



136 North Monroe Street
Waterloo, WI 53594
Phone: (920) 478-3025
Fax: (920) 478-2021
www.waterloowi.us

**PUBLIC NOTICE OF A COMMITTEE MEETING
OF THE COMMON COUNCIL OF THE CITY OF WATERLOO**

Pursuant to Section 19.84 Wisconsin Statutes, notice is hereby given to the public & news media, that the following meeting will be held:

COMMITTEE: **PUBLIC SAFETY AND HEALTH COMMITTEE**
DATE: **August 7, 2025**
TIME: **6:00 p.m.**
LOCATION: **Municipal Building Police Training Room, 136 N. Monroe Street**

- 1) CALL TO ORDER AND ROLL CALL
 - 2) APPROVAL OF MEETING MINUTES: June 5, 2025
 - 3) PUBLIC COMMENT
 - 4) OLD BUSINESS
 - a) Massage Parlor Ordinance 2025-11
 - 5) NEW BUSINESS
 - a) Hiring of New Police Officer
 - b) Event Wiener and Kraut 5k run/ 2 mi walk September 13, 2025
 - c) Trek CX Cup Oct.3, 2025 -October 5th, 2025
 - 6) BLIGHT REPORT
 - 7) FUTURE AGENDA ITEMS, COMMUNICATIONS AND ANNOUNCEMENTS
 - 8) ADJOURNMENT
- Committee Members: Thomas, Cummings, Griffin

posted, e-mailed & distributed: 08/01/2025

PLEASE NOTE: IT IS POSSIBLE THAT MEMBERS OF AND POSSIBLY A QUORUM OF MEMBERS OF OTHER GOVERNMENTAL BODIES OF THE MUNICIPALITY MAY BE IN ATTENDANCE AT THE ABOVE MEETING(S) TO GATHER INFORMATION. NO ACTION WILL BE TAKEN BY ANY GOVERNMENTAL BODY OTHER THAN THAT SPECIFICALLY NOTICED. ALSO, UPON REASONABLE NOTICE, EFFORTS WILL BE MADE TO ACCOMMODATE THE NEEDS OF DISABLED INDIVIDUALS THROUGH APPROPRIATE AIDS AND SERVICES. FOR ADDITIONAL INFORMATION OR TO REQUEST SUCH SERVICES PLEASE CONTACT THE CLERK'S OFFICE AT THE ABOVE LOCATION.

PUBLIC SAFETY AND HEALTH COMMITTEE MEETING MINUTES

June 5, 2025

1. **Call to Order:**
The Public Safety Committee meeting was called to order by Alderperson Cummings at 6:00PM
2. **Roll Call:**
Committee members present – Alderperson Thomas, Griffin, Cummings, Chief Sorenson. DPW Sup. Chad Yerges. Public, Denise Hauptli, Steve Parker.
3. **Approval of Public Safety Committee Minutes of April 3, 2025.** Motion by Alderperson Thomas to approve Prior minutes, second by Griffin, motion carried.
4. **Public Comment:** None
5. **New Business:** Cummings recommended to move items C & D in front of items A & B. Second by Thomas, motion carried.
c) Handicapped Parking at 144 W. Madison St. Denise Hauptli requesting a handicapped parking stall in area of 144 W Madison St. Yerges advised the state must be petitioned and concrete work would have to be performed. Motion to table by Cummings, second by Griffin, motion carried.
d) WBA Night downtown Event Permit. Steve Parker presented an application for the event. Event hours 5pm to 8pm every other Tuesday starting June 17th till September 9th, 2025, in Veterans Park, Motion by Thomas to recommend and send to the council, second by Griffin, motion carried.
a) Resolution 2025-27 Police Vehicle Bids. Chief Sorenson recommended the purchase of a new 2025 Ford Police Interceptor from Bell Ford. Bell Ford was the cheapest bid out of the four that the city received. Griffin recommended to accept Bell Fords bid for \$44,749.84 and send to council, second by Cummings, motion carried.
b) Massage Parlor Ordinance: Thomas recommended to send the Massage Parlor Ordinance directly to the City Attorney as presented, second by Cummings, motion carried.
6. **Blight Report:** Chief Sorenson gave the new update of the blight list from 6-2-2025
7. **Unfinished Business:** None.
8. **Future Agenda Items, Communications and announcements:** None
9. **Adjourn: Motion** to Adjourn by Alderperson Cummings, second by Thomas, motion carried.



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ORDINANCE #2025-11

An Ordinance Creating Chapter 175 Regulating Massage Parlors

WHEREAS, the Common Council finds it to be in the public interest to regulate massage parlors in the City.

NOW, THEREFORE, the Common Council of the City of Waterloo, Jefferson County, Wisconsin, do ordain as follows:

SECTION 1. Chapter 175 of the Code of Ordinances is hereby created as set forth in Exhibit A.

SECTION 2. All other provisions of the Code of Ordinances not specifically amended herein shall remain unmodified and in full force and effect.

SECTION 3. This ordinance shall take effect upon passage and publication as provided by law.

Acted on and adopted at a result meeting of the Common Council on _____, 2025.

CITY OF WATERLOO

Jenifer Quimby, Mayor

Attest:

Jeanne Ritter, City Clerk

Date Adopted _____ Date Published _____

MASSAGE PARLORS

§ 175-1. Purpose and Intent

The City of Waterloo enacts this ordinance to protect public health, safety, and welfare by ensuring that businesses offering massage services operate in a professional and legitimate manner, preventing illegal activities such as prostitution and human trafficking.

§ 175-2. Definitions

For the purposes of this ordinance:

- **“Massage”**: Any method of treating external parts of the human body for remedial, relaxation, or therapeutic purposes by rubbing, stroking, kneading, tapping, pounding, vibrating, or other similar methods.
- **“Massage Parlor/Establishment”**: Any business that advertises or offers massages for compensation, excluding licensed medical offices and physical therapy practices.
- **“Massage Establishment License”** means a license issued by the City under the authority of this ordinance, permitting the operation of a business where massage therapy services are offered or provided for compensation.
- **“Massage Therapist”**: An individual licensed by the State of Wisconsin under Wis. Stat. § 460.04 to engage in the practice of massage therapy or bodywork therapy.
- **“Massage Therapist License”** means a valid and active credential issued by the Wisconsin Department of Safety and Professional Services (DSPS) pursuant to Wis. Stat. § 460.04, authorizing an individual to practice massage therapy or bodywork therapy in the State of Wisconsin.
- **“Owner”** means any person or entity holding a legal or equitable interest in the massage establishment, including, but not limited to, any sole proprietor, partner, corporate officer, or limited liability company member.
- **“Table shower”** means a procedure in which a client lies on a table or platform while being sprayed or washed by a massage therapist or employee, often associated with spa-type water massages.
- **“Vichy shower”** means a system that sprays water over a client while they are lying down and may involve physical contact.
- **“Sexually Explicit Advertising”** means any written, visual, or oral communication that: Depicts or describes sexual conduct or nudity; Suggests, implies, or offers sexual activity, erotic services, or other acts not permitted by Wisconsin law; Includes terminology commonly associated with prostitution or escort services,

such as “happy ending,” “sensual massage,” “erotic rub,” “sexy staff,” “special services,” or similar terms.

