

MINUTES - CITY COUNCIL

DATE: May 12, 2026

TIME: 6:00 P.M.

LOCATION: City Council Chambers, Kiel City Hall
621 Sixth St., Kiel, Wis.

MEMBERS: Mayor Hennings, Alderpersons Jeremy Fromm, Tyler Guell, John Broucker, Jason Nett, Bill Krueger, and Alice Achter

- 1) Mayor Bob Hennings called the meeting to order at 6:00 pm
- 2) Pledge of Allegiance
- 3) Roll Call was taken with Mayor Hennings and Alderpersons Guell, Broucker, Nett, Krueger, and Achter present. Also present was CA Pafford
- 4) Alder Krueger moved, Alder Broucker seconded to approve the minutes of the April 28th, 2026, City Council Meeting. The motion passed unanimously.
- 5) There was no Public Comment
- 6) Alder Broucker moved, Alder Guell seconded to approve the Special Event Application for Alice's Stress Management- Poker Run Benefit. June 6, 2026. The motion passed unanimously.
- 7) Alder Broucker moved, Alder Nett seconded to approve the Special Event Application- O' Reilly Auto Parts Car Show. August 1, 2026. The motion passed unanimously.
- 8) Alder Guell moved, Alder Krueger seconded to approve the Special Event Application- Kiel Kraftacular. August 15, 2026. The motion passed unanimously.
- 9) Alder Guell moved, Alder Nett seconded to approve the hiring of seasonal staff: Kelly Gozdziwski, Dominick Sheets, Koen Sitzman, and Miles DeTroye. The motion passed unanimously.
- 10) Alder Krueger moved, Alder Achter seconded to approve receipts and disbursements. The motion passed unanimously.
- 11) Alder Krueger moved, Alder Guell seconded to approve the payment of the bills. Voting Aye were Alderpersons Guell, Broucker, Nett, Krueger, and Achter. The motion passed 5-0.
- 12) Alder Broucker moved, Alder Nett seconded to adjourn the meeting of the City Council. The motion carried unanimously. The meeting of the City Council was adjourned at 6:07 pm

Bob Hennings, Mayor
Prepared by Ryan Pafford, City Administrator



CITY OF KIEL

DRapped 4-29-26

621 Sixth Street / P.O. Box 98
Kiel, WI 53042
Phone (920) 894-2909

SPECIAL EVENT / OUTDOOR EVENT PERMIT APPLICATION

NAME OF BUSINESS Badger's Den			
MAILING ADDRESS 401 Fremont St	CITY Kiel	STATE WI	ZIP 53042
PHONE NUMBER 920 894-2139	WEBSITE ADDRESS		
CONTACT PERSON Lynn Buchholz			
MAILING ADDRESS 401 Fremont St	CITY Kiel	STATE WI	ZIP 53042
HOME PHONE	WORK PHONE 920 894 2139	CELL PHONE 920 412-1905	
EMAIL ADDRESS 3Kreeke@gmail.com			

Application must be filed with city staff a minimum of 45 days prior to the special event.

NAME OF THE EVENT Veteran's Suicide Awareness	DATE(S) OF THE EVENT June 20, 2026
START TIME 11:00	EVENT END TIME 6 pm
LOCATION OF THE EVENT 401 Fremont St Kiel	
A. Please attach a detailed map/sketch of your outdoor event indicating the specific location and layout of your event.	
B. Generally, describe your event and its purpose. Please attach additional information on next page if more room is needed. <u>gathering, fishing tournament, Bounce house, music</u>	
C. Estimated number of participants: <u>150</u> *Must not exceed fire and building code limits	
D. Does the event's location border residential property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, what distance to nearest property?	
E. What zoning is the event location located in? <u>4</u> *Contact City Hall staff if information is not known	
F. Is there a plan for post-event cleanup of litter and debris? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
G. Are there designated entry and exit points including emergency exits? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, show on diagram	
H. Does your business/organization have liability insurance for this event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I. Is outdoor lighting appropriately situated to prevent glare and to safety illuminate all properties? <input type="checkbox"/> YES <input type="checkbox"/> NO	
J. Is there adequate parking onsite or available nearby for attendees to legally park vehicles? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER INFORMATION

A. Do you understand that all sales of alcohol are governed by local ordinance and Wis. Ss. (Chapter 125) including need for properly licensed operators (bartenders) on premise? YES NO

