



**PUBLIC SAFETY & WELFARE COMMITTEE
AGENDA**

DATE: MONDAY, APRIL 13, 2026 **TIME:** 6:30 PM

LOCATION: COUNCIL CHAMBERS
111 LINCOLN ST
VERONA, WI 53593

1. Call to Order
2. Roll Call
3. Public Comment
4. Approval of the minutes from the March 9, 2026 Public Safety and Welfare Committee meeting
5. Discussion and Possible Action Re: Application for a Class "B" Fermented Malt Beverage and Reserve "Class B" Intoxicating Liquor License from Tapatios, LLC d/b/a Tapatios Verona, located at 100 Cross Country Rd., Marleny Quintana, Agent
6. Discussion and Possible Action Re: Full-Service Retail Outlet for Hop Haus to Operate at the 2026 Verona Little League Tournament Series
7. Discussion and Possible Action Re: Special Event Permit application and Temporary Class "B" Fermented Malt Beverage and "Class B" Wine license from Le Jordan, Verona Area Chamber of Commerce, for Hometown Days on Friday, May 29, 2026 - Sunday, May 31, 2026
8. Discussion and Possible Action Re: Special Event Permit application from Christine Benedict, Girls on the Run of South-Central Wisconsin, for the Girls on the Run Spring 5K on Saturday, May 30, 2026
9. Discussion Re: Special Event Permit application from Sarah Sarbacker, Cherry Blossum Events, LLC, for The Christkindl Market on Friday, December 11, 2026 - Sunday, December 13, 2026
10. Adjournment

Phil Hoechst, Chairperson

POSTED: April 10, 2026

Verona City Hall
Verona Public Library
Miller's Market

All agendas are posted on the City's website at: veronawi.gov

Notice is hereby given that a quorum of the members of the City Council or other standing committees of the City Council may be present at the meeting of the Public Safety and Welfare Committee to gather information about a subject over which they have decision-making responsibility. The City Council and any other standing committees will not take formal action at this meeting.

IF YOU NEED AN INTERPRETER, MATERIALS IN ALTERNATIVE FORMATS OR OTHER ACCOMODATION TO ACCESS THE MEETING, PLEASE CONTACT THE CITY CLERK AT 608-845-6495 AT LEAST 48 HOURS PRECEDING THE MEETING. EVERY REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

CITY OF VERONA
PUBLIC SAFETY & WELFARE COMMITTEE
MINUTES

March 9, 2026
Council Chambers

1. Call to Order: Phil Hoechst called the meeting to order at 6:30 p.m.
2. Roll Call: Phil Hoechst, Spencer Harrison, and Lachlann Swanson were present. Also present: City Clerk Holly Licht, Police Chief Dave Dresser, Sergeant Matt Lovell, and Lieutenant Scott Moen.
3. Public Comment
4. Approval of the minutes from the January 12, 2026 Public Safety and Welfare Committee meeting

Motion by Swanson, seconded by Hoechst to approve the minutes from the January 12, 2026 Public Safety and Welfare Committee meeting. Motion carried 3-0.

5. Discussion and Possible Action Re: Special Event Application from Le Jordan, Verona Area Chamber of Commerce, for the Egg-Stravaganza event on Saturday, April 4, 2026

Motion by Hoechst, seconded by Harrison to approve a Special Event Application from Le Jordan, Verona Area Chamber of Commerce, for the Egg-Stravaganza event on Saturday, April 4, 2026. Motion carried 3-0.

6. Discussion and Possible Action Re: Special Event Application from Garrett Wilson, Race Day Events, for the Cottontail Classic on Saturday, April 4, 2026

Motion by Hoechst, seconded by Swanson to approve a Special Event Application from Garrett Wilson, Race Day Events, for the Cottontail Classic on Saturday, April 4, 2026. Motion carried 3-0.

7. Discussion and Possible Action Re: Special Event Application from Laura Przybylo, Glacier Edge PTO, for the Color Run on Wednesday, May 13, 2026

Motion by Hoechst, seconded by Harrison to approve a Special Event Application from Laura Przybylo, Glacier Edge PTO, for the Color Run on Wednesday, May 13, 2026 contingent upon receipt of certificate of insurance. Motion carried 3-0.

8. Discussion and Possible Action Re: Ordinance No. 26-1085 Amending Section 10-1-12 Relating to Speed Limits on Shady Oak Lane and Valley Road

Motion by Hoechst, seconded by Harrison to recommend that the Common Council approve Ordinance No. 26-1085 Amending Section 10-1-12 Relating to Speed Limits on Shady Oak Lane and Valley Road. Motion carried 3-0.

9. Discussion and Possible Action Re: Resolution No. 25-011 Approving Old County Highway PB to be Renamed to Electric Court

Motion by Swanson, seconded by Hoechst to recommend that the Common Council approve Resolution No. 25-011 Approving Old County Highway PB to be Renamed to Electric Court. Motion carried 3-0.

10. Adjournment: Motion by Hoechst, seconded by Swanson to adjourn at 6:41 p.m. Motion carried 3-0.

Respectfully submitted,

Holly Licht, City Clerk

5. **Discussion and Possible Action Re: Application for a Class "B" Fermented Malt Beverage and Reserve "Class B" Intoxicating Liquor License from Tapatios, LLC d/b/a Tapatios Verona, located at 100 Cross Country Rd., Marleny Quintana, Agent**

Tapatios is applying for a liquor license for their restaurant located in the former Pasquals building. Staff recommend approval of the license contingent on final building and fire inspections.

Motion: Recommend that the Common Council approve the application for a Class "B" Fermented Malt Beverage and Reserve "Class B" Intoxicating Liquor License from Tapatios, LLC d/b/a Tapatios Verona, located at 100 Cross Country Rd., Marleny Quintana, Agent contingent upon final inspections.