- **“Refusal to Allow Inspection”** means a licensee’s or employee’s denial, delay, obstruction, or limitation of lawful entry by authorized city officials during posted or known business hours for purposes of conducting inspections as required by this ordinance.
- **“Business Hours”** means the posted hours during which the massage establishment is open to the public for the provision of massage services, but in no event earlier than 8:00 AM or later than 8:00 PM, unless a variance is granted by the City.
- **“Locked During Business Hours”** means any action by which the establishment’s main entrance door is physically secured against entry by customers or public safety officers during posted business hours, except during an emergency lockdown situation necessary for the immediate safety of those present.
- **“Premises”** means the physical location occupied by the massage establishment, including all rooms, hallways, restrooms, and storage areas used in the operation of the business.
- **“Prostitution”** means intentionally engaging in, offering to engage in, or requesting another to engage in sexual intercourse, sexual contact, or any lewd or lascivious act for anything of value, including money, goods, services, or other benefits.
- **“Solicitation of Prostitution”** means knowingly requesting, encouraging, inducing, or attempting to cause another person to engage in an act of prostitution, regardless of whether money or anything of value is exchanged, and regardless of whether the act actually occurs. Includes verbal or written offers, gestures, coded language, or online communication made for the purpose of arranging sexual activity in exchange for value. Applies to clients (“johns”), facilitators, or anyone attempting to procure sexual services.
- **“Law Enforcement Officer”** means any person employed by a city, county, or the State of Wisconsin who is vested by law with the duty to maintain public order or to make arrests for crimes, including but not limited to police officers, sheriff’s deputies, state patrol officers, and investigators from the Wisconsin Department of Justice.
- **“Authorized Inspector”** means any city, county or state official, employee, or agent who is designated by law to conduct inspections of massage establishments for compliance with this ordinance and state law, including but not limited to building

inspectors, fire inspectors, zoning officials, public health officials, and business licensing personnel.

§ 175-3. License Required

(a) No person shall operate a massage parlor within the City of Waterloo without first obtaining a Massage Establishment License from the City Clerk.

(b) All persons providing massages must possess a valid Wisconsin Massage Therapist or Bodywork Therapist license.

§ 175-4. Application for Massage Establishment License

Applicants must submit to the City Clerk:

1. Completed application form with:
 - Legal name and any aliases.
 - Proof of ownership or leasehold interest in the business premises.
 - List of all owners, partners, members, or corporate officers.
2. Copy of a valid State of Wisconsin Massage Establishment license, if applicable.
3. Background check authorization for each owner/operator.
4. Nonrefundable application fee of \$[amount] set by the Common Council.
5. Floor plan of the premises showing all rooms and uses.

§ 175-5. Conditions of Operation

Massage establishments must:

(a) Operate only between the hours of 8:00 AM and 8:00 PM, unless an extended-hours permit is issued.

(b) Keep the premises clean, sanitary, and well-lit at all times.

(c) Maintain a log of all massage services provided, including client names (or initials) and times, for a period of one year, available for inspection by law enforcement upon lawful request.

(d) Ensure that massage therapists are properly clothed in professional attire and that no nudity or sexually explicit conduct occurs on premises.

(e) Display each massage therapist's state license prominently.

(f) No person shall reside, sleep overnight, or maintain living accommodations at the massage establishment, including but not limited to the use of beds, cots, mattresses, or sleeping bags.

(g) All external doors to the massage establishment accessible to the public shall remain unlocked during regular business hours when services are being provided, unless the business is closed to the public.

(h) Nothing in this subsection shall prevent the locking of doors during an emergency

lockdown situation when necessary for safety.

(i) No advertising, display, or promotion of sexually explicit conduct, acts, or services shall be permitted at the establishment or online.

(j) The use of table showers, Vichy showers, or similar equipment that involves bathing or washing of clients by employees is strictly prohibited within the massage establishment.

§ 175-6. Prohibited Acts

No massage establishment or therapist shall:

(a) Allow, offer, or engage in sexual activity or conduct of a sexual nature on the premises.

(b) Employ anyone as a massage therapist who does not possess a valid state license.

(c) Operate as a front for prostitution, human trafficking, or other illegal activities.

§ 175-7. Duty to Report Solicitation of Prostitution

(a) Mandatory Reporting Requirement

Any massage therapist, employee, or license holder of a massage establishment who is directly solicited for prostitution by a client or other individual on the premises shall immediately report the incident to the Waterloo Police Department or other law enforcement agency.

(b) Method of Reporting

Reports may be made verbally or in writing and must include, to the extent known:

1. The date and time of the incident;
2. A description of the individual making the solicitation;
3. Any identifying information (e.g., name, phone number, license plate, appointment record); and
4. A description of the conduct that constituted the solicitation.

(c) Employer Notification Not Required

Nothing in this section shall require a massage therapist or employee to notify an employer or supervisor before making the report. Reports may be made confidentially.

(d) Retaliation Prohibited

No owner, manager, or supervisor of a massage establishment shall discharge, discipline, or otherwise retaliate against any person for reporting a solicitation of prostitution in good faith.

(e) Failure to Report

Failure by a licensed massage therapist or employee to report a known act of solicitation may result in penalties under sections 8 and 9.

175- 7. Inspections

Any law enforcement officer, health department inspectors, and/or duly authorized officials may conduct reasonable inspections of licensed massage establishments during

operating hours to ensure compliance with this ordinance.

It is unlawful for any licensee, employee, or agent to refuse, hinder, or interfere with any lawful inspection authorized by this section.

§ 175-8. Penalties

Violation of this ordinance shall subject the offender to:

- A municipal forfeiture not less than \$250 and not more than \$2,500 per violation.
- Refusal to permit a lawful inspection shall constitute a separate violation, subject to an additional forfeiture of not less than \$500 and not more than \$2,500.
- Possible suspension or revocation of the massage establishment license after notice and hearing.
- Violation of Section 5(f) (prohibition on living accommodations) shall be subject to an immediate fine of \$500 per violation and may result in emergency suspension of the massage establishment license.

§ 175-9. Reporting of Violations to State Authorities

(a) Mandatory Reporting:

The City Clerk or designee shall report any of the following to the Wisconsin Department of Safety and Professional Services (DSPS):

1. Any violation by a licensed massage therapist involving illegal sexual activity, controlled substances, fraud, or violations of professional licensing standards;
2. Any conviction of a massage therapist for a felony or misdemeanor related to their practice;
3. Any finding that a therapist has engaged in unlicensed practice of massage therapy or bodywork therapy.

(b) Notification Contents:

Reports to DSPS shall include:

- Name of the individual;
- Wisconsin license number (if applicable);
- Description of the violation or incident;
- Disciplinary actions taken by the City; and
- Any supporting documentation from investigations or hearings.

