,400.00	2,400.00	0.00	1,350.00	-1,050.00	43.75 %
630-00000-46547	2,900.00	2,900.00	312.00	3,822.00	922.00	131.79 %
630-00000-46548	2,900.00	2,900.00	312.00	3,822.00	922.00	131.79 %
630-00000-48100	200.00	200.00	0.00	52.36	-147.64	73.82 %
630-00000-48534	0.00	0.00	0.00	0.00	0.00	0.00 %
630-00000-49120	0.00	0.00	0.00	0.00	0.00	0.00 %
630-00000-49201	0.00	0.00	0.00	0.00	0.00	0.00 %
630-00000-49400	0.00	0.00	0.00	0.00	0.00	0.00 %
630-00000-49401	0.00	0.00	0.00	0.00	0.00	0.00 %
Revenue Total:	56,100.00	56,100.00	4,520.00	59,011.51	2,911.51	5.19 %
Expense						
630-53981-110	4,038.00	4,038.00	0.00	888.43	3,149.57	78.00 %
630-53981-120	34,143.00	34,143.00	2,581.92	20,784.46	13,358.54	39.13 %
630-53981-121	1,000.00	1,000.00	0.00	0.00	1,000.00	100.00 %
630-53981-124	9,600.00	9,600.00	0.00	0.00	9,600.00	100.00 %
630-53981-125	0.00	0.00	0.00	0.00	0.00	0.00 %
630-53981-126	0.00	0.00	675.00	3,129.00	-3,129.00	0.00 %
630-53981-127	0.00	0.00	0.00	0.00	0.00	0.00 %
630-53981-150	3,731.00	3,731.00	242.05	1,843.96	1,887.04	50.58 %
630-53981-151	3,220.00	3,220.00	214.98	1,637.09	1,582.91	49.16 %
630-53981-152	5,096.00	5,096.00	371.24	2,969.92	2,126.08	41.72 %
630-53981-153	681.00	681.00	52.72	447.22	233.78	34.33 %
630-53981-154	6.00	6.00	0.47	3.71	2.29	38.17 %
630-53981-221	500.00	500.00	48.97	367.87	132.13	26.43 %
630-53981-225	144.00	144.00	0.00	0.00	144.00	100.00 %
630-53981-310	100.00	100.00	0.00	0.00	100.00	100.00 %
630-53981-311	50.00	50.00	0.00	0.00	50.00	100.00 %
630-53981-312	50.00	50.00	0.00	0.00	50.00	100.00 %
630-53981-340	1,250.00	1,250.00	95.40	638.70	611.30	48.90 %
630-53981-350	2,000.00	2,000.00	80.70	637.98	1,362.02	68.10 %
630-53981-360	250.00	250.00	0.00	101.40	148.60	59.44 %
630-53981-361	1,500.00	1,500.00	46.73	487.06	1,012.94	67.53 %
630-53981-362	750.00	750.00	0.00	0.00	750.00	100.00 %
630-53981-363	1,000.00	1,000.00	0.00	236.42	763.58	76.36 %
630-53981-510	2,170.00	2,170.00	0.00	1,086.00	1,084.00	49.95 %
630-53981-512	100.00	100.00	0.00	152.32	52.32	52.32 %
630-53981-516	0.00	0.00	0.00	0.00	0.00	0.00 %
630-53981-540	2,145.00	2,145.00	0.00	0.00	2,145.00	100.00 %
630-53981-543	568.00	568.00	0.00	0.00	568.00	100.00 %
630-53981-544	2,007.00	2,007.00	0.00	0.00	2,007.00	100.00 %
630-53981-620	0.00	0.00	0.00	0.00	0.00	0.00 %

Budget Report

For Fiscal: 2016 Period Ending: 08/31/2016

	Original Total Budget	Current Total Budget	Period Activity	Fiscal Activity	Variance Favorable (Unfavorable)	Percent Remaining
630-53981-686 ALLOCATED WRS	0.00	0.00	0.00	0.00	0.00	0.00%
Expense Total:	76,099.00	76,099.00	4,410.18	35,411.54	40,687.46	53.47 %
Fund: 630 - CEMETERY Surplus (Deficit):	-19,999.00	-19,999.00	109.82	23,599.97	43,598.97	218.01 %
Report Surplus (Deficit):	-19,999.00	-19,999.00	109.82	23,599.97	43,598.97	218.01 %



City of Onalaska

Budget Worksheet

Account Summary

Final
8-31-16

For Fiscal: 2016 Period Ending: 08/31/2016

								Defined Budgets		
		2014	2014	2015	2015	2016	2016	2017	2017	2017
		Total Budget	Total Activity	Total Budget	Total Activity	Total Budget	YTD Activity	2017 DEPT.	2017 ADMIN	2017 ADOPTED
Fund: 630 - CEMETERY										
Revenue										
Department: 00000 - NON DEPARTMENTAL										
630-00000-46540	OPENING GRAVES	30,000.00	26,500.00	26,000.00	28,100.00	24,250.00	18,640.00	24,300.00		
630-00000-46541	SALE OF LOTS	24,028.00	23,088.00	21,000.00	31,408.00	23,200.00	30,576.00	26,000.00		
630-00000-46544	MISC. INCOME	400.00	400.00	400.00	400.00	0.00	329.15			
630-00000-46545	TRANSFER FEES	140.00	180.00	140.00	420.00	250.00	420.00	150.00		
630-00000-46546	MONUMENT/MARKRS	2,600.00	2,475.00	2,600.00	2,700.00	2,400.00	1,350.00	2,200.00		
630-00000-46547	PERP. CARE MATCHING REVEN	3,004.00	2,886.00	2,100.00	3,926.00	2,900.00	3,822.00	2,600.00		
630-00000-46548	CAPITAL IMPROVEMENTS	3,004.00	2,886.00	2,100.00	3,926.00	2,900.00	3,822.00	2,600.00		
630-00000-48100	INTEREST INCOME	500.00	260.76	400.00	108.48	200.00	52.36	175.00		
630-00000-48534	CEMETERY DONATIONS	0.00	0.00	0.00	20,600.00	0.00	0.00			
630-00000-49120	BOND PROCEEDS	0.00	45,000.00	0.00	0.00	0.00	0.00			
630-00000-49401	LOSS ON DISPOSAL OF FIXED A	0.00	0.00	0.00	3,032.59	0.00	0.00			
Department: 00000 - NON DEPARTMENTAL Total:		63,676.00	103,675.76	54,740.00	94,621.07	56,100.00	59,011.51	58,025.00	0.00	0.00
Revenue Total:		63,676.00	103,675.76	54,740.00	94,621.07	56,100.00	59,011.51	58,025.00	0.00	0.00
Expense										
Department: 53981 - CEMETERY										
630-53981-110	SALARIES - REGULAR	0.00	0.00	0.00	0.00	4,038.00	888.43	6,900.00		
630-53981-120	WAGES - REGULAR	31,136.00	29,825.41	32,646.00	32,552.56	34,143.00	20,784.46	36,589.00		
630-53981-121	OVERTIME - REGULAR	1,000.00	1.29	1,000.00	0.00	1,000.00	0.00	1,000.00		
630-53981-124	WAGES - PERM PT	0.00	0.00	0.00	0.00	9,600.00	0.00	9,600.00		
630-53981-126	WAGES - TEMP/SEAS	9,320.00	3,052.34	9,480.00	3,957.95	0.00	3,129.00			
630-53981-150	FICA	3,171.00	2,471.11	3,299.00	2,737.36	3,731.00	1,843.96	4,137.00		
630-53981-151	RETIREMENT (WRS)	2,902.00	2,299.54	2,933.00	2,480.43	3,220.00	1,637.09	3,678.00		
630-53981-152	HEALTH INSURANCE	12,196.00	4,678.63	4,634.00	4,619.55	5,096.00	2,969.92	5,971.00		
630-53981-153	DENTAL INSURANCE	633.00	632.64	633.00	636.63	681.00	447.22	729.00		
630-53981-154	LIFE INSURANCE	9.00	13.84	4.00	10.32	6.00	3.71	7.00		