6. **Discussion and Possible Action Re: Full-Service Retail Outlet for Hop Haus to Operate at the 2026 Verona Little League Tournament Series**

Hop Haus is requesting a full-service retail outlet to serve alcoholic beverages at the Verona Little League Tournament Series taking place on several weekend dates in May, June and July. This temporary outlet is allowed under their state-issued retail license. The Department of Alcohol Beverages will provide final approval after the City signs off on the outlet. This approval will be contingent upon approval by the Parks, Recreation & Forestry Commission at their April 15, 2026 meeting.

Motion: Recommend that the Common Council approve a Full-Service Retail Outlet for Hop Haus to Operate at the 2026 Verona Little League Tournament Series contingent upon approval by the Parks, Recreation & Forestry Commission at their April 15, 2026 meeting.

7. **Discussion and Possible Action Re: Special Event Permit application and Temporary Class "B" Fermented Malt Beverage and "Class B" Wine license from Le Jordan, Verona Area Chamber of Commerce, for Hometown Days on Friday, May 29, 2026 - Sunday, May 31, 2026**

Hometown Days will again be located at Festival Park located behind City Hall. The general layout of the festival is generally consistent with previous years. Fireworks will be held on Friday night. Other weekend activities include pony rides, a petting zoo, live music, food stands, carnival rides, the Hometown Rumble car show, and the Hometown Days parade.

The beer tent will be open Friday through Sunday. Children 17 and under will be allowed in the beer tent with a parent until 7:00 p.m. on Friday and Saturday nights, and until 5:30 p.m. on Sunday. Alcoholic beverages can be consumed within the fenced perimeter of the event (including the carnival). A safe ride program will be provided. A licensed bartender will be on site during all beer tent hours. Staff recommend approval contingent upon final background check.

Motion: Recommend that the Common Council approve a Special Event Permit application and Temporary Class "B" Fermented Malt Beverage and "Class B" Wine license from Le Jordan, Verona Area Chamber of Commerce, for Hometown Days on Friday, May 29, 2026 - Sunday, May 31, 2026 contingent upon final background check.

8. Discussion and Possible Action Re: Special Event Permit application from Christine Benedict, Girls on the Run of South-Central Wisconsin, for the Girls on the Run Spring 5K on Saturday, May 30, 2026

This is the fourth time this event will be in Verona. There are an estimated 2,600 runners. Runners are released in waves of approximately 500 people less than 10 minutes apart. There will be 2 officers placed at S. Nine Mound/Legion and S. Nine Mound and Industrial. Notifications will be provided to businesses along the route. Staff recommend approval contingent upon final background check.

Motion: Approve a Special Event Permit application from Christine Benedict, Girls on the Run of South-Central Wisconsin, for the Girls on the Run Spring 5K on Saturday, May 30, 2026 contingent upon final background check.

Original

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Verona
License Period	2026 - May - June

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ _____
- Class "B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ 10,000
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 15
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Tapatios LLC		
2. Business Trade Name or DBA Tapatios Verona		
3. FEIN 41-4789364	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 03/10/2026	8. Wisconsin DFI Registration Number T119599
9. Premises Address 100 Cross Country Rd		
10. City Verona	11. State WI	12. Zip Code 53593
13. County Dane	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of Verona	15. Aldermanic District
16. Premises Phone (608) 957-6114	17. Premises Email tapatiosfitchburg@gmail.com	18. Website tapatiosfitchburg@gmail.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol will be stored in back storage room and in beverage refrigerators, and sold in main dining room, at bar and on patio.		
20. Mailing Address (if different from premises address) [REDACTED]		
21. City Fitchburg	22. State WI	23. Zip Code 53593

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity Tapatios LLC	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Hernandez	Daniel	member	(608) 770-6517
Hernandez	Leticia	member	(608) 957-6114
<i>Ma Quintana</i>	<i>Marley</i>	<i>Agent</i>	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Hernandez	First Name Leticia	M.I. C
Title member	Email tapatiosfitchburg@gmail.com	Phone [REDACTED]
Signature <i>[Signature]</i>		Date 03/10/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/11/26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
10/10/2026

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	Tapatios LLC
2. Business Trade Name or DBA	Tapatios Verona
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name	2. First Name	3. M.I.			
Quintana	Marteny				
4. Relationship to Business (Title)	5. Email	6. Phone			
Manager	[REDACTED]	[REDACTED]			
7. Home Address [REDACTED]					
8. City	9. State	10. Zip Code	11. Date of Birth		
[REDACTED]	WI	53590	[REDACTED]		
12. Date of Birth [REDACTED]		13. Drivers License/State ID State of Issuance			
[REDACTED]		Wisconsin			

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 09/2009
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
[REDACTED]	Madison	WI	53713				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Dane						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature <i>Wesley Carter</i>	Date 03/10/26
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Applicant Name: Marleny Quintana

Valid WI DL
State

RMS Checked

CCAP Checked

WI criminal history Yes / No

Notes about the applicant:

RECOMMENDATION: APPROVE DENY

Dast-Pl

Signature of Chief of Police or designated person

3/18/2020

Date

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
3/16/26

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Tapatos LLC

2. Business Trade Name or DBA
Tapatos Verona

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

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Quintana Marteny

4. Email 5. Phone
Quintana [REDACTED]

6. Home Address
[REDACTED]

7. City 8. State 9. Zip Code 10. Date of Birth
[REDACTED] WI 53590 [REDACTED]

11. Drivers License/State ID Number 12. Drivers License/State ID State of issuance
[REDACTED] Wisconsin

Part C: Agent Questions

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

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? Yes No

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

Continued →

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 25605069
CARD # 25938855

ServSafe Alcohol® CERTIFICATE



MARLENY QUINTANA

NAME

7/16/2024

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.123.17(6) & s.134.66

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.