(c) Timing:

Reports shall be made within ten (10) business days after the City determines that a reportable violation has occurred.

§ 175-10. License Suspension and Revocation

(a) Grounds:

The City may suspend or revoke any Massage Establishment License for any of the following:

1. Violation of any provision of this ordinance or state law regulating massage establishments.
2. Conviction of any owner, manager, or employee for a crime involving prostitution, human trafficking, sexual misconduct, or controlled substances.
3. Refusal to allow a lawful inspection under Section 7.
4. Three or more ordinance violations occurring within a twelve (12) month period.

(b) Procedure:

Before suspension or revocation, the licensee shall be entitled to a hearing before the Common Council or its designated hearing officer.

- Written notice stating the grounds for suspension or revocation and the time and place of the hearing shall be served at least ten (10) days prior to the hearing.
- The licensee may appear at the hearing with or without legal counsel, present evidence, and cross-examine witnesses.
- The Common Council may suspend the license for a period not to exceed ninety (90) days or revoke the license entirely.

(c) Emergency Suspension:

If the City determines that the continued operation of a massage establishment presents an immediate threat to public health, safety, or welfare, the Chief of Police or City Clerk may issue a temporary suspension order pending a hearing, effective immediately.

§ 175-11. License Renewal

(a) Term and Expiration:

All Massage Establishment Licenses issued under this ordinance shall expire on December 31 of each year, regardless of the date of issuance.

(b) Renewal Application:

Licensees seeking renewal must submit a renewal application to the City Clerk no later than November 30 of each year, which shall include:

1. Updated ownership and operator information.

2. Proof of continued compliance with applicable state licensing requirements.
3. Certification that all massage therapists employed hold valid Wisconsin licenses.
4. Authorization for updated background checks on owners and operators.
5. Payment of a renewal fee as set by the Common Council.

(c) Grounds for Denial of Renewal:

Renewal may be denied for:

1. Failure to comply with the requirements of this ordinance.
2. Outstanding fines, forfeitures, or unpaid taxes owed to the City.
3. Pending or prior disciplinary action against the massage establishment or its employees.
4. A material misstatement or omission on the renewal application.

(d) Renewal Hearing:

If the City Clerk intends to deny renewal, the licensee shall be entitled to a hearing before the Common Council or designated hearing officer, following the same notice and hearing procedures described in Section 9(b).

§ 175-12. Severability

If any section, subsection, sentence, clause, or phrase of this ordinance is held unconstitutional or invalid by a court of competent jurisdiction, such decision shall not affect the validity of the remaining portions.

§ 175-13. Effective Date

This ordinance shall take effect upon passage and publication according to law.

Appendix A – Penalties and Enforcement Summary Table

| Violation Type | Penalty | Other Consequences |
|---|---------------------------------|---|
| Operating without a Massage Establishment License | \$500 – \$2,500 per violation | Immediate cease-and-desist order; possible criminal charges under state law; License suspension or revocation |
| Employing unlicensed massage therapists | \$500 – \$2,500 per violation | Immediate cease-and-desist order; License suspension or revocation; possible criminal charges under state law |
| Violation of Conditions of Operation (e.g., hours, dress code, records) | \$250 – \$2,500 per violation | License suspension after 3 violations in 12 months |
| Refusal to allow lawful inspection | \$500 – \$2,500 per violation | Immediate license suspension pending hearing |
| Offering or allowing sexual activity on premises | \$1,000 – \$2,500 per violation | Immediate emergency suspension; probable license revocation; possible criminal charges under state law |
| Failure to renew license on time | \$100 late fee + renewal fee | Potential suspension of operating authority |
| Material misstatement on application or renewal | \$250 – \$2,500 per violation | Denial or revocation of license |

Enforcement Actions Summary

| Action | Trigger | Process |
|----------------------|--|--|
| License Suspension | 3 ordinance violations within 12 months; refusal to allow inspection; threat to public health/safety | Notice and hearing before Common Council or hearing officer |
| Emergency Suspension | Immediate threat to public health/safety | Temporary suspension issued by Chief of Police or City Clerk, effective immediately, followed by a hearing |

| Action | Trigger | Process |
|------------------------------|--|---|
| License Revocation | Repeated or serious violations, criminal convictions tied to premises | Hearing with notice; revocation decision by Common Council |
| License Renewal Denial | Outstanding violations, unpaid fines, inaccurate renewal application, disqualification under state law | Notice and hearing before Common Council or hearing officer |

City of Waterloo, Wisconsin

Massage Establishment License Application Form

City Clerk's Office

1. Business Information

- Legal Business Name: _____
 - Doing Business as: _____
 - Business Address: _____
 - Business Phone Number: _____
 - Business Email Address: _____
 - Business Entity Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
-

2. Applicant (Owner/Operator) Information

- Full Legal Name: _____
- Date of Birth: _____
- Home Address: _____
- Phone Number: _____
- Email Address: _____

(If multiple owners/partners, attach additional sheets with full information.)

3. Premises Information

- Property Owner Name (if leased): _____
 - Property Owner Contact Information: _____
 - Attach copy of lease agreement or proof of ownership.
 - Attach floor plan showing layout of business, including all rooms.
-

4. Massage Therapist Information

List all massage therapists employed or contracted (attach additional sheets if necessary):

Name Wisconsin License Number Expiration Date

5. Criminal History

Has any owner, operator, or managing employee been convicted of any crime involving prostitution, human trafficking, controlled substances, or any offense involving moral turpitude?

☐ Yes ☐ No

(If Yes, attach detailed explanation.)

6. Required Attachments

- ☐ Copy of all owners' photo IDs
 - ☐ Proof of valid massage therapist licenses for all employees
 - ☐ Authorization for Background Check (attached form)
 - ☐ Application Fee (\$[amount])
 - ☐ Signed Certification (below)
-

7. Certification

I hereby certify that the information contained in this application is complete and true. I understand that any false statement may result in denial, suspension, or revocation of any license issued. I authorize the City of Waterloo to conduct background checks as required.