Please list the number of City of Kiel licensed bartenders that will be on site: 4-6

B. Does your event involve amplified music? YES NO / If Yes: Band DJ Other

Hours when amplified music will be played: 11 to 6 *End times after 10pm require council approval

Do you agree to work cooperatively with the Kiel Police Department to resolve loud noise complaints? YES NO

CITY SERVICES

Will you need barricades provided by the City of Kiel for your event? YES NO

If yes, how many? 4 Date Needed: 6/20/26 Time Needed: 4 Am

C. What other assistance do you foresee needing from the City of Kiel (personnel, materials, equipment, etc.)?

no parking signs along 4th Street by bar

D. Have you reviewed a copy of the City of Kiel Ordinance # 12.061 "Special Events" and do you understand that you may be charged for City Services? YES NO

PERMIT FEE

For a non-profit organization, there is no charge, for a for-profit organization

Non-profit/civic organization For-profit organization

\$100.00 Date Paid: _____ / Check #: _____

***Fee is non-refundable. If permit denied, and re-submitted, fee required for each submittal**

DEPOSIT REQUIREMENTS

For events using city buildings/properties, the applicant may be required to submit to the City Clerk-Treasurer's Office a cleaning/damage deposit of \$200 for each scheduled day of the event (or portion thereof) two weeks prior to the starting date of the event. That deposit shall be refunded to the applicant, if, upon inspection, all is in order, or a prorated portion thereof as may be necessary to reimburse the City for loss or cleaning costs. The City reserves the right to retain the entire deposit if cleanup is not completed satisfactorily in the time frame as specified in the permit. Unless otherwise stated in the permit, the applicant shall be fully responsible for all necessary cleanup associated with the permitted event to be completed within 24 hours after the conclusion of the event.

ADDITIONAL NOTES AND INFORMATION

Emergency Revocation and Termination of Special Events:

By signing this document, applicant clearly understands that a permit issued may be immediately terminated and revoked including while an event is in progress if the Police Chief, and/or Fire Chief or their designees determine that the activities for which the permit was issued:

- endangers the health, safety or general welfare of the public
- violates conditions which formed the basis of issuing the permit;
- violates city ordinances, WI state laws, or other unforeseen emergency or catastrophe concerns due to weather, fire, riot, or other public safety hazard.

By signing this form, the applicant certifies authorization to act on behalf of their business/organization, and hereby agrees to abide by all ordinances of the City of Kiel and laws of the State of Wisconsin related to their business operations, including the special and/or outdoor events listed on this application. The applicant further agrees to cooperate with city staff to address any unforeseen issues that may arise as a result of the event and activities for which this permit was issued.

Signature of Applicant <i>T. Buchholz</i>	Date 4-29-24
--	-----------------

FOR CITY STAFF USE OFFICE USE ONLY

Application forwarded to and approved by (provide comments if necessary):