	2014 Total Budget	2014 Total Activity	2015 Total Budget	2015 Total Activity	2016 Total Budget	2016 YTD Activity	Defined Budgets			
							2017 2017 DEPT.	2017 2017 ADMIN	2017 2017 ADOPTED	
630-53981-221	ELECTRIC & GAS	500.00	540.93	500.00	547.54	500.00	367.87	500.00		
630-53981-225	PHONE/INTERNET/CABLE	144.00	0.00	144.00	0.00	144.00	0.00	144.00		
630-53981-310	OFFICE SUPPLIES	100.00	0.00	100.00	104.35	100.00	0.00	100.00		
630-53981-311	POSTAGE	50.00	0.00	50.00	0.00	50.00	0.00	50.00		
630-53981-312	COPY USAGE & PAPER	50.00	0.00	50.00	0.00	50.00	0.00	50.00		
630-53981-340	OPERATING SUPPLIES	1,250.00	1,256.99	1,250.00	2,564.72	1,250.00	1,233.26	1,925.00		
630-53981-350	BLDG & GRDS MAINT & REPAIR	2,000.00	1,954.17	2,000.00	2,009.97	2,000.00	637.98	2,000.00		
630-53981-360	VEHICLE MAINT. & REPAIRS	250.00	167.61	250.00	226.94	250.00	101.40	500.00		
630-53981-361	REGULAR FUEL	1,500.00	1,172.91	1,500.00	1,053.47	1,500.00	487.06	1,500.00		
630-53981-362	OFF ROAD FUEL	750.00	719.40	750.00	18.83	750.00	0.00	750.00		
630-53981-363	EQUIPMENT MAINT & REPAIRS	1,000.00	149.99	1,000.00	827.07	1,000.00	236.42	1,000.00		
630-53981-510	INS - WORKERS COMP	1,400.00	1,400.00	1,450.00	1,450.00	2,170.00	1,086.00	2,170.00		
630-53981-512	INS - VEHICLES	100.00	100.00	100.00	87.00	100.00	152.32	100.00		
630-53981-516	EMPLOYEE BENEFITS	0.00	631.65	150.00	1,589.52	0.00	0.00			
630-53981-540	DEPR - GENERAL EQUIPMENT	2,145.00	2,144.50	2,145.00	2,622.02	2,145.00	0.00	2,145.00		
630-53981-543	DEPR BLDG STRUCTURE, BLD	568.00	567.88	568.00	567.88	568.00	0.00	568.00		
630-53981-544	DEPR - IMPROV OTHER THAN L	2,007.00	2,335.09	2,007.00	2,827.92	2,007.00	0.00	2,007.00		
630-53981-686	ALLOCATED - WRS	0.00	0.00	0.00	339.00	0.00	0.00			
Department: 53981 - CEMETERY Total:		74,181.00	56,115.92	68,643.00	59,973.99	76,099.00	36,006.10	84,120.00	0.00	0.00
Expense Total:		74,181.00	56,115.92	68,643.00	59,973.99	76,099.00	36,006.10	84,120.00	0.00	0.00
Fund: 630 - CEMETERY Surplus (Deficit):		-10,505.00	47,559.84	-13,903.00	34,647.08	-19,999.00	23,005.41	-26,095.00	0.00	0.00
Report Surplus (Deficit):		-10,505.00	47,559.84	-13,903.00	34,647.08	-19,999.00	23,005.41	-26,095.00	0.00	0.00

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2017

PERSONNEL JUSTIFICATION

I. FULL-TIME PERSONNEL

Current Position (X)	Proposed New (X)	Percent Allocated to Dept	Job Title	Employee Name <small>(write "vacant" if currently vacant, write "new" if newly proposed)</small>	2016 Gross Salary/Wages <small>(excluding O.T. etc)</small>	2017 Proposed Salary/Wages	
X		66%	Crew Leader	Carlson, Nick \$ 52,413.77	\$34,143	\$34,593	
X		5%	City Administrator	Vacant \$ 120,000.00	\$3,115	\$6,000	
X		5%	Mayor	Chilsen, Joe \$ 18,000.00	\$923	\$900	
	X	5%	Office Clerical Support	Wilk, Stacy \$ 39,912.88	\$0	\$1,996	
Sub-Totals						\$38,181	\$43,489
Overtime (Approx. Hours:)						\$1,000	\$1,000
Other Compensation (On Call/Nite Pay)							
Total Salaries for Full-time Personnel						\$39,181	\$44,489

II. PART-TIME PERSONNEL

Current Position	Proposed New	Percent Allocated to Dept	Job Title	Employee Name	Budgeted # of 2016 Hrs	Budgeted 2016 Gross Salary	2017 Proposed Hrs.	2017 Proposed Gross Salary
X			Laborer (1040-hour position)	Halverson, Richard (\$12.00/hour)	12	800	800	\$9,600
Sub-Totals								\$9,600
Overtime								
Total Salaries for Part-Time Personnel								\$9,600