Applicant Signature: _____ Date: _____

City of Waterloo, Wisconsin

Massage Establishment Inspection Checklist

Police Department

Business Name: _____

Address: _____

Date of Inspection: _____

Inspector Name: _____

Premises

- ☐ Business license displayed prominently.
 - ☐ Massage therapist licenses displayed for all practitioners.
 - ☐ Floor plan matches submitted plan.
 - ☐ Premises clean, sanitary, and well-lit.
 - ☐ All treatment rooms properly labeled and accessible for inspection.
 - ☐ No beds, cots, mattresses, sleeping bags, or evidence of overnight living on premises.
 - ☐ All doors accessible to the public remain unlocked during business hours (unless emergency).
 - ☐ No table showers, Vichy showers, or similar bathing equipment observed or in use.
 - ☐ No plumbing fixtures installed in massage rooms for client bathing purposes.
-

Personnel

- ☐ All individuals providing massage are licensed in Wisconsin.
 - ☐ Professional attire worn by all massage therapists.
 - ☐ Employees aware of and complying with hours of operation.
-

Records

- ☐ Client logbook maintained properly (client names/initials, date/time).
 - ☐ Logbook available for lawful inspection.
 - ☐ Retention of client records for one year.
-

Operations

- ☐ No sexually explicit materials or advertisements visible.
 - ☐ No evidence of sexual activity or solicitation.
 - ☐ No alcohol, illegal drugs, or unlicensed sales on premises.
 - ☐ No sexually explicit advertisements, flyers, or marketing materials displayed or distributed.
 - ☐ Refusal to inspect: ☐ Yes ☐ No
-

Final Notes/Violations:

Inspector's Recommendation:

☐ Approved ☐ Re-inspection required ☐ Violation Notice Issued

Inspector Signature: _____ Date: _____

City of Waterloo, Wisconsin

NOTICE OF VIOLATION – MASSAGE ESTABLISHMENT

Date of Issue: _____

Time of Issue: _____

Business Name: _____

Business Address: _____

Owner/Manager (if known): _____

Phone Number: _____

Inspector/Officer Name: _____

Badge/Employee Number (if applicable): _____

Nature of Violation(s)

(Check all that apply)

- ☐ **Operating without a valid Massage Establishment License**
- ☐ Employing unlicensed massage therapist(s)
- ☐ Refusal to allow lawful inspection
- ☐ Providing massage services outside of permitted business hours
- ☐ Failure to maintain required client records
- ☐ Sleeping or living on premises (beds, cots, mattresses, etc.)
- ☐ Locked doors during regular business hours (non-emergency)
- ☐ Sexual activity or solicitation observed or reported
- ☐ Failure to display licenses properly
- ☐ Other (describe below)

Other / Description of Violation:

Required Corrective Action(s)

| ☐ | Cease and desist specific activity immediately | | ☐ | Submit corrected documentation within ____ days | | ☐ | Appear at hearing scheduled for: _____ | | ☐ | Business ordered temporarily closed pending hearing | | ☐ | Other corrective action (describe): _____ |

Penalty Information

- **Potential Fine:** \$_____ per violation.
- **License Action:** May result in suspension, revocation, or non-renewal.
- **State Reporting:** Violation may be reported to the Wisconsin Department of Safety and Professional Services (DSPS) if applicable.

Service of Notice

| ☐ | Delivered in person to owner/manager | | ☐ | Posted conspicuously on premises | | ☐ | Sent via certified mail to business address |

Recipient Name (printed): _____

Recipient Signature (if available): _____

Date: _____

Inspector/Officer Signature: _____

Date: _____

Important

Failure to correct the violations described herein may result in additional enforcement actions, including increased fines, suspension or revocation of the Massage Establishment License, or other legal remedies.

For questions, contact:

City Clerk's Office

Phone: [Insert City Phone Number]

Email: [Insert City Email Address]

City of (City), Wisconsin

NOTICE OF HEARING – MASSAGE ESTABLISHMENT LICENSE

Date of Issue: _____

Time of Issue: _____

Business Name: _____

Business Address: _____

Owner/Manager (if known): _____

Phone Number: _____

Hearing Date: _____

Time of Hearing: _____

Hearing Location: [Insert Location, e.g., City Hall, Council Chambers]

Notice of Hearing for Violation(s)

You are hereby notified that a hearing will be held to address the following violation(s) related to your Massage Establishment License:

- ☐ **Operating without a valid Massage Establishment License**
- ☐ Employing unlicensed massage therapist(s)
- ☐ Refusal to allow lawful inspection
- ☐ Providing massage services outside of permitted business hours
- ☐ Failure to maintain required client records
- ☐ Sleeping or living on premises (beds, cots, mattresses, etc.)
- ☐ Locked doors during regular business hours (non-emergency)
- ☐ Sexual activity or solicitation observed or reported
- ☐ Failure to display licenses properly
- ☐ Other (describe below)

Violation(s) Reported by:

Hearing Details

At the hearing, you may present evidence, testimony, and witnesses. You may also be represented by legal counsel. The purpose of the hearing is to determine if your license will be suspended, revoked, or if any fines will be assessed as a result of the violations listed above.

Your Rights:

- You have the right to attend the hearing and speak on your behalf.
- You may present any documents, records, or other evidence.
- You may be represented by an attorney, at your expense.
- If you fail to attend the hearing, the hearing officer may make a decision based on available evidence.

Failure to Attend:

If you do not attend the hearing, the hearing officer may decide to proceed in your absence, and a ruling may be issued based on the information available. Failure to attend may result in suspension, revocation, or other enforcement actions.

Corrective Action:

If the hearing determines that violations have occurred, corrective actions may include:

- Fines (as specified in the ordinance).
- Suspension or revocation of your Massage Establishment License.
- Reporting of violations to the Wisconsin Department of Safety and Professional Services (DSPS) (if applicable).
- Other enforcement actions authorized by City ordinance.

Appeals Process:

If you disagree with the outcome of the hearing, you may appeal the decision to the [City Board of Appeals or Common Council] within [time frame, e.g., 10 business days].

Contact Information:

If you have any questions or require additional information, please contact:

City Clerk's Office

Phone: [Insert City Phone Number]

Email: [Insert City Email Address]

Acknowledgment of Notice

I, the undersigned, acknowledge receipt of this Notice of Hearing and understand that I am required to attend or respond as directed above.

Recipient Name (printed): _____

Recipient Signature (if available): _____

Date: _____

City Clerk/Officer Signature: _____

Date: _____



136 NORTH MONROE STREET, WATERLOO, WISCONSIN 53594-1198
Phone (920) 478-3025
Fax (920) 478-2021
cityhall@waterloowis.com

APPLICATION FOR SPECIAL EVENT or ENTERTAINMENT LICENSE

Any Special Event or Entertainment Event sponsor requesting municipal approvals, services, assistance, and/or other support from the City of Waterloo for a special or entertainment event on public or private property must provide the following information.

Submittal of application does not constitute approval. All applications must be reviewed.

NAME OF SPONSOR (Applicant): Friends of KJM Library / Waterloo Business Assoc.