Public Works: *[Signature]*

Fire Department: *[Signature]*

Police Department: *[Signature]*

Kiel Utilities: *[Signature]*

City Administrator: *[Signature]*

COUNCIL ACTION AND REQUIREMENTS

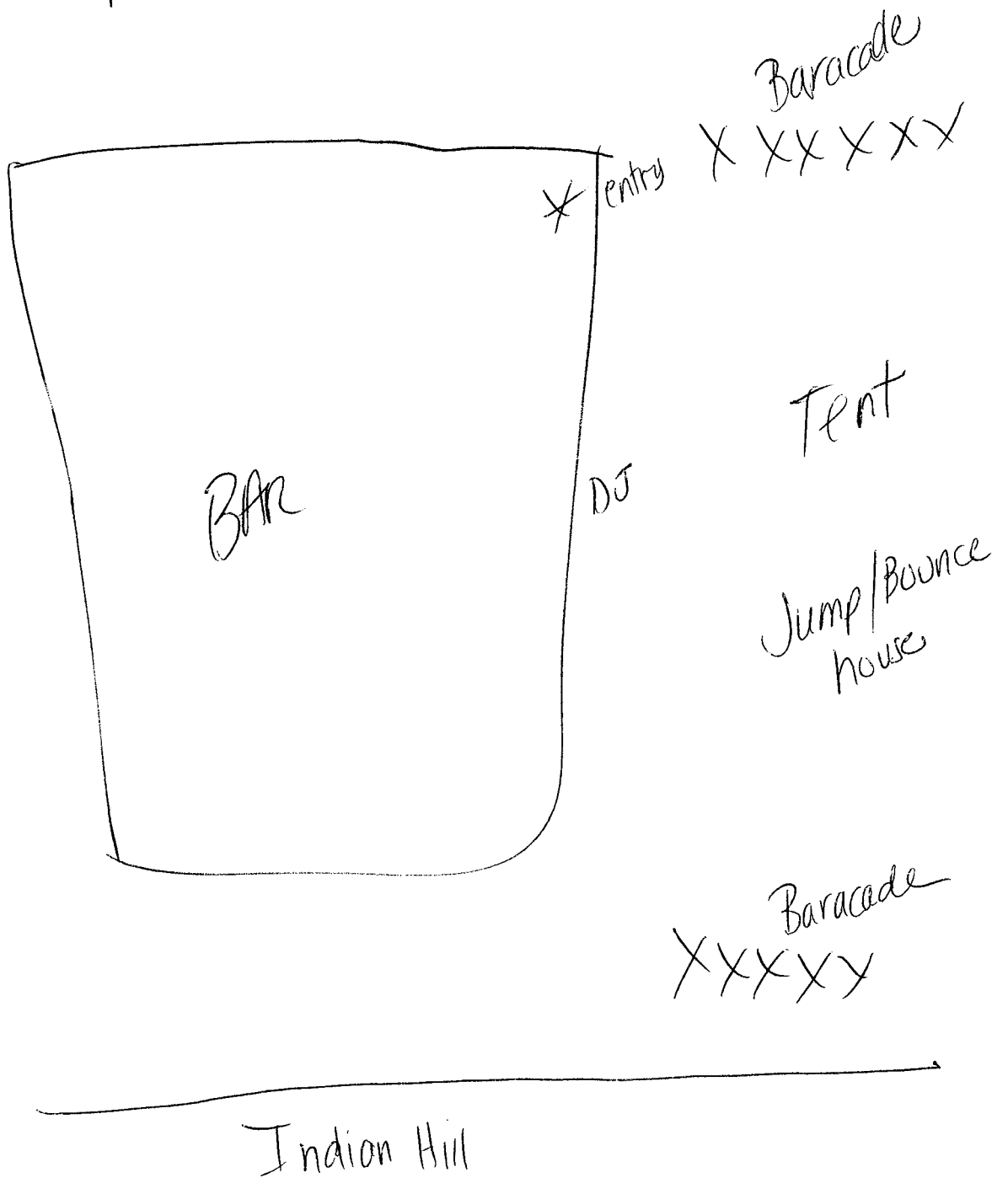
Date Reviewed By City Council: _____ Approved By City Council: YES NO

ADDITIONAL INFORMATION / REQUIREMENTS / DIRECTIVES FROM CITY COUNCIL

DATE APPLICANT NOTIFIED: _____ BY: _____ (NAME) _____ (TITLE)

Badger's Den Event

Fremont St



DAWN AND JOSHS BADGERS DEN LLC
401 FREMONT ST
KIEL WI 53042-1316

Wisconsin Department of Revenue Seller's Permit

Legal/real name: DAWN AND JOSHS BADGERS DEN LLC

Business name:
401 FREMONT ST
KIEL WI 53042-1316

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030845476-04

Temporary Alcohol Beverage License

Municipality Kiel

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
Total Fees		\$

Part A: Organization Information

1. Organization Name
Custom Street Car Club

2. Organization Permanent Address
16915 County Road X

3. City
Kiel

4. State
WI

5. Zip Code
53042

6. Mailing Address (if different from permanent address)
P.O. Box 11

7. FEIN

8. Date of Organization/Incorporation
1982

9. State of Organization/Incorporation
WI

10. Phone
920-973-5615

11. Email
svoland44@gmail.com

12. Organization type (check one)

Bona Fide Club
 Church
 Fair Association/Agricultural Society
 Veteran's Organization
 Lodge/Society
 Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information


List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
<u>Koenigs</u>	<u>Loke</u>	<u>Vice President</u>	<u>920-286-1107</u>
<u>Tom</u>	<u>Ayotte</u>	<u>Treasurer #2</u>	<u>920-901-6128</u>
<u>Kevin</u>	<u>Binversie</u>	<u>Treasurer #1</u>	<u>920-946-8046</u>
<u>Steen</u>	<u>Voland</u>	<u>President</u>	<u>920-2860162</u>