III. TOTAL SALARIES & WAGES

<u>2016</u>	<u>2017 Proposed</u>
\$48,781	\$54,089

IV. FRINGE BENEFIT CALCULATION FOR 2017:

	<u>FULL-TIME</u>	<u>PART-TIME</u>
A. FICA	7.65% \$3,403	\$734
B. Retirement - Full	13.6%	n/a
Retirement - Partial	6.80% \$3,025	6.80% \$653
C. Insurance-Health	\$5,971	n/a
D. Insurance-Dental	\$729	n/a
E. Insurance-Life	\$7	n/a

Comments / Notes:

Leader: Cemetery 66% - Street 34%
 Administrator: Administrator 75% - Water 5% - Sewer 5% - Storm Water 5%, Cemetery 5%, Tourism 5%
 Mayor Salary split: 5% Cemetery, 5% Sewer, 5% Storm Water, 5% Water, 20% Tourism
 Office Clerical Support: Clerk 25% - Water 15% - Sewer 15% - Storm Water 5% - Cemetery 5%

OK
K

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2017

LINE ITEM DESCRIPTION & JUSTIFICATION

Account Number	Line Item Category #	Justification Detail	Cost Per Each Line Item	Total Cost Per Each Category
630-53981	221	Electric & Gas		\$500
		Veteran's Memorial Flag Light	\$250	
		Garage	\$250	
630-53981	225	Phone/Internet/Cable		\$144
630-53981	310	Office Supplies		\$100
630-53981	311	Postage		\$50
630-53981	312	Copy Usage & Paper		\$50
630-53981	340	Operating Supplies		\$1,925
		Weed control spraying	\$1,100	
		Small tools & supplies	\$150	
		Portable toilet at cemetery 9 monts @ \$75/month	\$675	
630-53981	350	Bldg & Grds Maint & Repairs		\$2,000
630-53981	360	Vehicle Maint & Repairs		\$500
630-53981	361	Regular Fuel		\$1,500
630-53981	362	Off Road Fuel		\$750
630-53981	363	Equipment Maint & Repairs		\$1,000
630-53981	510	Ins - Workers Comp		\$2,170
630-53981	512	Ins - Vehicles		\$100

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2017

LINE ITEM DESCRIPTION & JUSTIFICATION

Account Number	Line Item Category #	Justification Detail	Cost Per Each Line Item	Total Cost Per Each Category
630-53981	516	(Former) Employee Benefits		\$0
630-53981	540	Depr - General Equipment		\$2,145
630-53981	543	Depr - Bldg, Structure, Bldg Improv		\$568
630-53981	544	Depr - Improv Other than Land		\$2,007
TOTAL				\$15,509

**CITY OF ONALASKA, WISCONSIN
DEPARTMENTAL BUDGET**

Department:

Cemetery

Budget Year 2017-2022

5-YEAR NEW / REPLACEMENT PROJECTION

List items that need to be replaced or any new equipment you feel will be needed within the next 5 years due to replacement, increased demand, safety regulation mandates, or to increase efficiency of personnel.

Items must exceed \$500.00 per item.

Item Description	Year To Be Purchased	Comments
Cemetery Master Land Use Plan	2018	\$20,000
Street improvements to existing streets	2018	\$30,000
Front mount mower	2018	\$25,000
Install new fencing around perimeter of cemetery	2019	\$75,000
Replace trees in existing cemetery	2020	\$10,000
Bathroom addition to cemetery	2021	\$50,000
Hickory Street reconstruction/cemetery addition	2022	\$100,000

Compact excavator with trailer
detail included within Street
Department budget

Cemetery software

ESTIMATE SHEET

SITE INDUSTRIES, LLC
 Site Industries LLC.
 4256 State Route 51 North, Suite 102
 Belle Vernon, PA 15012
 Phone 877-783-9626
 Fax 724-906-4444

ISSUED FOR:
 Onalaska Cemetery
 Onalaska, WI
PROJECT:
 Onalaska Cemetery

ISSUED ON:
 02-11-2016 12:53 PM
VALID THROUGH:
 05-09-2016
ESTIMATE #:
 QUO236

EVERY ESTIMATE INCLUDES

- ~ Customizable Features ~ Data backup ~ PCI & HIPAA Compliance ~ Training & Support

\$ 5,700.00

\$ 1080.00
Annual

REQUESTED SOFTWARE	IMPLEMENTATION	ANNUAL LICENSE
<p>SecureCRM Completely customizable web-based cemetery records management software that is built on FlexCore Framework. It is user-friendly and intuitive while maintaining robust computing and advanced searching options effectively automate your workflow processes. (up to 3 users)</p>	1500	600
<p>Data Migration Import and clean records from existing database.</p>	1000	0
<p>Mapping Implementation Mapping allows cemeteries to plot and display the location of graves. Mapping to the lot level unless noted otherwise.</p>	1500	0
<p>Visual Lot Viewer Visually connect burial, grave, owner and marker information with its physical location and find available graves right from the lot.</p>	0	0
<p>Marker Manager Save time by viewing the markers that exist in a lot in a simple, organized view. Plus, create great up-selling opportunities by running reports on graves without markers.</p>	0	0

Doc Printing Module

Print auto-populated templates for deed transfers, interments and work-orders. Save time and money by reducing double-entry. (includes up to 3 documents)

750

0

Website Integration

This one page integration is made to emulate your existing website and work seamlessly from the public perspective. It allows you to post upcoming burials, recent interments and search for grave locations. Auto-populated data from Secure CRM.

1000

480

This estimate is valid for 30 days and is based on the data and information we have gathered to date. Actual data quality and map detail will affect price. Includes 8 hours of customization. Does not include any transaction and/or bank fees or any applicable local/state/federal taxes. This is only an estimate. Please request firm quote or invoice to pay from. Annual license is for 3 users, unless noted otherwise. Additional user licensing may be purchased.