STATUS: (circle one) unincorporated incorporated individual other _____

CONTACT NAME: Tammy Renforth

PHONE NUMBER: 920-988-7854 / same /
DAYTIME EVENING FAX

EMAIL ADDRESS: tazrenforth@hotmail.com

NAME OF EVENT: Wiener & Kraut 5K/2M Run/Walk

TYPE OF EVENT: (circle one) Festival Parade Caravan Rally March
Race Tag Day Other _____

PURPOSE OF EVENT: Fundraiser for Friends of KJM Library

DATE OF EVENT: Sept. 13, 2025

EVENT HOURS: 2 SET UP HOURS 2 BREAKDOWN 1

DESCRIPTION OF EVENT: 5K run / 2 mile walk

SITE/ADDRESS FOR EVENT (list if multiple locations) KJM Library start/finish

PROJECTED ATTENDANCE: 75 PAST ATTENDANCE: 60

NUMBER OF VOLUNTEERS/PERSONNEL FOR EVENT: 8-10 volunteers

RAIN POLICY: rain or shine

DATE APPLICATION MADE 7/28/25

HOLD HARMLESS CLAUSE:

The special event or entertainment sponsor hereby agrees to indemnify and hold harmless the City of Waterloo, Wisconsin, its agents, public officials, officers, employees and authorized volunteers, from and against any and all legal actions, claims, damages, losses, expenses arising out of the permitted event/activity or any activity associated with the conduct of the sponsor's operation of the event, including but not limited to, claims for personal or bodily injury, disease or death, or injury to or destruction of property, excluding claims caused by the willful commission or omission by employees of the City of Waterloo acting within the scope of their employment.

Further, the event sponsor agrees to indemnify the City of Waterloo and any of its agents, public officers, officials or employees and authorized volunteers for any attorneys fees and court costs incurred or to be incurred in defending any actions brought against them as a result of the sponsor's use of public property or operation of the event as set forth in the application for special permit.

INSURANCE REQUIREMENTS:

Proof of insurance is required of all Special or Entertainment Event Sponsors before the event. The attached list of insurance requirements should be reviewed immediately with your Insurance Agent to comply. Please provide a Certificate of Insurance with your completed application by, _____ 20____ to the **City Clerk's Office 136 N. Monroe Street, Waterloo, WI. 53594**. Insurance coverage shall be from companies and in amounts acceptable to the City of Waterloo. Failure to provide said acceptable insurance coverage in a timely manner is grounds for non-issuance or revocation of the permit.

PERMITTED USE OF PUBLIC PROPERTY:

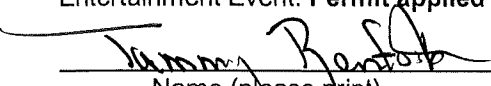
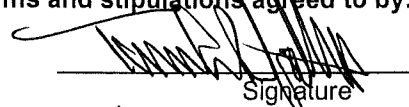
Whereas the Special or Entertainment Event Sponsor agrees to use the public property at _____ in Waterloo, Wisconsin, known as, for staging of, the City of Waterloo does hereby agree to permit for use, at no cost, these premises for the date(s) of _____ through _____ 20____. Sponsor does hereby agree to conduct only that business/activity which is described in the Special Event Permit Application, and agrees to all municipal requirements. Sponsor further agrees that within thirty (30) days of the conclusion of the event it will, at its own expense, provide for the repair, replacement or maintenance of any damaged, lost or stolen portions of the subject property including, but not limited to landscaping, street or buildings and/or pavement.

LIABILITY WAIVER:

The event sponsor agrees for itself and/or its employees, agents, or volunteers associated or to be associated with the activity for which the permit is being sought, to waive and relinquish all claims that may result in any manner against the City of Waterloo, its agents, public officers, officials or employees and authorized volunteers from said sponsored event or activity, except for acts caused by the willful and wanton misconduct by employees of the City of Waterloo acting within the scope of their employment.

AUTHORIZED SIGNATURES:

I hereby attest that I am authorized to bind the sponsor and/or its employees, agents, or volunteers associated or to be associated with the activity for which the permit is being sought, to the terms of this agreement. I have read and understand all regulations and requirements outlined herein. I/we do hereby agree to abide by all rules and regulations outlined herein. I/we hereby agree to meet all requirements for documentation, certification, licensing, financial responsibility and all other aspects of staging a Special Event in the City of Waterloo, as outlined herein. I/we understand that our lack of meeting all requirements outlined herein may result in the denial or cancellation of the proposed Special or Entertainment Event. **Permit applied for and all terms and stipulations agreed to by:**

| | |
|---|--|
|  _____ Name (please print) |  _____ Signature |
| _____ Signatory Title (if applicable) | 7/28/25 _____ Date |

THIS APPLICATION, WITH A DETAILED SITE PLAN ATTACHED, AND ANY OTHER APPLICABLE DOCUMENTS AS OUTLINED HEREIN, MUST BE REMITTED TO THE CLERK'S OFFICE NO LATER THAN NINETY DAYS (90) PRIOR TO THE OPENING DAY OF THE EVENT. Application received late or incomplete may be denied. Direct mail to the **City Clerk, City of Waterloo, 136 N. Monroe Street, Waterloo, WI. 53594.** A copy of the application will then be forwarded to the appropriate committees and or Departments for consideration of approval, denial, and scheduling.

Date application received: _____ Received by: _____

Clerk's Office to complete the section below:

Cc:

_____ Police Department

_____ Council Approval _____
Date

_____ Fire Department

_____ Public Works

_____ Certificate of Insurance

_____ Waterloo Utilities

Fee for Profit Events = \$50.00 per event.

Fee is WAIVED for events held or sponsored by educational, charitable, nonprofit, or religious organizations when the proceeds are devoted to the purposes of such organization.

Fee Paid: _____

Date Paid: _____

Receipted by: _____

Attachment 1

CITY OF WATERLOO INSURANCE REQUIREMENTS FOR SPECIAL EVENTS

1. The City of Waterloo requires submission of a Certificate of Insurance along with the Special or Entertainment Events Application prior to review by the City's Government Operations Committee.

2. The Certificate of Insurance must include the following **minimum** limits of insurance coverage required for special events on City property:

\$300,000 Injury or death of one person; \$1,000,000 for any one accident; \$50,000 for Property Damage.

3. The City of Waterloo must be named on the Certificate of Insurance as **primary, non-contributory additional insured** under the general liability policy for the event.

4. The Certificate of Insurance must include the name of the special event, and the date, time and location of the event.

5. The City of Waterloo reserves the right to request a copy of the actual policy represented by the Certificate of Insurance.

6. No event will be allowed to proceed without receipt by the City of a valid Certificate of Insurance in full compliance with the above listed requirements.

Any questions regarding these insurance requirements should be directed to the City Clerk's Office at (920) 478-3025

SPECIAL EVENT or ENTERTAINMENT WORKSHEET

NAME OF EVENT: Wiener & Krant 5/10 2.M Run/Walk

DATE (S) OF EVENT: Sept 13, 2025 HOURS: 2 hr. (not including setup)

LOCATION/PROPERTY: KJM Library - race route

SAFETY PROCEDURES:

1) Will you be providing private on-site security? YES NO

If yes, list security company name: _____

Where will security be needed? _____

What times will security be needed? _____

Will WPD officers be required? YES NO Just @ the 8am start

Municipal estimation of cost: _____ WPD Personnel @ \$ _____ /hour = \$ _____

2) What are your plans for medical assistance? _____

Municipal estimation of cost: _____ WFD equipment/personnel @ _____ \$ hours = \$ _____

3) Will there be fireworks at your event? YES NO

Date of fireworks _____ Time of Fireworks _____

Name/Address of company supplying fireworks _____

Fire Marshall must be contacted for approval and consultation.