233 S. Wacker Drive,
Suite 3690
Chicago, IL 60604-6383
1-800-SERVSAFE
1312.715.1010 In the Chicago area
ServSafe.com

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Alcohol Beverage Individual Questionnaire

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Tapatios LLC	
2. Business Trade Name or DBA Tapatios Verona	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Hernandez		2. First Name Daniel		3. M.I. A
4. Relationship to Business (Title) member-owner		5. Email tapatiosfitchburg@gmail.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code 53711	11. Date of Birth [REDACTED]
12. Driver's License Number [REDACTED]			13. Drivers License/State ID State of issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/2012
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City Fitchburg	State WI	Zip Code 53711
[REDACTED]	City Fitchburg	State WI	Zip Code 53711
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Dane	State CA	County Tulare
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature 	Date 03/10/2026
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Applicant Name: Daniel Hernandez

Valid WI DL
State

RMS Checked

CCAP Checked

WI criminal history Yes / No

Notes about the applicant:

RECOMMENDATION: APPROVE DENY


Signature of Chief of Police or designated person

03/18/2020
Date

Alcohol Beverage Individual Questionnaire

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Tapatios LLC	
2. Business Trade Name or DBA Tapatios Verona	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Hernandez		2. First Name Leticia		3. M.I. C
4. Relationship to Business (Title) member-owner		5. Email tapatiosfitchburg@gmail.com		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code 53711	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 08/1983			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
[REDACTED]	Fitchburg	WI	53711				
[REDACTED]	City	State	Zip Code				
[REDACTED]	Fitchburg	WI	53711				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Dane						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

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

Signature 	Date 03/10/2026
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OFFICIAL USE ONLY

Applicant Name: Leticia Hernandez

Valid WI State DL

RMS Checked

CCAP Checked

WI criminal history Yes No

Notes about the applicant:

RECOMMENDATION: APPROVE DENY

Dustin P. [Signature]

Signature of Chief of Police or designated person

3/18/2026

Date

Form
AB-105

Producer Full-Service Retail Sales Application

Date
03/13/26

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Hop Haus Brewing Company, LLC.		
2. Business Name or DBA	3. Agent Name Philipp S. Hoechst	
4. FEIN 47-1889590	5. Wisconsin Seller's Permit Number 456-1028526614-02	
6. Wisconsin Producer Permit Number 309-1028526614-1G	7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Philipp	9. Last Name Hoechst	10. M.I. S
11. Contact Person's Phone [REDACTED]	12. Contact Person's Email [REDACTED]	

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels <input checked="" type="checkbox"/> 250 - 2,499 barrels <input type="checkbox"/> 2,500 - 7,499 barrels <input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> Less than 1,500 liters <input type="checkbox"/> 1,500 - 4,999 liters <input type="checkbox"/> 5,000 - 34,999 liters <input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> Less than 1,000 gallons <input type="checkbox"/> 1,000 - 4,999 gallons <input type="checkbox"/> 5,000 - 24,999 gallons <input type="checkbox"/> 25,000 or more gallons
Calendar year: 2025	Calendar year:	Calendar year:
Quantity: 1,360 bbl	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City	4. State	5. Zip Code	
6. County	7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9.		
2. Current Outlet Name		
3. Current Outlet Premises Address		
4. City	5. State	6. Zip Code
7. County	8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	
9. Premises Phone Number		

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)			
New Fixed Retail Outlet Information (complete boxes 10 through 23)			
10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City	14. State	15. Zip Code	
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		18. Premises Phone Number
of: _____			
19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet			
1. Name of Event (if applicable) Verona Little League Tournament Series 2026			
2. Dates of Operation (attach a schedule, if necessary) See premise description for dates		3. Hours of Operation Sat. 11am-7pm and Sun 11am-5pm	
4. Premises Address Hometown USA Community Park, 531 East Verona Ave			
5. City Verona	6. State WI	7. Zip Code 53593	
8. County Dane	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Verona		
10. Organizer of Event (if not the named applicant) Joe Zillmer (VLL President)		11. Email and/or Phone Number for Organizer of Event [REDACTED]	
12. Organizer Website		13. Event Website	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Upper deck of the Little League facility at Hometown Park. Alcohol would be sold and consumed upstairs only. Dates are May 9,16,17,30,31. June 6,7,13,14,27,28. July 11,12,18,19 of 2026. Beer and Hard Seltzers in cans would be sold. Saturdays 11am-7pm and Sundays 11am-5pm			
15. On-Site Contact (Last Name, First Name) Zillmer, Joe	16. On-Site Contact Phone [REDACTED]	17. On-Site Contact Email [REDACTED]	
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part F: Attestation

Who must sign this application?

- sole proprietor • general partner of a partnership • corporate officer • member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	<i>PHOENIX</i>	Date	03/13/26
Last Name Hoechst		First Name Philipp	M.I. S
Title member	Email [REDACTED]	Phone [REDACTED]	

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)

1. Will the municipality limit the scope of alcohol beverages offered for sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Describe municipal restrictions indicated in questions 1 or 2 above.		
4. Last Name of Municipal Official	5. First Name	6. M.I.
7. Signature of Municipal Official		8. Date
9. Date Application was Filed with Clerk	10. Date Full-Service Retail Outlet Approved by Governing Body	

OFFICIAL USE ONLY

Applicant Name: Philipp Hoechst

Valid WI State DL

RMS Checked

CCAP Checked

WI criminal history Yes / No

Notes about the applicant:

RECOMMENDATION: APPROVE DENY



4/6/2020

Signature of Chief of Police or designated person

Date



CITY OF VERONA

Date: _____

CR#: _____

Account #: 100-44910

APPLICATION FOR A SPECIAL EVENT/NEIGHBORHOOD EVENT PERMIT

For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.