Additions to Fee Schedule
September 2016

Type of Fee	Fee Amount	Ordinance Reference	When Due	
ENGINEERING/PUBLIC WORKS DEPARTMENT FEES				
REFUSE/RECYCLING				
Cart Size Change - Garbage	\$50.00		Upon Application	
Cart Size Change - Recycling	\$50.00		Upon Application	
Additional Container- Garbage	\$70.00	8-3-5(d)	Annual	By Dec 31
Additional Container - Recycling	\$30.00	8-3-5(d)	Annual	By Dec 31
Cart Replacement <i>(lost, damaged, destroyed)</i>	\$85.00	8-3-5(e)	Upon Application	
YARD WASTE				
Yard Waste Sticker	\$20.00		Annual	
PLANNING/ZONING DEPARTMENT FEES				
Airport Overlay Zoning District - Land Use Checklist	\$45.00		Upon Application	

Type of Fee	Fee Amount	Ordinance Reference	When Due
CLERK/FINANCE DEPARTMENT FEES			
Liquor/Beer			
Class A Beer	\$75.00	7-2-5 (c)	Annual
Class A Liquor	\$425.00	7-2-5(a)	Annual
Class B Beer	\$100.00	7-2-5(d)	Annual
Class B Liquor	\$450.00/\$10,000.00	7-2-5(b)	Annual
Picnic Class B	\$10.00	7-2-5(e)	Annual
Class C Wine	\$100.00	7-2-5(g)	Annual
Outdoor Venue	\$100.00/\$15.00	7-2-18(a)	Upon Appl
Publication	\$10.00	7-2-6 (c)	Annual
Cigarette	\$100.00	7-3-2-(b)	Annual
Operator	\$25.00/\$15.00 Provisional's \$3.00/\$5.00		Annual
Change of Agent	\$10.00	7-2-11(b)	Upon Appl
Transfer of Liquor License	\$10.00	7-2-11(a)	Upon Appl
Hotel/Motel			
	\$30.00/ 2 yr	7-5-4	
	\$25.00/1 yr		
Mobile Home Parks			
1 to 25	\$25.00	7-17-2(a)(b)	Annual
25 to 50	\$50.00	7-17-2 (a)(b)	Annual
51 to 75	\$75.00	7-17-2(a)(b)	Annual
over 100	\$100.00	7-17-2(a)(b)	Annual
Taxi Cabs			
	\$125.00	7-6-1(d)	Annual
Weights and Measures			
	\$50.00 plus \$10.00/device \$7.00 timer device	7-15-1(f); 7-15-1(i)(1-3)	Annual
Pawn Broker			
	\$210.00	7-13-1	Annual
Second Hand Article Dealer			
	\$27.50	7-13-1	Annual
Second Hand Jewelry Dealer			
	\$30.00	7-13-1	Annual
Second Hand Article Dealer/ Mall or Flea Market			
	\$165.00	7-13-1	Annual
Junk Dealer			
	\$125.00	7-16-3(a)	Annual
Itinerant Junk Dealer			
	\$20.00	7-16-3(b)	Annual
Spilltitors			
	\$40.00/\$20.00	7-4-4 (c)(1)	Upon Appl Valid 90 da
Firework			
Display	\$0.00	7-7-1(b)(3)	per event
Sales	\$50.00	7-7-1(b)(2)	Upon appl
Carnival			
	\$50.00	7-11-1(d)(2)	Per Event
Recreational Burn			
	\$40.00/ 2 year	5-2-9(1)	BI annual
Bicycle Registration /Duplicate Registration			
	\$2.00/bike	10-2-7(b)(2) & (5)	

Cemetery Fees			
Plot		\$780.00	8-4-3(2)
Infant		\$260.00	8-4-3 C(3)
Opening Fees Adult			
Full Burial M-F		\$675.00	8-4-3 (c)(2)
Ashes M-F		\$325.00	8-4-3 (c)(3)
Full Saturday		\$840.00	8-4-3 (c)(2)
Ashes Saturday		\$400.00	8-4-3 (c)(3)
Full Sunday/Holiday		\$950.00	8-4-3 (c)(2)
Ashes Sunday/Holiday		\$450.00	8-4-3 (c)(3)
Transfer Fee		\$60.00	8-4-3 (d)(2)
Opening Fees Infant			
Full Burial M-F		\$275.00	8-4-3 (c)(1)
Ashes M-F		n/a	8-4-3 (c)(3)
Full Saturday		\$350.00	8-4-3 (c)(1)
Ashes Saturday		n/a	8-4-3 (c)(3)
Full Sunday/Holiday		\$400.00	8-4-3 (c)(1)
Ashes Sunday/Holiday			8-4-3 (c)(3)
Burial of Ashes in Monument		\$40.00	8-4-8(d)
Marker and Monument Fee		\$75/lot	8-7-3(1) and (2)
Replacement Animal Tags/ Various Licenses			
		\$5.00	7-1-3 (3)
Dogs/Cat (spayed or neutered)		\$13.00	7-1-3 (3)
Dogs/Cat (intact)		\$23.00	7-1-3 (3)
NSF			
		\$30.00	3-1-1(a)
Administration Fee			
		\$40.00	
Public Records			
		\$.25 per page/\$5.00 per CD	3-3-4(f)
Title Searches			
		\$30.00 (\$25.00 Clerk & \$5.00 Water Department)	
Special Common Council Meeting			
		\$250.00	2-2-11(b)
Tax Exempt			
		\$20.00/parcel	
PARKS AND RECREATION FEES			
Building			
Rowe Park			
Shelter #1 (Capacity 100)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$55.00	
Group 4		\$80.00	
Shelter #2 (Capacity 90)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$55.00	
Group 4		\$80.00	
Community Park			
Park Shelter (Capacity 75)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$55.00	
Group 4		\$80.00	
Lions Shelter (Capacity 75)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$50.00	
Group 4		\$75.00	
Glen Fox Park			
Park Shelter (Capacity 75)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$55.00	
Group 4		\$80.00	
Van Riper Park			
Shelter #1 (Capacity 75)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$75.00	
Group 4		\$100.00	
Shelter #2 (Capacity 75)			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$50.00	
Group 4		\$75.00	

Community Center			
1/2 Day (4 hours) -Cap. 100			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$75.00	
Group 4		\$100.00	
Full Day (Capacity 100)			
Group 1		N/C	
Group 2		\$50.00	
Group 3		\$125.00	
Group 4		\$175.00	
Omni Center			
Shelter 1/2 Day (Four hours) (Capacity 200)			
Group 1		\$25.00	
Group 2		\$75.00	
Group 3		\$125.00	
Group 4			
Shelter Full Day (Capacity 200)			
Group 1		N/C	
Group 2		\$50.00	
Group 3		\$100.00	
Group 4		\$175.00	
Meeting Room (Capacity 75)			
Group 1		N/C	
Group 2		Call 781-9566 x603 to book	
Group 3		Call 781-9566 x603 to book	
Group 4		Call 781-9566 x603 to book	
Banquet Hall (Capacity 250)			
Group 1		N/C	
Group 2		Call 781-9566 x603 to book	
Group 3		Call 781-9566 x603 to book	
Group 4		Call 781-9566 x603 to book	
Sports Fields (No Lights)			
Community Park			
Group 1		N/C	
Group 2		\$20.00	
Group 3		\$50.00	
Group 4		\$75.00	
Van Riper Park			
Group 1		N/C	
Group 2		\$20.00	
Group 3		\$50.00	
Group 4		\$75.00	
Sports Field (Lights)			
Community Park			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$75.00	
Group 4		\$150.00	
Van Riper Park			
Group 1		N/C	
Group 2		\$25.00	
Group 3		\$75.00	
Group 4		\$150.00	