SET UP / CLEAN UP PROCEDURES:

1) Name of person in charge of set up: Tammy Bantick phone # 920-988-7854

2) What time will set up begin: 1am & right before to mark route

3) Name of clean up contact person: Tammy Bantick Cell Phone# 920-988-7854

4) Estimated time for clean up after event: 10 am

FEES AND PROCEEDS:

1) Will admission be charged for this event? YES Race entry NO

If yes, how much: Adult \$ 25 \$30 day of Seniors _____ Students _____

Children 5 & under _____ Families \$50 \$60 day of

2) If a participant fee is charged, please indicate the amount: Booth: _____

Concessionaire: _____

3) Will alcoholic beverage(s) be sold?

YES

NO

If yes, what beverage and at what cost? _____

4) What does the Sponsor intend to do with any revenue over and above the expenditures? _____

Fundraiser for Friends of KJM Library

(If this is a first year event, please provide a budget. If it is a repeat event, provide last year's financials.)

ENTERTAINMENT AND PROMOTIONS:

2) List names of performers and entertainment groups:

2) Describe other entertainment / activities planned for your event: _____

3) How will your event be promoted? Television Radio Newspapers Posters Flyers
other _____

PUBLIC PROPERTIES PROCEDURES:

If you are requesting city services, please complete the following area:

1) Will you need barricades? YES

NO

** If I could get 20 orange cones on Fri. daytime @ library so I can mark route*

Purpose of barricades: _____

Location of placement: _____ Amount needed _____

Date barricades needed _____ Time of placement _____

Name of company providing service if other than City _____

2) Will you require electrical service(s)

YES

NO

Entertainment: number of amps _____ = _____ lines @ \$20 Cost\$ _____

Equipment being used: _____

Location _____ Entainer name _____

Entertainment: number of amps _____ = _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location: _____ Entainer name _____

Concessions: _____ amps= _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location: _____

Concessions: _____ amps= _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location: _____

Name of company providing service if other than City: _____

3) Will you need fencing installed? YES ☒ NO

Purpose of fencing: _____

Location: _____ Amount: _____

Date needed _____ Time needed _____

Estimated costs: _____ locations @ \$100. = \$ _____ Total costs

4) Will parking considerations be needed YES ☒ NO

Type(s) _____

Location: _____ Amount _____

Date: _____ Time: _____

5) Will picnic tables be needed? YES ☒ NO

Location _____ Amount _____

Date needed: _____ Time needed _____

Estimated cost(s) _____ Picnic tables @ \$5.00 per table = \$ _____

6) Is a street sweeper needed? YES ☒ NO

Location _____ Date _____ Time _____

Estimated cost(s) _____ hours @ _____ = \$ _____ total cost

Name of company providing service, if not City: _____

7) Will you need additional trash bins? YES ☒ NO

If yes how many requested? Cardboard trash bins _____ Barrels _____

Where do you want them placed? _____

Name of disposal company if other than the City: _____

Where will dumpster be place: _____

8) Will water connection be needed?

YES

NO

Location _____ Amount _____

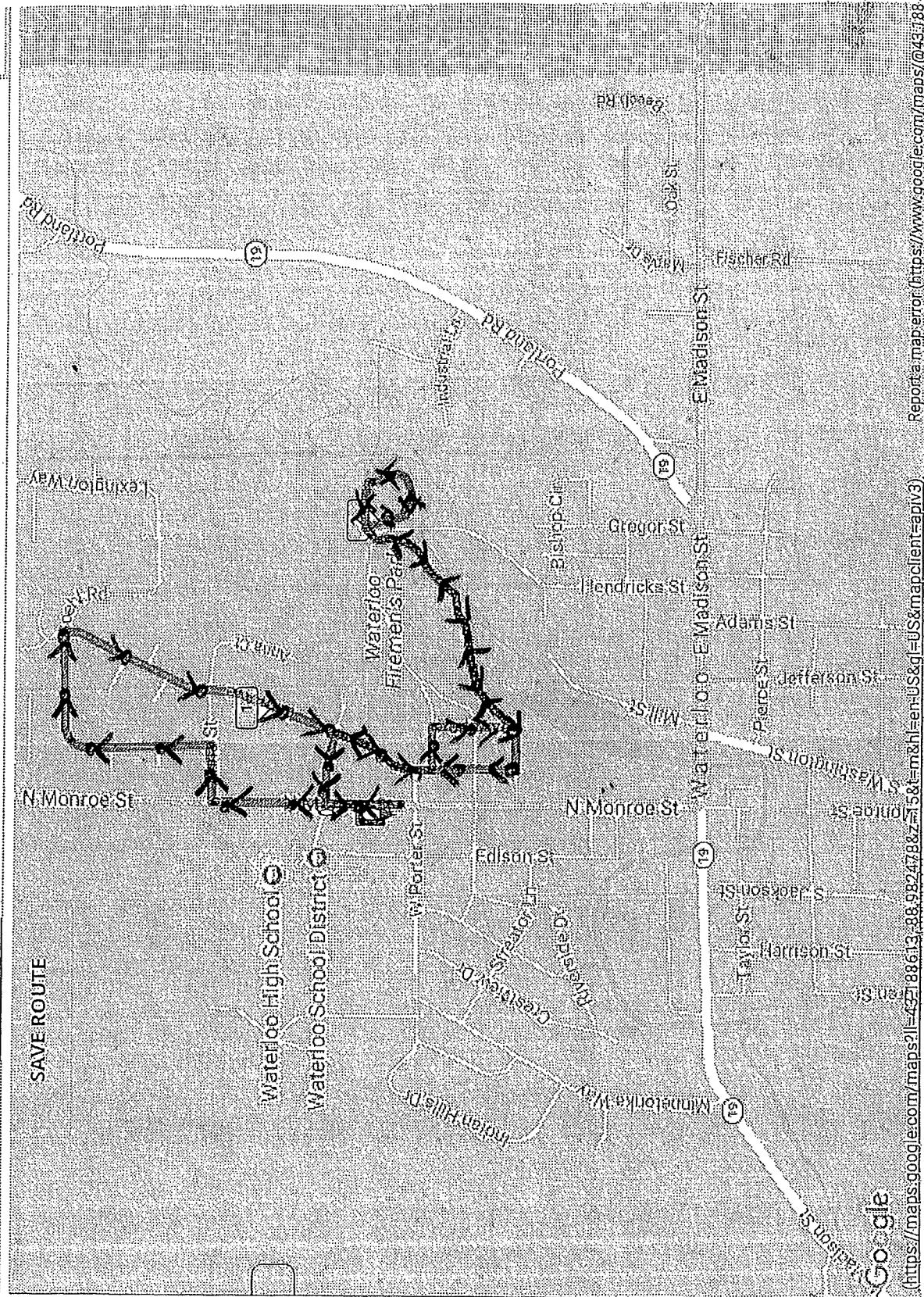
Date _____ Time _____

Estimated costs: _____ connection(s) @ \$20.00 = \$ _____ Total water costs

800-800-8000

Run \wedge walk

TRAINING (/WORKOUTS) ROUTES (/US/) CHALLENGES (/CHALLENGES) GO PREMIUM (HTTPS://MVP.MAPMYRUN.COM) BLOG (/BLOG/)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/04/2024