All required application materials must be submitted at least **45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances**

Application Fee:

~~\$150.00~~ + any additional fees

Non-Profit Organization: \$50.00 + any additional fees

REQUIRED INFORMATION

Please include the following information/materials regarding the event with your application:

- A copy of the applicant's Driver's License
- Route map and description and/or map of event layout
-
- Certificate of Insurance – at least 30 days prior to event

APPLICANT INFORMATION

Name: Le H. Jordan Phone: 608-845-5777
First M.I. Last

Address: 120 W. Verona Avenue, Verona, WI 53593

Driver License #: [REDACTED] DOB: [REDACTED]

Email: [REDACTED]

AGENCY/ORGANIZATION INFORMATION

Name: Verona Area Chamber of Commerce Phone: 608-845-5777

Address: 120 W. Verona Avenue, Verona, WI 53593

If this is a non-profit organization, please provide your EIN number for verification: 39-1505010

EVENT INFORMATION

Name of Event: Hometown Days Type of event: Community Festival

Event date(s): May 29 - 31, 2026 Event time(s): 8am - 1 am (Fri, Sat, Sun)

Set up Start Time: 8 am - May 24, 2026 Tear Down End Time: 6 pm Sun May 31

(Application Continues on Reverse)

Last updated
Date: _____
Initials: _____

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Will there be outdoor amplified sound?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional application required.
3	Will alcohol be sold, served or consumed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Below*
5	Will your event use County, State or US Highways?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Will your event have dedicated coverage by an Emergency Medical Provider?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Is this a race or timed event where participants need the right of way on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

***Applicant Initial Here: LJ**

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE
Le Jordan		General	Entire Time	
Mona Cassis		General	Entire Time	
Molly Solie		General	Entire Time	
Amy Abbott		General	Entire Time	
Anna Follmann		General	Entire Time	

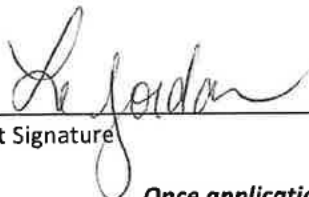
APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of **45 days prior to the event.** (*Section 7-7-1(h) of the City of Verona Code of Ordinances*)
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.



Applicant Signature

3-24-2026

Date

*Once application is approved, the permit will be issued to applicant via email.
A copy of the permit must be available at event for conformation.*

Verona Area Chamber of Commerce

Hometown Days 2026 Special Events Permit Application

Question 7 – Will items or services be sold or given away at this event:

A variety of beers and wine will be sold in the Beer/Music Tent during the duration of the event.

The Optimist Club will have their annual food stand selling hamburgers/cheeseburgers, brats, hot dogs, chips, corn, soda and water during the duration of the event.

The Knights of Columbus will be selling strawberry shortcake at specified times.

A variety of sponsors (i.e. TDS, Waunakee Remodeling) will be giving away logo'd merchandise.

The Wenzel Amusement Company will be selling a variety of carnival food, selling tickets to the carnival.

During the parade, numerous businesses will be distributing candy and merchandise along the parade route.

Temporary Alcohol Beverage License

Municipality

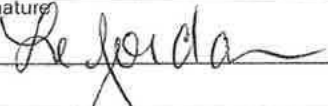
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10
	Background Check	\$ 28
	Total Fees	\$ 38.00

Part A: Organization Information		
1. Organization Name Verona Area Chamber of Commerce		
2. Organization Permanent Address 120 W. Verona Avenue		
3. City Verona	4. State WI	5. Zip Code 53593
6. Mailing Address (if different from permanent address)		
7. FEIN 39-1505610	8. Date of Organization/Incorporation 09/30/19	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 845-5777	11. Email ljordan@veronawi.com	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Jordan	Le	Executive Director	[REDACTED]
Jirsa	Wendy	President	
Hewitt	Mark	VP	
Schmidt	Craig	Treasurer	
Geiger	Jason	Secretary	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Verona Hometown Days			
2. Dates of Operation May 29-31, 2026		3. Hours of Operation 12 pm - 12:30 am	
4. Premises Address Hometown Community Park 111 Lincoln Street			
5. City Verona		6. State WI	7. Zip Code 53593
8. County Dane	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Verona		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Le Jordan		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website https://www.veronawi.com/		14. Event Website https://veronahometowndays.com/	
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. This is an outdoor park and the beer/wine is sold under a music/beer tent. Beverages are stored in a trailer provided by the distributor.			

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 Jordan		First Name Le	M.I. H
Title Executive Director	Email [REDACTED]		Phone [REDACTED]
Signature 		Date 03/24/26	

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 VERONA

AMPLIFICATION DEVICE PERMIT APPLICATION

- ❖ *Please attach a sketch of the outdoor area indicating where music or other amplification will be located/played.*

Please answer the following questions.

- Name of Host/Business/Event:

Verona Area Chamber of Commerce

- Address of where the event will take place:

Hometown Community Park

- Email Address:

[REDACTED]

Phone Number:

[REDACTED]

- Hours during which amplification will be used:

From 12 : 00 a.m./p.m. to 12 : 30 a.m./p.m.

- Requested duration or date of the permit (e.g. May-Oct)

May 29-31, 2026


- What type of music will be playing?

- Live Band
- Recorded Music
- Acoustic
- Other: _____

- Type of amplification:

Speakers in music tent.