ZONING/PLANNING PERMIT FEES			
Preliminary Plat	\$200 + \$25/lot		13-9-76 (d)(1)
Final Plat	\$150 + \$10/lot		13-9-76 (e) (1)
Certified Survey Map	\$75 + \$10/lot		13-9-76 (a)
Rezoning	\$300.00		13-9-9 (a) (3)
PCID/PUD	\$700.00		13-1-47(b)
Conditional Use Permit	\$250.00		13-8-9 (a) (5)
Conditional Use-Class 1 Collocation	\$3,000.00		13-6-6(1)(E)(2)(k)
Conditional Use-Class 2 Collocation	\$250.00		13-6-6(1)(F)(4)
Conditional Use-Radio Broadcast/Antenna	\$250.00		13-6-6(2)(b)(2)(vi)
Variance	\$300.00		13-8-40(a), 13-8-41(f)
Board of Zoning			
Administrative Appeals	\$100.00		
Street Vacations/Right of Way Discontinuance	\$300.00		
Republication Fee*	\$100.00		
* for CUP, Rezoning/PUD, Variance, Street Vacation/ROW Discontinuance			
Zoning Verification Letters	\$24/residential \$100/commercial		
Airport Overlay Zoning District - Land Use Checklist	\$45.00		
Sign			
if under 35 square feet	\$20.00		13-6-19(c)
if over 35 square feet	\$.60/per square foot		13-6-19(c)
Site Plan Permit Fees			
Accessory Structure w/ disturbed areas of 1,200 s.f. or less & principle structures of 250 s.f. or less	\$75.00		
Parking Lot construction/reconstruction and/or other site improvements w/out principal structure/other projects	\$150.00		
Building/Structural additions-disturbed area of 1,201 s.f. or more for accessory and 251 s.f. or more for principle structure additions	\$250.00		
New Construction (including Class 1 Telecommunication Tower Construction)	\$350.00		
Impact Fees			
Green Fee	\$638.47/acre		
Park Fee/Unit	\$922.21/unit		
Park Fee/Unit w/Land	\$448.52/unit		
Topography Map	\$10/acre		13-9-76 (b)
Stormwater Permit Application Fees			
Residential			
<1 acre of disturbance	\$75.00		15-2-8; 15-2-6(c)
>1 acre of disturbance	\$150.00		15-2-8; 15-2-6(c)
Commercial			
<1 acre of disturbance	\$100.00		15-2-8; 15-2-6(c)
>1 acre of disturbance	\$200.00		15-2-8; 15-2-6(c)
Subdivision/Condo Plat			
<10 acres	\$200.00		15-2-8; 15-2-6(c)
>10 acres	\$400.00		15-2-8; 15-2-6(c)
Permit Fees will double if work is commenced before permit is issued			
Erosion Control Permit Application Fees			15-2-8; 15-2-6(c)
<1 acre of disturbance	\$75.00		15-1-15(a)
>1 acre of disturbance	\$150.00		15-1-15(a)
Commercial			
<1 acre of disturbance	\$100.00		15-1-15(b)
>1 acre of disturbance	\$200.00		15-1-15(b)
Subdivision/Condo Plat			
<10 acres	\$200.00		15-2-8; 15-2-6(c)
>10 acres	\$400.00		15-2-8; 15-2-6(c)
Permit Fees will double if work is commenced before permit is issued			
Fill/Excavation Permit Application Fees			
<1 acre of disturbance	\$75.00		
>1 acre of disturbance	\$150.00		
Commercial			
<1 acre of disturbance	\$100.00		
>1 acre of disturbance	\$200.00		
Subdivision/Condo Plat			
<10 acres	\$200.00		
>10 acres	\$400.00		
Permit Fees will double if work is commenced before permit is issued			

Building Inspection:			
Residential Permit Fees			
Building, adding, altering and placing accessory structures (includes porches, decks and egress windows)	\$0.25/square feet of all area (\$50.00 minimum fee)	15-1-15 (a)	
Swimming Pools (over 15 feet in diameter)	\$50.00	15-1-15(a)	
Razing/Demolition (over 200 square feet)	\$50.00	15-1-15(a)	
Residential Moving	\$60.00	15-1-15(a)	
Residential Certificate of Completion	\$25.00	15-1-15(a)	
Residential Zoning Permit (Plan Review)	\$50.00	15-1-15(a)	
Residential Roofing (over 200 square feet)	\$50.00	15-1-15(a)	
Reinspection Fee	\$50.00	15-1-15(a)	
Permit Fees will double if work is commenced before permit is issued			
Commercial Permit Fees			
Commercial (Non warehouse) and Multi Family Structures	\$0.40/square feet for first 15,000 square feet, add \$0.20 additional square feet (\$100 minimum and \$40,000 max)	15-1-15(b)	
Remodeling and Build-outs	\$0.40/square feet for first 15,000 square feet, add \$0.15 additional square feet (\$100 minimum and \$40,000 max)	15-1-15(b)	
Commercial City Construction Plan Review	\$80/hr	15-1-15(b)	
	new or addition less than 50,000 ft ² or alterations less than 100,000 ft ²		
Commercial Warehouse Structure	\$0.25/sq. ft. for first 15,000 sq. ft. and \$0.15 per additional sq. ft. (\$40,000 Max. \$100 Min.)	15-1-15(b)	
Commercial Wrecking	\$100.00	15-1-15(b)	
Commercial Moving	\$60.00	15-1-15(b)	
Commercial Certificate of Completion	\$50.00	15-1-15(b)	
Multi-Family Certificate of Completion	\$20.00 + \$5.00/unit	15-1-15(b)	
Commercial Roofing over 1,000 square feet	\$100.00	15-1-15(b)	
Commercial Miscellaneous (misc. interior and exterior modifications)	\$100.00	15-1-15(b)	
Class 1 Collocation	\$600.00		
Class 2 Collocation /Radio Broadcasting	\$250.00		
Electrical Permit Fees:			
	Based on Project Value (including time and materials)		
\$0-\$2,000	\$40.00	15-1-73 (2) (a)	
\$2,001 - \$3,000	\$50.00	15-1-73 (2) (a)	
\$3,001 - \$4,000	\$60.00	15-1-73 (2) (a)	
\$4,001 - \$5,000	\$70.00	15-1-73 (2) (a)	
\$5,001 - \$6,000	\$80.00	15-1-73 (2) (a)	
\$6,001 - \$7,000	\$90.00	15-1-73 (2) (a)	
\$7,001 - \$8,000	\$100.00	15-1-73 (2) (a)	
\$8,001 - \$9,000	\$110.00	15-1-73 (2) (a)	
\$9,001 - \$10,000	\$120.00	15-1-73 (2) (a)	
>\$10,000	\$120 & add \$3/additional \$1,000 or part thereof	15-1-73 (2) (a)	
Re-Inspection Fee	\$50.00	15-1-73 (2) (a) (a)	
Permit Fees will double if work is commenced before permit is issued			
		15-1-73 (2) (a) (b)	