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 44th Annual Kiel Car Show			
2. Dates of Operation Sunday August 16th, 2026		3. Hours of Operation 6:00am → 5:00pm	
4. Premises Address Kiel City Park			
5. City Kiel		6. State WI	7. Zip Code 53042
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Kiel		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Custom Street Car Club		12. Email and/or Phone Number for Organizer of Event svoland44@gmail.com	
13. Organizer Website N/A		14. Event Website N/A	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Voland		First Name Steven	M.I. M
Title President	Email svoland44@gmail.com		Phone 920 973-5615
Signature 		Date 5-6-2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



CITY OF KIEL

621 Sixth Street / P.O. Box 98
Kiel, WI 53042
Phone (920) 894-2909

SPECIAL EVENT / OUTDOOR EVENT PERMIT APPLICATION

ORGANIZATION INFORMATION			
NAME OF BUSINESS Custom Street Car Club			
MAILING ADDRESS P.O. Box 11		CITY Kiel	STATE WI
PHONE NUMBER		WEBSITE ADDRESS	
CONTACT PERSON Steven Voland			
MAILING ADDRESS 16915 County Road X		CITY Kiel	STATE WI
HOME PHONE	WORK PHONE 920-973-5615	CELL PHONE	
EMAIL ADDRESS Svoland44@gmail.com			

Application must be filed with city staff a minimum of 45 days prior to the special event.

VENUE INFORMATION	
NAME OF THE EVENT 44th Annual Kiel Car Show	DATE(S) OF THE EVENT Sunday August 16th 2026
EVENT START TIME(S) 6:00 am	EVENT END TIME(S) 5:00 pm
LOCATION OF THE EVENT Kiel City Park	
A. Please attach a detailed map/sketch of your outdoor event indicating the specific location and layout of your event.	
B. Generally, describe your event and its purpose. Please attach additional sheets or use "Additional Notes and Information" on next page if more room is needed. Display classic & collector vehicles Raise money for non profit organizations, entertainment for attendees	
C. Estimated number of participants: 350 *Must not exceed fire and building code limits	
D. Does the event's location border residential property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, est. distance to nearest property? _____	
E. What zoning is the event location located in? _____ *Contact City Hall staff if information is not known	
F. Is there a plan for post-event clean up of litter and debris? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
G. Are there designated entry and exit points including emergency exits? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, show on diagram	
H. Does your business/organization have liability insurance for this event/activity? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I. Is outdoor lighting appropriately shielded to prevent distractions to nearby traffic and properties? <input type="checkbox"/> YES <input type="checkbox"/> NO N/A	
J. Is there adequate parking onsite or available nearby for attendees to legally park vehicles? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER INFORMATION

A. Do you understand that all sales of alcohol are governed by local ordinance and Wis. Ss. (Chapter 125) including need for properly licensed operators (bartenders) on premise?

YES NO

Please list the number of City of Kiel licensed bartenders that will be on site: one

B. Does your event involve amplified music?

YES NO / If Yes: Band DJ Other

Hours when amplified music will be played: 7am to 4pm *End times after 10pm require council approval

Do you agree to work cooperatively with the Kiel Police Department to resolve loud noise complaints? YES NO

CITY SERVICES

Will you need barricades provided by the City of Kiel for your event?

YES NO

If yes, how many?

Date Needed: August 16th Time Needed: 6:00 am

C. What other assistance do you foresee needing from the City of Kiel (personnel, materials, equipment, etc.)?

Restrooms unlocked and water turned on. Extra toilet paper and hand towels.

D. Have you reviewed a copy of the City of Kiel Ordinance # 12.061 "Special Events" and do you understand that **you may be charged for City Services**?

YES NO

PERMIT FEE

For a non-profit organization, there is no charge, for a for-profit organization

Non-profit/civic organization For-profit organization

\$100.00 Date Paid: _____ / Check #: _____

**Fee is non-refundable. If permit denied, and re-submitted, fee required for each submittal*

DEPOSIT REQUIREMENTS

For events using city buildings/properties, the applicant may be required to submit to the City Clerk-Treasurer's Office a cleaning/damage deposit of \$200 for each scheduled day of the event (or portion thereof) two weeks prior to the starting date of the event. That deposit shall be refunded to the applicant, if, upon inspection, all is in order, or a prorated portion thereof as may be necessary to reimburse the City for loss or cleaning costs. The City reserves the right to retain the entire deposit if cleanup is not completed satisfactorily in the time frame as specified in the permit. Unless otherwise stated in the permit, the applicant shall be fully responsible for all necessary cleanup associated with the permitted event to be completed within 24 hours after the conclusion of the event.