- Applicant Signature


Signature

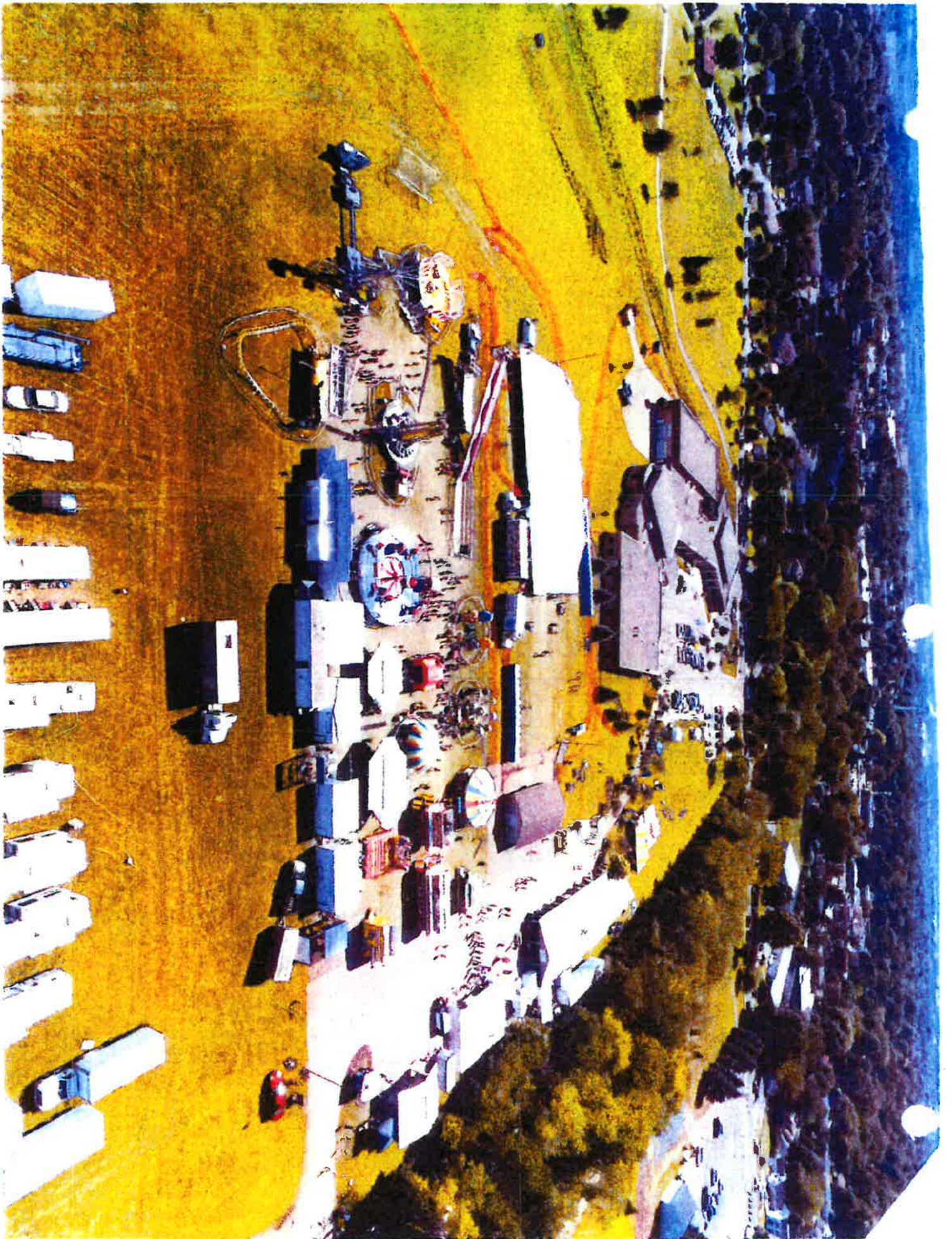
3-24-2026

Date

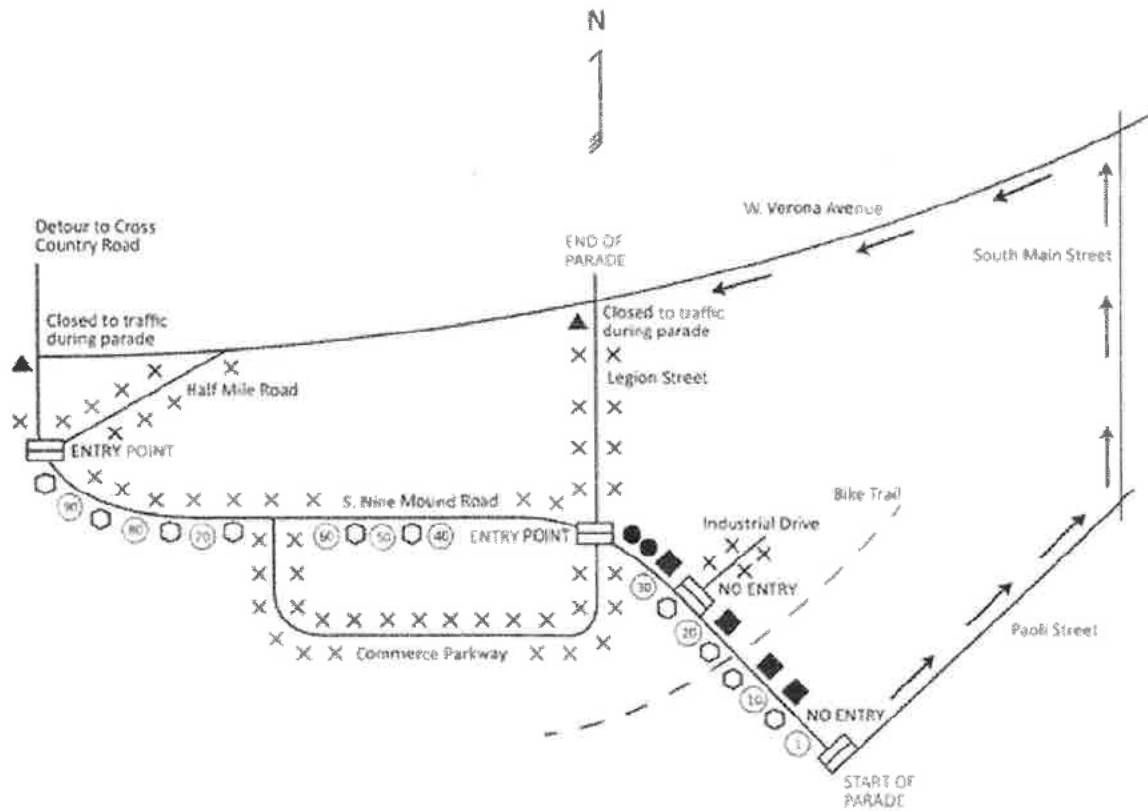
Approval:

Police Chief Signature

Date



2026 Parade Map



All assembly is on Nine Mound Road
No assembly allowed on Paoli Street

-  Barricades
-  Portable Toilets
-  Signs with Parade Unit Numbers
-  Parade Unit Line-Up Location
-  Fire Truck Line-Up Location
-  Parking for Vehicles **NOT** in Parade
(Do not double park or block driveways or intersections)
-  Direction of Parade Travel
-  Parade Unit Entry Signs




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2026

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 Sarah Drew Agency  111 E Verona Ave Verona, WI 53593	CONTACT NAME: Jackie Rocco-Smith PHONE (A/C, No, Ext): 608-845-6702 E-MAIL ADDRESS: jackie@sarahdrewinsurnace.com	FAX (A/C, No): 608-848-7897
	INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire and Casualty Company	
INSURED Verona Area Chamber of Commerce Inc 120 W Verona Ave Verona, WI 53593	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	99-A0-M346-8	10/03/2025	10/03/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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)

Hometown Days : May 29-31, 2026

CERTIFICATE HOLDER	CANCELLATION
---------------------------	---------------------

The City of Verona 111 Lincoln St Verona, WI 53593	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 
---	--

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CITY OF VERONA

Date: _____

CR#: _____

Account #: 100-44910

APPLICATION FOR A SPECIAL EVENT/NEIGHBORHOOD EVENT PERMIT

For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.

All required application materials must be submitted at least **45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances**

Application Fee:

\$150.00 + any additional fees

Non-Profit Organization: \$50.00 + any additional fees

REQUIRED INFORMATION

Please include the following information/materials regarding the event with your application:

- A copy of the applicant's Driver's License
- Route map and description and/or map of event layout

- Certificate of Insurance – at least 30 days prior to event

APPLICANT INFORMATION

Name: Christine Benedict

Phone: _____

First M.I. Last

Address: _____

Driver License # _____

DOB _____

Email: _____

AGENCY/ORGANIZATION INFORMATION

Name: Girls on the Run of South Central Wisconsin

Phone: 608-831-4687

Address: 901 Deming Way Suite 11 Madison, WI 53717

If this is a non-profit organization, please provide your EIN number for verification: 11-3732108

EVENT INFORMATION

Name of Event: Girls on the Run Spring 5K

Type of event: 5K Run (untimed)

Event date(s): 5/30/2026

Event time(s): 9:00-11:30am

Set up Start Time: 6:00am

Tear Down End Time: 12:00pm

(Application Continues on Reverse)

Last updated

Date: _____

Initials: _____

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Will there be outdoor amplified sound?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional application required.
3	Will alcohol be sold, served or consumed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Below*
5	Will your event use County, State or US Highways?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Will your event have dedicated coverage by an Emergency Medical Provider?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12	Is this a race or timed event where participants need the right of way on City streets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

***Applicant Initial Here: CB**

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE
Christine Benedict	[REDACTED]	Event Start	6am-2pm	[REDACTED]
Tim Hyland	[REDACTED]	Course Route	5am-1pm	[REDACTED]
Julia Miller	[REDACTED]	Volunteer Manager	6am-2pm	[REDACTED]

APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of **45 days prior to the event.** (*Section 7-7-1(h) of the City of Verona Code of Ordinances*)
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.

Christine Benedict

Digitally signed by Christine Benedict
Date: 2023.03.07 14:20:18 -06'00'

1/05/2026

Applicant Signature

Date

***Once application is approved, the permit will be issued to applicant via email.
A copy of the permit must be available at event for conformation.***

OFFICE USE ONLY
PLEASE DO NOT WRITE ON THIS PAGE

CHIEF OF POLICE

Date Received by Police: _____

The event application has been reviewed and the following issues need to be addressed:

Meeting with Applicant: Yes No If YES, Date of Meeting: _____

Barricades needed? Yes No

Traffic Control/Officers Needed:

CIB Information:

CERTIFICATION OF APPLICATION BY CHIEF OF POLICE:

Approved Denied _____ _____
Signature of Chief of Police Date

MUNICIPAL CLERK

Application Received Date: _____ 45 Day Application Requirement Met: YES NO

Date Submitted to Police on: _____ All required documents submitted: YES NO

Items Still Required: _____

PUBLIC SAFETY & WELFARE COMMITTEE: Date of meeting: _____ APPROVE DENY

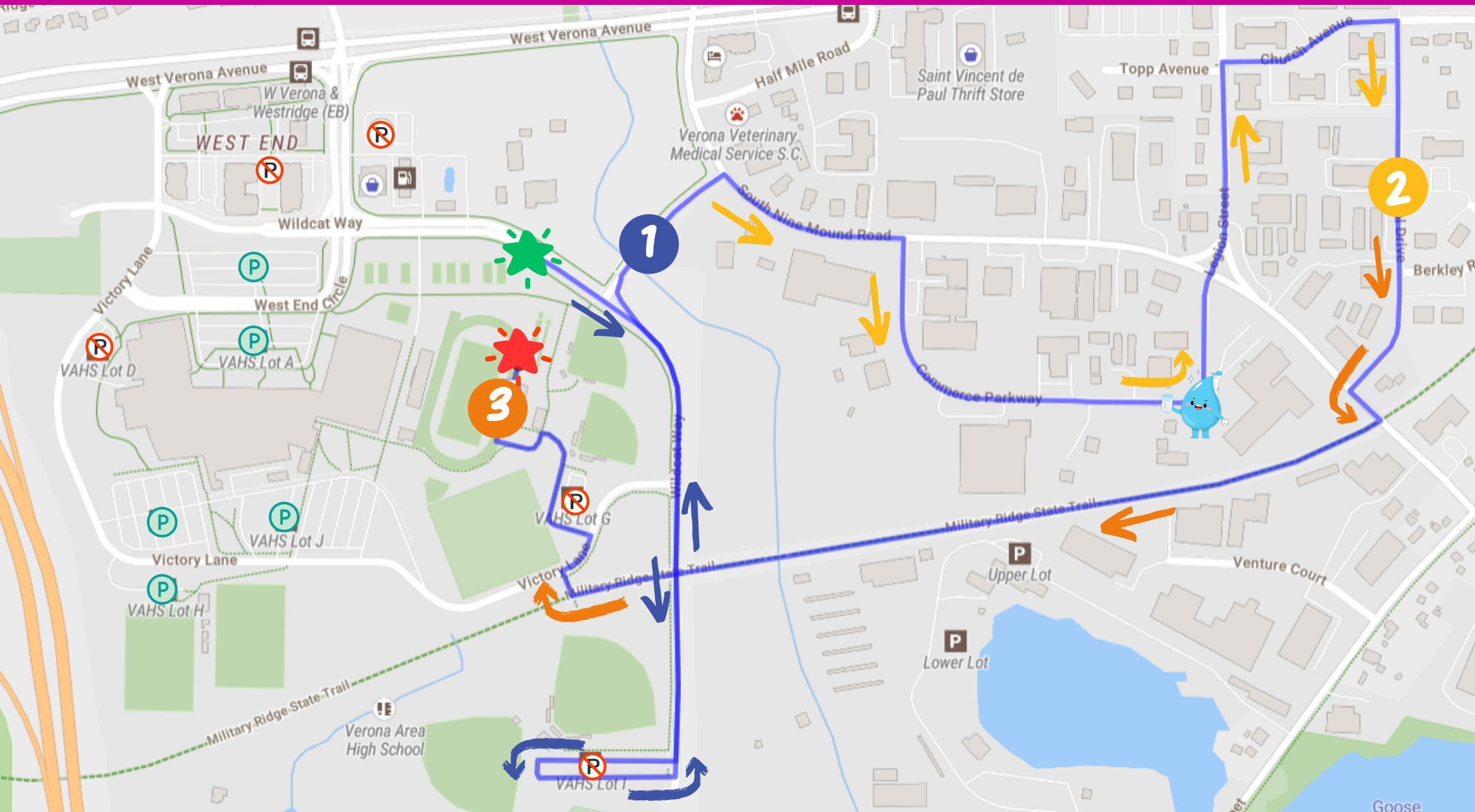
COMMON COUNCIL: Date of meeting: _____ APPROVE DENY

Signature of Municipal Clerk: _____ Date: _____




Copy provided to applicant: Yes No Date: _____

Copy provided to: EMS: Yes No | Fire: Yes No | PD: Yes No | PW: Yes No

SPRING GIRLS ON THE RUN 5K COURSE MAP



-  **START**
-  **FINISH**
-  **WATER**

-  **MILE 1**
-  **MILE 2**
-  **MILE 3**

-  **PARKING**
-  **NO PARKING**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2026

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 Palmer & Cay, LLC 6525 Carnegie Boulevard Suite 430 Charlotte NC 28211	CONTACT NAME: Taylor Osteen PHONE (A/C No. Ext): 980-347-9050 E-MAIL ADDRESS: gotr@palmerandcay.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		
INSURED GIRLON-187 Girls on the Run South Central Wisconsin 901 Deming Way Suite 11 Madison WI 53717	INSURER A : Philadelphia Indemnity Insurance Company		NAIC # 18058
	INSURER B : Philadelphia Insurance Companies		18058
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER: 1073647383

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	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> LOC OTHER:			PHPK2647396	2/1/2025	7/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2647396	2/1/2025	7/1/2026	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 checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB797383	2/1/2025	7/1/2026	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Sexual Abuse & Molestation			PHPK2647396	2/1/2025	7/1/2026	Occurrence	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 For the Girls on the Run 5K to be held in Verona on Saturday, May 31st, 2025.

CERTIFICATE HOLDER**CANCELLATION**

City of Verona
 111 Lincoln St
 Verona WI 53593

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

Sharon Holland

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CITY OF VERONA

Date: _____

CR#: _____

Account #: 100-44910

APPLICATION FOR A SPECIAL EVENT/NEIGHBORHOOD EVENT PERMIT

For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.