HVAC Permit Fees:		Based on Project Value (including time and materials)	
\$0 - \$2,000 (total cost)		\$40.00	15-1-57 (a)
\$2,001 - \$3,000		\$45.00	15-1-57 (a)
\$3,001 - \$4,000		\$55.00	15-1-57 (a)
\$4,001 - \$5,000		\$65.00	15-1-57 (a)
\$5,001 - \$6,000		\$75.00	15-1-57 (a)
\$6,001 - \$7,000		\$85.00	15-1-57 (a)
\$7,001 - \$8,000		\$95.00	15-1-57 (a)
\$8,001 - \$9,000		\$105.00	15-1-57 (a)
\$9,001 - \$10,000		\$115.00	15-1-57 (a)
>\$10,000		\$115 add \$2.50/additional \$1,000 or part thereof	15-1-57 (a)
Re-Inspection Fee		\$50.00	
Permit Fees will double if work is commenced before permit is issued			
Plumbing Permit Fees		Based on Project Value (including time and materials)	
\$0 - \$2,000 (total cost)		\$30.00	15-1-35 (b)
\$2,001 - \$10,000		\$15.00 per \$1,000 or part thereof	15-1-35 (b)
\$10,001 - \$50,000		\$150 for first \$10,000 & add \$4/additional \$1,000 or part thereof	15-1-35 (b)
>\$50,000		\$325 for each \$50,000 plus \$3.50 for each additional \$1,000 or part thereof	15-1-35 (b)
Sewer Connection		\$30.00	15-1-35 (d)
Sewer Relay		\$30.00	15-1-35 (e)
Water Connection		\$30.00	15-1-35 (f)
Water Relay		\$30.00	15-1-35 (g)
New Well Permit		\$5,000.00	9-1-50(d)(4)
Well Permits		\$25.00	15-1-35 (h)
Lift Station/Sanitary Sewer Service Fees In Certain Areas**		In addition to the foregoing there shall be a connection charge for certain areas:	15-1-35 (i)
Area A:		\$20/connection	
Area B:		\$38/connection	
Area C: East Aven N. Zone		\$1,102/acre	
Area D: Green Coulee Zone		\$312	
Area E: Pralle Annexation Zone		\$727/acre	
Area F: State Road 16 Zone		\$812/acre	
Greens Coulee High Pressure Zone**		\$2,061/acre* -min. 1 acre	** Based on CPIU Midwest District CPI on 1/1 of each year
Re-Inspection Fee		\$50.00	15-1-35 (k)
Permit Fees will double if work is commenced before permit is issued			
ENGINEERING/PUBLIC WORKS DEPARTMENT FEES			
REFUSE/RECYCLING			
Cart Size Change - Garbage		\$50.00	
Cart Size Change - Recycling		\$50.00	
Additional Container - Garbage		\$70.00	8-3-5(d)
Additional Container - Recycling		\$30.00	8-3-5(d)
Cart Replacement (lost, damaged, destroyed)		\$85.00	8-3-5(e)
YARD WASTE			
Yard Waste Sticker		\$20.00	

Miscellaneous Permit Fees			
Sidewalk	\$15/stretch		6-2-2 (d) (1)
Street Opening	\$25.00 + actual fees (with Public Works Permission)		6-2-3 (f) (2)
Street Opening Renewal	\$25.00		6-2-3(e)
Driveway Approaches	\$20/opening		6-2-4
Street Privilege	\$25.00 + actual City costs		38870
Dumpster	\$25.00		6-2-7 (c)
Miscellaneous Inspection Fees			
Long Grass Abatement	Contractor Cost + Administrative Fee		8-1-7(e)(3)
Snow Removal	Greater of \$75/side or Actual Cost + Administrative Fee		6-2-8(b)(2)
Printing Fees			
Black and White Copies/Prints			
8 1/2 x 11 - Letter Size	\$0.25		
8 1/2 x 14 - Legal Size	\$0.50		
11 x 17 Ledger Size	\$0.50		
17 x 22 -Arch C	\$3.00		
22 x 34 -Arch D	\$5.00		
34 x 44 - E size, up to Arch E	\$6.00		
Small Street Maps	\$2.00		
Large Street Maps	\$10.00		
Color Copies/Prints			
8 1/2 x 11 - Letter Size	\$1.00		
8 1/2 x 14 - Legal Size	\$1.00		
11 x 17 Ledger Size	\$2.00		
17 x 22 -Arch C	\$9.00		
22 x 34 -Arch D	\$12.00		
34 x 44 - E size, up to Arch E	\$15.00		
Aerial Photo & Full Color Maps-Copies or Prints			
8 1/2 x 11 - Letter Size	\$1.00		
8 1/2 x 14 - Legal Size	\$1.00		
11 x 17 - Ledger Size	\$2.00		
17 x 22 - Arch C	\$15.00		
22 x 34 - Arch D	\$20.00		
34 x 44 - E size, up to Arch E	\$30.00		
Small Zoning Maps (color only)	\$10.00		
Large Zoning Maps (color only)	\$15.00		
Query/Service Products			
Products that require the creation of an original document by a staff person involving computer time, calculations and/or data retrieval			
Black and White			
8 1/2 x 11 - Letter Size	\$1.00		
8 1/2 x 14 - Legal Size	\$1.00		
11 x 17 Ledger Size	\$2.00		
17 x 22 -Arch C	\$15.00		
22x34-Arch D	\$17.00		
34x44 -E size up to Arch E	\$19.00		
Color Prints			
8 1/2 x 11 - Letter Size	\$2.00		
8 1/2 x 14 - Legal Size	\$2.00		
11 x 17 Ledger Size	\$4.00		
17 x 22 -Arch C	\$18.00		
22x34-Arch D	\$21.00		
34x44 -E size up to Arch E	\$24.00		
Aerial Photo & Full Color Maps-Prints			
8 1/2 x 11 - Letter Size	\$2.00		
8 1/2 x 14 - Legal Size	\$2.00		
11 x 17 Ledger Size	\$4.00		
17 x 22 -Arch C	\$24.00		
22x34-Arch D	\$28.00		
34x44 -E size up to Arch E	\$39.00		
Misc.			
Mailing Labels	\$1.00 per page		
Faxes	.25 per page		