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

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

| | | | |
|--------------------------|--|--|-----------------------|
| PRODUCER | | CONTACT NAME: Tim Haldiman | |
| Service Insurance Agency | | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| PO BOX 173 | | E-MAIL ADDRESS: tim@serviceinsurance.us | |
| Waterloo | | INSURER(S) AFFORDING COVERAGE | |
| WI 53594 | | INSURER A: West Bend Mutual | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |
| | | NAIC # | |

| | |
|-------------------------------|--|
| INSURED | |
| Waterloo Business Association | |
| W10788 County Road I | |
| Reeseville | |
| WI 53579 | |

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | B804249 | 09/04/2024 | 09/04/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | | | MED EXP (Any one person) \$ excluded |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | \$ |
| OTHER: | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> AUTOS ONLY | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| DED RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | N/A | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| | | | | | | | |

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

CERTIFICATE HOLDER

CANCELLATION

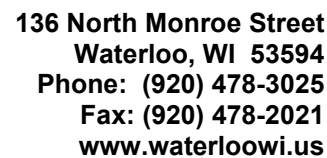
City of Waterloo
136 N Monroe St.
Waterloo

WI 53594

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

April Schults



HOLD HARMLESS CLAUSE:

The special event or entertainment sponsor hereby agrees to indemnify and hold harmless the City of Waterloo, Wisconsin, its agents, public officials, officers, employees and authorized volunteers, from and against any and all legal actions, claims, damages, losses, expenses arising out of the permitted event/activity or any activity associated with the conduct of the sponsor's operation of the event, including but not limited to, claims for personal or bodily injury, disease or death, or injury to or destruction of property, excluding claims caused by the willful commission or omission by employees of the City of Waterloo acting within the scope of their employment.

Further, the event sponsor agrees to indemnify the City of Waterloo and any of its agents, public officers, officials or employees and authorized volunteers for any attorneys fees and court costs incurred or to be incurred in defending any actions brought against them as a result of the sponsor's use of public property or operation of the event as set forth in the application for special permit.

INSURANCE REQUIREMENTS:

Proof of insurance is required of all Special or Entertainment Event Sponsors before the event. The attached list of insurance requirements should be reviewed immediately with your Insurance Agent to comply. Please provide a Certificate of Insurance with your completed application by, _____ 20____ to the **City Clerk's Office 136 N. Monroe Street, Waterloo, WI. 53594**. Insurance coverage shall be from companies and in amounts acceptable to the City of Waterloo. Failure to provide said acceptable insurance coverage in a timely manner is grounds for non-issuance or revocation of the permit.

PERMITTED USE OF PUBLIC PROPERTY:

Whereas the Special or Entertainment Event Sponsor agrees to use the public property at _____ in Waterloo, Wisconsin, known as, for staging of, the City of Waterloo does hereby agree to permit for use, at no cost, these premises for the date(s) of _____ through _____ 20____. Sponsor does hereby agree to conduct only that business/activity which is described in the Special Event Permit Application, and agrees to all municipal requirements. Sponsor further agrees that within thirty (30) days of the conclusion of the event it will, at its own expense, provide for the repair, replacement or maintenance of any damaged, lost or stolen portions of the subject property including, but not limited to landscaping, street or buildings and/or pavement.

LIABILITY WAIVER:

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AUTHORIZED SIGNATURES:

I hereby attest that I am authorized to bind the sponsor and/or its employees, agents, or volunteers associated or to be associated with the activity for which the permit is being sought, to the terms of this agreement. I have read and understand all regulations and requirements outlined herein. I/we do hereby agree to abide by all rules and regulations outlined herein. I/we hereby agree to meet all requirements for documentation, certification, licensing, financial responsibility and all other aspects of staging a Special Event in the City of Waterloo, as outlined herein. I/we understand that our lack of meeting all requirements outlined herein may result in the denial or cancellation of the proposed Special or Entertainment Event. **Permit applied for and all terms and stipulations agreed to by:**

| | |
|--|--|
| _____ Name (please print) | <u>Mike Monger</u> _____ Signature |
| _____ Signatory Title (if applicable) | _____ Date |

THIS APPLICATION, WITH A DETAILED SITE PLAN ATTACHED, AND ANY OTHER APPLICABLE DOCUMENTS AS OUTLINED HEREIN, MUST BE REMITTED TO THE CLERK'S OFFICE NO LATER THAN **NINETY DAYS (90)** PRIOR TO THE OPENING DAY OF THE EVENT. Application received late or incomplete may be denied. Direct mail to the **City Clerk, City of Waterloo, 136 N. Monroe Street**, Waterloo, WI. 53594. A copy of the application will then be forwarded to the appropriate committees and or Departments for consideration of approval, denial, and scheduling.

Date application received: _____ Received by: _____

Clerk's Office to complete the section below:

Cc:

_____ Police Department

_____ Council Approval _____
Date

_____ Fire Department

_____ Public Works

_____ Certificate of Insurance

_____ Waterloo Utilities

Fee for Profit Events = \$50.00 per event.

Fee is WAIVED for events held or sponsored by educational, charitable, nonprofit, or religious organizations when the proceeds are devoted to the purposes of such organization.

Fee Paid: _____

Date Paid: _____

Receipted by: _____

Attachment 1

CITY OF WATERLOO INSURANCE REQUIREMENTS FOR SPECIAL EVENTS

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3. The City of Waterloo must be named on the Certificate of Insurance as **primary, non-contributory additional insured** under the general liability policy for the event.
4. The Certificate of Insurance must include the name of the special event, and the date, time and location of the event.
5. The City of Waterloo reserves the right to request a copy of the actual policy represented by the Certificate of Insurance.
6. **No event will be allowed to proceed without receipt by the City of a valid Certificate of Insurance in full compliance with the above listed requirements.**

Any questions regarding these insurance requirements should be directed to the City Clerk's Office at (920) 478-3025

SPECIAL EVENT or ENTERTAINMENT WORKSHEET

NAME OF EVENT: _____

DATE (S) OF EVENT: _____ HOURS: _____

LOCATION/PROPERTY: _____

SAFETY PROCEDURES:

1) Will you be providing private on-site security? YES NO

If yes, list security company name. Fastguard Security

Where will security be needed? Overnight inside of our expo (parking lot)

What times will security be needed? 7PM - 7AM

Will WPD officers be required? YES NO

Municipal estimation of cost: _____ WPD Personnel @ \$ _____ /hour = \$ _____

2) What are your plans for medical assistance? _____

Municipal estimation of cost: _____ WFD equipment/personnel @ _____ \$ hours = \$ _____

3) Will there be fireworks at your event? YES NO

Date of fireworks _____ Time of Fireworks _____

Name/Address of company supplying fireworks _____

Fire Marshall must be contacted for approval and consultation.