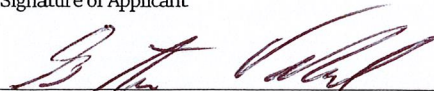
ADDITIONAL NOTES AND INFORMATION

Emergency Revocation and Termination of Special Events:

By signing this document, applicant clearly understands that a permit issued may be immediately terminated and revoked including while an event is in progress if the Police Chief, and/or Fire Chief or their designees determine that the activities for which the permit was issued:


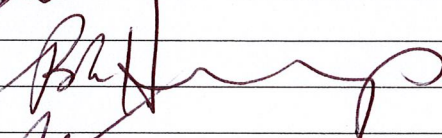
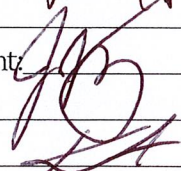
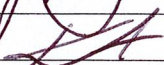

- endangers the health, safety or general welfare of the public
- violates conditions which formed the basis of issuing the permit;
- violates city ordinances, WI state laws, or other unforeseen emergency or catastrophe concerns due to weather, fire, riot, or other public safety hazard.

By signing this form, the applicant certifies authorization to act on behalf of their business/organization, and hereby agrees to abide by all ordinances of the City of Kiel and laws of the State of Wisconsin related to their business operations, including the special and/or outdoor events listed on this application. The applicant further agrees to cooperate with city staff to address any unforeseen issues that may arise as a result of the event and activities for which this permit was issued.

Signature of Applicant 	Date 5-6-2026
---	-------------------------

FOR CITY STAFF USE OFFICE USE ONLY

Application forwarded to and approved by (provide comments if necessary):

- Public Works: 
- Fire Department: 
- Police Department: 
- Kiel Utilities: 
- City Administrator: 

COUNCIL ACTION AND REQUIREMENTS

Date Reviewed By City Council: _____ Approved By City Council: YES NO

ADDITIONAL INFORMATION / REQUIREMENTS / DIRECTIVES FROM CITY COUNCIL

DATE APPLICANT NOTIFIED: _____ BY: _____ (NAME) _____ (TITLE)