All required application materials must be submitted at least **45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances**

Application Fee:

\$150.00 + any additional fees

Non-Profit Organization: \$50.00 + any additional fees

REQUIRED INFORMATION

Please include the following information/materials regarding the event with your application:

- A copy of the applicant's Driver's License
- Route map and description and/or map of event layout
-
- Certificate of Insurance – at least 30 days prior to event
↳ can send

APPLICANT INFORMATION

Name: Sarah A Sarbacher Phone: [REDACTED]
First MI Last

Address: [REDACTED]

Driver License #: _____ DOB: [REDACTED]

Email: [REDACTED]

AGENCY/ORGANIZATION INFORMATION

Name: Cherry Blossom Events, LLC Phone: [REDACTED]

Address: [REDACTED]

If this is a non-profit organization, please provide your EIN number for verification: _____
 () → not a non-profit but have EIN # for business

EVENT INFORMATION

Name of Event: The ChristKindMarket Type of event: holiday market

Event date(s): Dec 11-13, 2026 Event time(s): Fri 3-7, Sat 10-7, Sun 10-6

Set up Start Time: Mon Dec 10th Tear Down End Time: Mon Dec 14th

(Application Continues on Reverse)

Last updated
Date: _____
Initials: _____

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	☒
2	Will there be outdoor amplified sound?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional application required.
3	Will alcohol be sold, served or consumed? <i>*working w/ Chamber to run beer sales</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Below*
5	Will your event use County, State or US Highways?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event? <i>*Century Park Met w/ Mark</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event? <i>*makers sell their own goods, food trucks, pretzels/nuts/hot cocoa</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Will your event have dedicated coverage by an Emergency Medical Provider?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Is this a race or timed event where participants need the right of way on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	☒
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

***Applicant Initial Here:** SS

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE
Sarah Sarbacher	[REDACTED]	all over ☺	entire wknd	[REDACTED]
Joseph Sarbacher	[REDACTED]	"	"	[REDACTED]

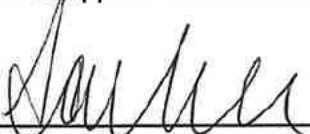
APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of 45 days prior to the event. (Section 7-7-1(h) of the City of Verona Code of Ordinances)
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3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
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6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

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 Applicant Signature

3/17/26

 Date

**Once application is approved, the permit will be issued to applicant via email.
 A copy of the permit must be available at event for conformation.**



- | | | | | | |
|---|----------------|---|---------------------|---|----------------|
|  | TICKET CHECKER |  | TENT DOORS |  | CHALETs |
|  | HANNS TREE |  | SNOW GLOBE PHOTO OP |  | CITY TALL TREE |
|  | EVENT GATE | | | | |

Additional Notes from Site Map:

- We have large parking cones that block off the Trolley loading zone and have done this for the past 3 years with Verona guests loading the trolley at Century Park in this location and riding the bus down to Paoli where it was previously hosted. This worked well and the line of guests just waited on the sidewalk as needed.
- We have used white metal event gate in the past for ticket entrance but are considering more of a snow fence type material for exterior fencing for this new location and using the white metal event gates closer to ticket check entrances.
- The past 3 years we have shuttled guests from Verona parking lots to the market to drop off guests and alleviate parking - our plan is to utilize our 2 coach buses that will bring guests from either Verona High School, Badger Ridge, or Centi Park parking lots to Century Park for the Christkindlmarket.
- Emergency Access has always been street level at ticket entrance.
- We have hired PerMar type event security the last 3 years from Frank Productions company who work at Sylvee, Orpheum, etc. to station up at ticket check points where guests have access to ensure they purchased a ticket and had their hand stamped.
- Generators are refilled Fri, Sat, Sun morning and we will coordinate with Parks department as to best location for these so the truck (which has 100ft hose) can have access to. This has worked well in the past and they refill at about 6am before any guests are onsite.
- The past 3 years we have notified Verona Police Department and Belleville Police Department of the Christkindlmarket weekend in Paoli happening to ensure they were aware of an influx of people and that went well.

Items to be Sold at Event:

- Makers in Chalets and the Heated Makers Tent sell their own goods and have their own licensing and insurance from vending at other markets. Examples of items sold – handmade pottery, clothing, art, jewelry, pet treats and clothes, home goods, candles, etc.
- Cherry Blossom Events LLC/Christkindlmarket sells Bavarian pretzels, candied nuts, and hot cocoa which they have food licensing for from Dane County.
- Beer to be sold by a non-profit with a temporary liquor license coordinated with Verona Chamber/Visit Verona/Verona Parks.
- The event does require a ticket to get in which Cherry Blossom Events LLC/Christkindlmarket sells onsite as well as pre-sells online.

Description of Event:

Christkindlmarket is a three-day outdoor holiday market produced by Cherry Blossom Events, designed to create a festive, European-inspired seasonal experience for the community and visitors to the region.

The event will take place at Century Park in Verona and will feature a curated collection of artisan vendor chalets, seasonal food and beverage offerings, and family-friendly holiday activations.

The market layout will incorporate the existing park infrastructure, including the outdoor ice rink, and will be designed to encourage pedestrian flow throughout the space. Temporary structures will include vendor chalets, a heated tent for makers, food service chalets, and designated entry points for guest access. Additional event elements include holiday lighting and decorative photo ops, live reindeer, designated ticket entry area, and on-site restrooms.

The event is anticipated to draw regional attendance over the three-day period, with guests arriving throughout the day and evening hours (Friday Dec 11th 3-7pm, Sat Dec 12th 10am-7pm, Sun Dec 13th 10am-6pm). Parking and transportation planning will include designated parking areas (Verona High School and Badger Ridge Middle School or Centi Park) with 2 Guest Coach Bus Shuttles and traffic coordination in partnership with the City of Verona.

Cherry Blossom Events will coordinate all event logistics including vendor management, site layout, safety planning, and collaboration with city departments to ensure a safe and well-organized event.

Past years attendance has been about 2-3K on Friday, 5K people on Saturday, 3-4K people on Sunday and can vary up or down based on weather. A portion of ticket sales donated to Porchlight to support Homelessness in Dane County.

www.christkindlmarketpaoli.com *new url coming soon