9/07/2016 1:32 PM
 LICENSES: ALL
 LICENSE CODES: Include: RECBURN-E
 CLASSES: All
 STATUS: ACTIVE
 CITY LIMITS: INSIDE, OUTSIDE

L I C E N S E M A S T E R R E P O R T
 SORTED BY: LICENSE NUMBER

EFFECTIVE
 EXPIRATIO
 COMMENT:
 PAY STATU

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
01084	RECBURN-E	STEWART II 211 17TH AVE N	TERRY* ACTIVE	REC BURN REC BURN	8/04/2016	8/09/2016
01412	RECBURN-E	GUEPFER 1104 PARKRIDGE DR	KYLE ACTIVE	REC BURN REC BURN	8/09/2016	8/10/2016
01418	RECBURN-E	BERNHARDT 118 9TH AVE S	LEAH & ACTIVE	REC BURN REC BURN	8/22/2016	
01419	RECBURN-E	OLSON 1227 ORIOLE LN	SCOTT ACTIVE	REC BURN REC BURN	8/22/2016	
01420	RECBURN-E	JAX 815 PIERCE ST	BARBAR ACTIVE	REC BURN REC BURN	8/22/2016	
01421	RECBURN-E	HANABARGER 1271 COUNTY ROAD PH	BRUNER ACTIVE	REC BURN REC BURN	8/25/2016	8/31/2016
01423	RECBURN-E	GUBERUD 502 BIRDIE CT	ROXANN ACTIVE	REC BURN REC BURN	9/02/2016	9/07/2016
04805	RECBURN-E	AKINS 867 OLYMPIC DRIVE	GEOFFR ACTIVE	REC BURN REC BURN	8/08/2016	8/12/2016
04807	RECBURN-E	BURCH 1062 TERRACE DR	KEVIN ACTIVE	REC BURN REC BURN	8/08/2016	8/12/2016
04815	RECBURN-E	ELLICKSON 2042 GRAND VIEW BLVD	KENT ACTIVE	REC BURN REC BURN	8/12/2016	8/19/2016
04817	RECBURN-E	GREENO 609 JULINE WAY	SHERRE ACTIVE	REC BURN REC BURN	8/15/2016	8/19/2016
04818	RECBURN-E	SHILTS 1925 SANDALWOOD DR	JOE ACTIVE	REC BURN REC BURN	8/15/2016	8/19/2016

9/07/2016 1:32 PM

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
04831	RECBURN-E	FISCHER	MILDRE ACTIVE	REC BURN	8/18/2016	
	8/18/16-12/31/17	269 HICKORY		REC BURN		8/22/2016

REPORT TOTALS: 13 LICENSES

8/31/2016 4:26 PM

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: All

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
00532	CLASS B -P 9/11/16- 9/11/16	LA CROSSE COUNTY LIBRARY O 741 OAK AVE S	ACTIVE	BEER/LIQ BEER/LIQ	6/28/2012	8/04/2016
01084	RECBURN-E 8/04/16-12/31/17	STEWART II 211 17TH AVE N	TERRY* ACTIVE	REC BURN REC BURN	8/04/2016	8/09/2016
01087	OPRATOR 2 8/05/16- 6/30/18	SCHLEPPEGRELL 415 MAIN ST BL	MARLEN ACTIVE	OPERATOR OPERATOR	8/05/2016	8/05/2016
01157	CATS 8/05/16-12/31/16	URBAN 510 QUINCY ST 13	ANTHON ACTIVE	CATS CATS	8/05/2016	8/05/2016
01318	CATS 8/05/16-12/31/16	DETERS 1108 10TH AVE N 8	MCKENZ ACTIVE	CATS CATS	8/05/2016	8/05/2016
01385	CATS 8/05/16-12/31/16	GAWNE 510 QUINCY ST 13	MACKEN ACTIVE	CATS CATS	8/05/2016	8/05/2016
01412	RECBURN-E 8/09/16-12/31/17	GUEPFER 1104 PARKRIDGE DR	KYLE ACTIVE	REC BURN REC BURN	8/09/2016	8/10/2016
01413	CATS 8/09/16-12/31/16	BERG 1420 GREEN BAY ST 170	JENNIF ACTIVE	CATS CATS	8/09/2016	8/09/2016
01414	CATS 8/15/16-12/31/16	DEDRICK 843 OAK AVE N 211	ANDREW ACTIVE	CATS CATS	8/15/2016	8/22/2016
01416	CATS 8/15/16-12/31/16	HUBER 200 10TH AVE S	CAROL ACTIVE	CATS CATS	8/15/2016	8/15/2016
01417	CATS 8/15/16-12/31/16	HUBER 200 10TH AVE S	CAROL ACTIVE	CATS CATS	8/15/2016	8/15/2016
01418	RECBURN-E 8/22/16-12/31/17	BERNHARDT 118 9TH AVE S	LEAH & ACTIVE	REC BURN REC BURN	8/22/2016	

8/31/2016 4:26 PM

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: All

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
01419	RECBURN-E	OLSON 1227 ORIOLE LN	SCOTT ACTIVE	REC BURN REC BURN	8/22/2016	
01420	RECBURN-E	JAX 815 PIERCE ST	BARBAR ACTIVE	REC BURN REC BURN	8/22/2016	
01835	CLASS B -P	HOLMEN YTH BASEBALL PARENT	ACTIVE	BEER/LIQ BEER/LIQ	7/27/2016	8/04/2016
03349	CLASS B -P	CLEARWATER FARM 760 GREEN COULEE RD	ACTIVE	BEER/LIQ BEER/LIQ	8/13/2013	7/07/2016
03491	OPRATOR 2	SCHREINER 415 MAIN ST BL	SETH ACTIVE	OPERATOR OPERATOR	11/15/2013	8/22/2016
04802	CATS	SAGEAR 1264 COUNTY ROAD PH	JACKIE ACTIVE	CATS CATS	8/03/2016	8/03/2016
04804	OPRATOR 2	XIONG 415 MAIN ST BL	MAI ACTIVE	OPERATOR OPERATOR	8/03/2016	8/03/2016
04805	RECBURN-E	AKINS 867 OLYMPIC DRIVE	GEOFFR ACTIVE	REC BURN REC BURN	8/08/2016	8/12/2016
04806	CATS	CHRISTENSEN 103 HAZELWOOD LANE	WILLAR ACTIVE	CATS CATS	8/08/2016	8/08/2016
04807	RECBURN-E	BURCH 1062 TERRACE DR	KEVIN ACTIVE	REC BURN REC BURN	8/08/2016	8/12/2016
04808	CATS	HICKS 1406 GREEN BAY	MICHEL ACTIVE	CATS CATS	8/08/2016	8/08/2016
04809	OPRATOR 2	FAELLA 415 MAIN STREET BL	JOSEPH ACTIVE	OPERATOR OPERATOR	8/09/2016	8/10/2016