Middle

School Lawn

Parking for Show Cars

Parking for Show Cars

Barricades Needed

Parking for Show Cars

Paine St. Check In

Check In

City Park

Parking for Show Cars

Food

Position Registration

Alley

6th Street

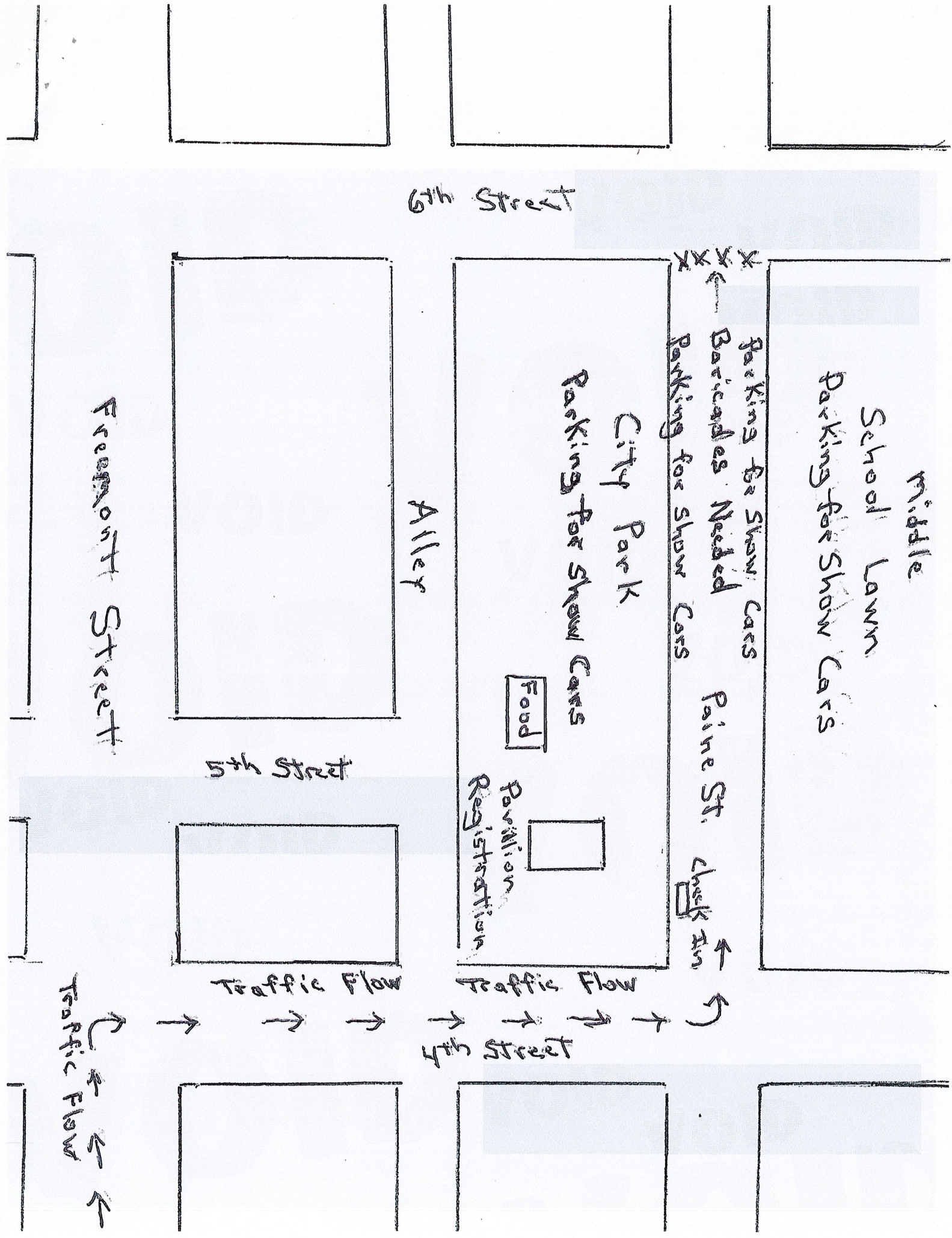
5th Street

Traffic Flow
4th Street

Traffic Flow

Freemont Street

Traffic Flow





Property Name: Byzantine
Address: 1150 Service Rd, Keil, WI

Landlord Lease Terms: June 15th, 2026 through July 15th, 2026

Hours of Operation: June 25th 2026 – July 4th 2026 10 am –10 pm

Size of Equipment: Fire Proof Storage Unit / Stand combo 8'X 40'

Use Clause: The retail sale of consumer sparklers, novelties, and Class C fireworks.

Insurance: \$10 million dollars in product, personal and property liability.

Safety: Each location includes 3 dry chemical and 1 water fire extinguishers, posted warning signs include no smoking, no parking.

Participants-2-4 people
We follow NFPA 1123 and 1124 regulations.

Thank You,

William Maynard

Regional Manager
Wisconsin, Illinois and Indiana
WMaynard@fireworks.com
330-885-6911



CITY OF KIEL

621 Sixth Street
P.O. Box 98
Kiel, WI 53042

Jamie J. Aulik, City Administrator

Phone (920) 894-2909 Email: jamie.aulik@kielwi.gov

APPLICATION TO SELL FIREWORKS

Name/Entity: Phantom Fireworks Eastern Region LLC

Sale Location: 1150 Service Rd

Dates and time(s) of operation: 6/25/26 - 7/4/26 10A-10P

Names, address, and consent of owner(s) of the real estate upon which the fireworks will be sold:

Name: Byzantine Property / Spiro L Pappan

Address: 1150 Service Rd , Kiel WI

Signature of Owner: See property permission form X Date: 5/14/26

Submit the following:

1. Itemized list of fireworks for sale
2. Narrative of safety measures/safety plan
3. Certificate of Insurance
4. Background check form
5. Permit fee - \$200

I, William Maynard have read Kiel Municipal Code Section 9.04 regarding sale possession and use of fireworks and understand that if I violate the provision of this ordinance, I will be subject to municipal penalties as defined under Chapter 25.04 of the City of Kiel municipal code. Each day of continued violation constitutes a separate violation and offense.