SET UP / CLEAN UP PROCEDURES:

1) Name of person in charge of set up: _____ phone # _____

2) What time will set up begin: _____

3) Name of clean up contact person: _____ Cell Phone# _____

4) Estimated time for clean up after event: _____

FEES AND PROCEEDS:

1) Will admission be charged for this event? YES NO

If yes, how much: Adult _____ Seniors _____ Students _____

Children 5 & under _____ Families _____

2) If a participant fee is charged, please indicate the amount: Booth: _____

Concessionaire: _____

3) Will alcoholic beverage(s) be sold?

YES

NO

If yes, what beverage and at what cost? _____

4) What does the Sponsor intend to do with any revenue over and above the expenditures? _____

(If this is a first year event, please provide a budget. If it is a repeat event, provide last year's financials.)

ENTERTAINMENT AND PROMOTIONS:

2) List names of performers and entertainment groups:

2) Describe other entertainment / activities planned for your event: _____

3) How will your event be promoted? Television Radio Newspapers Posters Flyers

other _____

PUBLIC PROPERTIES PROCEDURES:

If you are requesting city services, please complete the following area:

1) Will you need barricades?

YES

NO

Purpose of barricades: _____

Location of placement: _____ Amount needed _____

Date barricades needed _____ Time of placement _____

Name of company providing service if other than City _____

2) Will you require electrical service(s)

YES

NO

Entertainment: number of amps _____ = _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location _____ Entainer name _____

Entertainment: number of amps _____ = _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location: _____ Entainer name _____

Concessions: _____ amps= _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location: _____

Concessions: _____ amps= _____ lines @ \$20 Cost \$ _____

Equipment being used: _____

Location: _____

Name of company providing service if other than City: _____

3) Will you need fencing installed? YES ☒ NO

Purpose of fencing: _____

Location: _____ Amount: _____

Date needed _____ Time needed _____

Estimated costs: _____ locations @ \$100. = \$ _____ Total costs

4) Will parking considerations be needed ☒ YES NO

Type(s) _____

Location: _____ Amount _____

Date: _____ Time: _____

5) Will picnic tables be needed? YES ☒ NO

Location _____ Amount _____

Date needed: _____ Time needed _____

Estimated cost(s) _____ Picnic tables @ \$5.00 per table = \$ _____

6) Is a street sweeper needed? YES ☒ NO

Location _____ Date _____ Time _____

Estimated cost(s) _____ hours @ _____ = \$ _____ total cost

Name of company providing service, if not City: _____

7) Will you need additional trash bins? YES ☒ NO

If yes how many requested? Cardboard trash bins _____ Barrels _____

Where do you want them placed? _____

Name of disposal company if other than the City: _____

Where will dumpster be place: _____

Waterloo, WI

8) Will water connection be needed?

YES

NO

Location _____ Amount _____

Date _____ Time _____

Estimated costs: _____ connection(s) @ \$20.00 = \$ _____ Total water costs

BLIGHT LIST updated 07.23.2025

| Street | Property # | Owner of Property | Who Complained /follow up with | Complaint | Filed date | WW issued | Warning Letter Sent | Citation issued |
|-------------------|------------|-------------------------|---|---------------|---------------|--------------|------------------------|--------------------|
| Henry Court | 318 | Steven Statz | PD/DPW | Trailer | 07.23.2025 | | | |
| Anna Court | 902 | Benito Mena | PD/DPW | Vehicle | 07.23.2025 | | | |
| Lum Ave | 920 | Kenneth Frandle | PD/DPW | Junk | 07.23.2025 | | | |
| Sunrise Ct | 961 | Jesse Gonzalez | PD/DPW | Vehicle | 07.23.2025 | 08.04.2025 | | |
| Pearl Street | 921 | Ron Boyer | PD/DPW | Trailer | 07.23.2025 | | | |
| Goehl Road | 1080 | Sonya Kay Pavela | PD/DPW | Boat | 07.23.2025 | | | |
| Portland Road | 208 | Joseph Wendy | PD/DPW | Junk | 07.23.2025 | | | |
| Oak Street | 1210 | Deborah Dorn | PD/DPW | Camper | 07.23.2025 | | | |
| N Monroe St | 310 | James Cahoon | PD/DPW | Vehicle | 07.23.2025 | | | |
| Oak Street | 1323 | Brandon Reed | PD/DPW | Weeds | 07.23.2025 | | | |
| Jefferson St | 363 | Tracy Aide | PD/DPW | Junk | 07.23.2025 | | | |
| Jefferson St | 144 | Patricia Schickert | PD/DPW | Vehicles | 07.23.2025 | | | |
| E Madison St | 362 | Jeremy Uttech | PD/DPW | Junk | 07.23.2025 | | | |
| Washington Street | 438 | Linda Kuzdas | PD/DPW | Vehicle | 07.23.2025 | | | |
| Jackson Street | 373 | Scott O'Neal | PD/DPW | Vehicle | 07.23.2025 | | | |
| Jackson Street | 359 | Daskam Trust | PD/DPW | Junk | 07.23.2025 | | | |
| Knowlton Street | 334 | Bradley Bauer | PD/DPW | Camper | 07.23.2025 | | | |
| Harrison Street | 404 | Tony Packard Jr | PD/DPW | Weeds | 07.23.2025 | | | |
| Taylor Street | 339 | Dennis Johnson Jr | PD/DPW | Vehicles/Junk | 07.23.2025 | | | |
| Van Buren Street | 570 | Mark Conley | PD/DPW | Camper | 07.23.2025 | | | |
| E Indian Hills | 613 | Bradley Mosher | PD/DPW | Trailer | 07.23.2025 | | | |
| W Indian Hills | 605 | Matthew Rennebohm | PD/DPW | Camper | 07.23.2025 | | | |
| Hiawatha Street | 620 | Aaron Weiford | PD/DPW | Junk | 07.23.2025 | 07.29.2025 | | |
| W Indian Hills | 516 | United Methodist Church | PD/DPW | Camper | 07.23.2025 | | | |
| Crestview Drive | 565 | 565 Crestview LLC | PD/DPW | Junk | 07.23.2025 | | | |
| W Riverside Drive | 470 | Austin Kuhl | PD/DPW | Vehicle | 07.23.2025 | | | |
| Bradford Drive | 325 | William Westphal | PD/DPW | Trailer | 07.23.2025 | | | |
| N Riverside Drive | 424 | Nicolas Olson | PD/DPW | Boat | 07.23.2025 | | | |
| E Madison St | 315 | Vidal Hernandez | PD/DPW | Vehicle | 07.23.2025 | 08.02.2025 | | |
| Indian Hills | 513 | Brian Bartzszwicz | PD/DPW | Vehicle | 07.23.2025 | 07.14.2025 | 08.04.2025 | |
| Portland Road | 230 | Tanner Womack | PD/DPW | Junk | 07.21.2025 | 07.21.2025 | | |