8/31/2016 4:26 PM

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: All

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS		STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
04812	OPRATOR 2 8/11/16- 6/30/18	FARMER 415 MAIN STREET BL	JAY	ACTIVE	OPERATOR OPERATOR	8/11/2016	8/11/2016
04813	CATS 8/11/16-12/31/16	CRAIG 1039 KRISTI LANE	PAULA	ACTIVE	CATS CATS	8/11/2016	8/11/2016
04814	OPRATOR 2 8/11/16- 6/30/18	ZAMANE 415 MAIN ST BL	ZAKARI	ACTIVE	OPERATOR OPERATOR	8/11/2016	8/11/2016
04815	RECBURN-E 8/12/16-12/31/17	ELICKSON 2042 GRAND VIEW BLVD	KENT	ACTIVE	REC BURN REC BURN	8/12/2016	8/19/2016
04816	CATS 8/15/16-12/31/16	GAWNE 510 QUINCY ST.	MACKEN	ACTIVE	CATS CATS	8/15/2016	8/15/2016
04817	RECBURN-E 8/15/16-12/31/17	GREENO 609 JULINE WAY	SHERRE	ACTIVE	REC BURN REC BURN	8/15/2016	8/19/2016
04818	RECBURN-E 8/15/16-12/31/17	SHILTS 1925 SANDALWOOD DR	JOE	ACTIVE	REC BURN REC BURN	8/15/2016	8/19/2016
04819	CATS 8/17/16-12/31/16	HARMON 1115 JOHNSON	JODIE	ACTIVE	CATS CATS	8/17/2016	8/22/2016
04831	RECBURN-E 8/18/16-12/31/17	FISCHER 269 HICKORY	MILDRE	ACTIVE	REC BURN REC BURN	8/18/2016	8/22/2016
04833	CATS 8/19/16-12/31/16	WOODS 131 9TH AVE S	NICOLE	ACTIVE	CATS CATS	8/19/2016	8/19/2016

REPORT TOTALS: 34 LICENSES

**BLOCK PARTY
LICENSE**

NO. 16-16

\$ N/C

**STATE OF WISCONSIN
COUNTY OF LA CROSSE**

WHEREAS, Tim and Jenny Miller have paid the sum of 00/100 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

Now, Therefore, by order of the City of Onalaska and by virtue hereof, the said Tim and Jenny Miller are hereby licensed and authorized to Hold Block Party closing 8th Avenue South between Green Bay Street and Wilson Street

for a period of 8/27/16 from 11am-8pm subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

Tim & Jenny Miller
601 8th Av S
Onalaska, WI 54650

Given under my hand and the corporate seal of the City of Onalaska, this 12th day of August, 2016.

CITY CLERK or DEPUTY CITY CLERK

ORDINANCE NO. 1567-2016

AN ORDINANCE TO AMEND CHAPTER 1 OF TITLE 10,
SECTION 15 OF THE CODE OF ORDINANCES OF THE CITY OF ONALASKA RELATING TO CONTROLLED
INTERSECTIONS DESIGNATED

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

SECTION I. Title 10, Chapter 1, Section 15, Subsection (a) 287 of the City of Onalaska

Code of Ordinances related to Controlled Intersections is hereby created as follows:

Sec. 10-1-15 Controlled Intersections Designated.

(a) **Complete Stops Required.** It shall be unlawful for any person driving or operating any motor vehicle or other vehicle to drive or cause the same to be driven into an intersection designated and declared as follows to be a stop zone, whether designated as requiring one-way stops, two-way stops, three-way stops, four-way stops or signalized intersections, without first coming to a full and complete stop. Stop signs shall be erected at the following intersections:

(287) At the northeast corner of 13th Avenue and Green Bay Street.

(288) At the southwest corner of 13th and Green Bay Street.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this ____ day of _____, 2016.

CITY OF ONALASKA

By: _____
Joe Chilsen, Mayor

By: _____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1567 - 2016

Please route in this order

Katie Aspenson, Interim Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Katie Aspenson
(signature)

No Fiscal Impact

Budgeted Item

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

Jarrold Holter, City Engineer

Jarrold Holter
(signature)

No Fiscal Impact

Budgeted Item 2 SIGNS - POLES * 200 TOTAL

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

Jeff Trotnic, Chief of Police

Jeff Trotnic
(signature)

No Fiscal Impact

Budgeted Item

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

Fred Buehler, Financial Services Director

Fred Buehler 8-31-16
(signature)

No Fiscal Impact

Budgeted Item

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

ORDINANCE NO. 1568 - 2016

AN ORDINANCE TO AMEND TITLE 10 CHAPTER 1 SECTION 27 OF THE CITY OF ONALASKA CODE OF ORDINANCES RELATED TO PARKING RESTRICTIONS

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

SECTION I. Subsection (g) of Section 27 of Chapter 1 of Title 10 of the Code of Ordinances of the City of Onalaska is hereby deleted in its entirety and replaced as follows:

(g) Green Coulee Road.

- (1) There shall be no parking, standing or stopping on either Green Coulee Road from five hundred forty (540) feet north of the north right of way of Clearwater Drive to one hundred fifty (150) feet south of the south right of way of Summers Day Lane.
- (2) There shall be no parking, standing or stopping on the easterly side of Green Coulee Road from East Main Street to Clear Water Drive.
- (3) There shall be no parking, standing or stopping on that part of the westerly side of Green Coulee Road from the intersection of Green Coulee Road and East Main Street north three hundred (300) feet.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this ____ day of _____, 2016.

CITY OF ONALASKA

By: _____
Joe Chilsen, Mayor

By: _____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1568 – 2016

Please route in this order

Katie Aspenson, Interim Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Katie Aspenson
(signature)

No Fiscal Impact

Budgeted Item

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

Jarrold Holter, City Engineer

Jarrold Holter
(signature)

No Fiscal Impact - SIGNS ALLREADY INSTALLED.

Budgeted Item

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

Jeff Trotnic, Chief of Police

Jeff Trotnic
(signature)

No Fiscal Impact

Budgeted Item

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

Fred Buehler, Financial Services Director

Fred Buehler 8-31-16
(signature)

No Fiscal Impact

Budgeted Item

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