Signature: William Maynard Date: 5/14/26

Over

For office use only

Date application received 5/19/2020

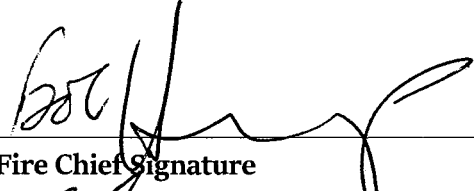
List of fireworks received Yes No

Safety plan received Yes No

Certificate of Insurance received Yes No

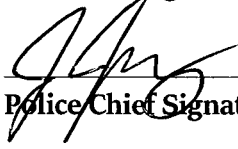
Background check received Yes No

Permit Fee Paid Yes No



Fire Chief Signature

Approved Denied



Police Chief Signature

Approved Denied



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2025

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 RTI Insurance Services of Florida, Inc. 6901 Professional Pkwy, Suite 104 Sarasota FL 34240	CONTACT NAME: Taylor Burgess	
	PHONE (A/C, No, Ext): 239-463-5200	FAX (A/C, No): 239-463-2367
E-MAIL ADDRESS: tburgess@trustrti.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Indemnity Ins Co		20087
INSURER B: Crum & Forster Specialty Insurance Company		44520
INSURER C: Palomar Specialty Insurance Company		20338
INSURER D: Axis Surplus Insurance		26620
INSURER E: Kinsale Ins Company		38920
INSURER F: BERKSHIRE HATHAWAY HOMESTATE INS CO		20044

INSURED Phantom Fireworks Eastern Region, LLC 2445 Belmont Ave 2445 Belmont Ave Youngstown OH 44505	PHANFIR-01
--	------------

COVERAGES **CERTIFICATE NUMBER:** 1388422513 **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
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLO-214610	10/30/2025	10/30/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	73APB012805	10/30/2025	10/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C D E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	CEPXP-25-0000196-00 P-001-001472588-02 0100407691-0	10/30/2025 10/30/2025 10/30/2025	10/30/2026 10/30/2026 10/30/2026	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 \$
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	PHWC644483	10/30/2025	10/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The certificate holder is named as additional insured with respect to the General Liability and Auto Liability policy on a primary and non-contributory basis where required by written contract subject to policy terms and conditions.

Total Limits of General Liability is \$10MM. Total Limits of Auto Liability is \$5MM.

Stand Location: Dollar General- 1150 Service Rd. Kiel, WI 53042
 Dates of Operation: June 15, 2026 through July 14, 2026
 Byzantine of Wisconsin LP

CERTIFICATE HOLDER **CANCELLATION**

Byzantine of Wisconsin LP PO Box 1567 Beaver Falls PA 15010	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 
---	---

Report Criteria:

Report type: Summary

Check.Check Issue Date = 05/21/2026

Period	Date	Check No	Vendor No	Payee	Amount
05/26	05/21/2026	23392	3467	ANIXTER, INC	10,378.08
05/26	05/21/2026	23393	3567	BAKER TILLY US LLP	11,361.00
05/26	05/21/2026	23394	207	BORDER STATES ELECTRIC SUPPLY	627.50
05/26	05/21/2026	23395	3330	BRUGGINK'S INC	18,655.99
05/26	05/21/2026	23396	3563	COLUMN SOFTWARE PBC	213.52
05/26	05/21/2026	23397	2777	COMPLETE OFFICE OF WISCONSIN I	27.87
05/26	05/21/2026	23398	2593	CORE & MAIN LP	45,860.16
05/26	05/21/2026	23399	374	CZ AWARDS	150.00
05/26	05/21/2026	23400	3068	DAKOTA SUPPLY GROUP	2,870.99
05/26	05/21/2026	23401	500	ENERGENECS	1,538.03
05/26	05/21/2026	23402	3556	FORSTER ELECTICAL ENGINEERING I	11,050.00
05/26	05/21/2026	23403	3394	GASVODA & ASSOCIATES INC	2,302.14
05/26	05/21/2026	23404	3448	GREAT LAKES AGRI-SERVICES INC.	390.00
05/26	05/21/2026	23405	707	HAWKINS INC.	1,356.50
05/26	05/21/2026	23406	775	IRBY CO, STUART C	723.36
05/26	05/21/2026	23407	777	ISELY JR, RICHARD	71.05
05/26	05/21/2026	23408	2813	JAMES IMAGING SYSTEMS	399.68
05/26	05/21/2026	23409	794	JEFFERSON FIRE & SAFETY	757.98
05/26	05/21/2026	23410	3001	KIEL AMOCO	288.20
05/26	05/21/2026	23411	2072	KIEL MACHINE WORKS LLC	660.00
05/26	05/21/2026	23412	959	LAKESIDE PEST CONTROL LLC	960.00
05/26	05/21/2026	23413	3046	LEAVES INSPIRED TREE NURSERY LL	560.00
05/26	05/21/2026	23414	2870	MACQUEEN EQUIPMENT	424.44
05/26	05/21/2026	23415	1077	MARTELLE WATER TREATMENT INC	5,712.28
05/26	05/21/2026	23416	1101	MCMASTER-CARR SUPPLY CO	113.07
05/26	05/21/2026	23417	3439	MERIDIAN SURVEYING LLC	3,700.00
05/26	05/21/2026	23418	3535	METLIFE	200.32
05/26	05/21/2026	23419	2922	MILLER-BRADFORD & RISBERG INC	136.04
05/26	05/21/2026	23420	1254	NORTHEAST ASPHALT INC	3,394.84
05/26	05/21/2026	23421	3186	O'REILLY AUTOMOTIVE INC	382.18
05/26	05/21/2026	23422	2889	PAFFORD, RYAN	78.30
05/26	05/21/2026	23423	2475	PREISSNER, KYLE	1,029.90
05/26	05/21/2026	23424	2830	PRIMADATA	500.00
05/26	05/21/2026	23425	1379	PROFESSIONAL DOOR SYSTEMS INC	341.08
05/26	05/21/2026	23426	1396	QUARLES & BRADY	5,500.00
05/26	05/21/2026	23427	3113	RADIAN RESEARCH INC.	1,157.59
05/26	05/21/2026	23428	3545	RBRAUN INC	725.60
05/26	05/21/2026	23429	1455	RIESTERER & SCHNELL	678.36
05/26	05/21/2026	23430	3187	RIESTERER, CAROLYN	126.60
05/26	05/21/2026	23431	1472	ROECK'S BAKERY INC	39.90
05/26	05/21/2026	23432	2426	SECURIAN FINANCIAL GROUP INC	718.40
05/26	05/21/2026	23433	2780	SLIPSTREAM	150.00
05/26	05/21/2026	23434	1666	SUPERIOR CHEMICAL CORP	2,405.60
05/26	05/21/2026	23435	1717	TOTAL ENERGY SYSTEMS LLC	1,950.00
05/26	05/21/2026	23436	3423	ULINE	392.08

Period	Date	Check No	Vendor No	Payee	Amount
05/26	05/21/2026	23437	1937	WISCONSIN DEPT OF JUSTICE	105.00
05/26	05/21/2026	23438	3083	WM CORPORATE SERVICES INC	1,792.90
Grand Totals:					<u>142,956.53</u>

Report Criteria:

Report type: Summary

Check.Check Issue Date = 05/21/2026

Report Criteria:

Report type: Summary
 Check.Check number = {SQL} (tblCheck.CheckNumber in (SELECT c.CheckNumber
 FROM dbo.tblCheck c INNER JOIN
 dbo.tblCheckDetail cd ON c.ID = cd.tblCheckID
 GROUP BY c.CheckNumber
 HAVING (SUM(cd.Amount) >= 5000)))
 Check.Type = {<>} "Adjustment"

Vendor Number	Payee	Check Issue Date	Check Number	Amount	
1396	QUARLES & BRADY	05/21/2026	23426	5,500.00	SERVICES
1077	MARTELLE WATER TREATMENT INC	05/21/2026	23415	5,712.28	AQUA MAG BULK
3467	ANIXTER, INC	05/21/2026	23392	10,378.08	ELEC MAINT LINE
3556	FORSTER ELECTRICAL ENGINEERING INC	05/21/2026	23402	11,050.00	CONSULTING SERVICE
3567	BAKER TILLY US LLP	05/21/2026	23393	11,361.00	SERVICES
3330	BRUGGINK'S INC	05/21/2026	23395	18,655.99	TRAILER
2593	CORE & MAIN LP	05/21/2026	23398	45,860.16	SENSUS ANALYTIC
Grand Totals:				<u>108,517.51</u>	