



11333 N. Cedarburg Road  
Mequon, WI 53092  
Phone: 262-236-2941  
Fax: 262-242-9655

[www.ci.mequon.wi.us](http://www.ci.mequon.wi.us)

**FESTIVALS COMMITTEE**  
**Wednesday, March 15, 2023**  
**6:30 PM**  
**North Conference Room**

**Agenda**

- 1) Call to Order, Roll Call
- 2) Approval of Meeting Minutes  
**Action requested: review and approve**
  - a. February Minutes
- 3) Vendor/Music/Sponsor Updates
  - a. S & T Cuisine Application
- 4) Stage Quote
  1. Area Rental Invoice
- 5) Yard Signs
  - a. Yard Sign Design
  - b. Yard Sign and Cup Quote
- 6) 10 Year Anniversary
  - a. Fireworks Quote
- 7) Next Meeting Date and Time: April 19 at 6:30PM
- 8) Adjourn

*Dated: March 15, 2023*

*/s/ Vanessa Nerbun, Chair*

Notice is hereby given that a quorum of other governmental bodies may be present at this meeting to present, discuss and/or gather information about a subject over which they have decision-making responsibility, although they will not take formal action thereto at this meeting.

Persons with disabilities requiring accommodations for attendance at this meeting should contact the City Clerk's Office at 262-236-2914, twenty-four (24) hours in advance of the meeting.

Any questions regarding this agenda may be directed to the City Administrator's Office at 262-236-2941, Monday through Friday, 8:00 AM – 4:30 PM



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**FESTIVALS COMMITTEE**  
**Wednesday, February 15, 2023**  
**6:30 PM**  
**North Conference Room**

**Minutes**

1) Call to Order, Roll Call

**Present:**

Committee Member Deanna Conaty  
 Committee Member Jenne Hohn  
 Committee Member Lisa Liljegren  
 Committee Member Moshe Luchins  
 Vice Chair Miranda White  
 Chair Vanessa Nerbun -- **Absent**  
 Committee Member Tracy Johnson -- **Absent**  
 Committee Member Christine McLean -- **Absent**

Also Present: Executive Assistant Enea

2) Approval of Meeting Minutes

a. January Minutes

**RESULT:** **Approved by Voice Acclamation [Unanimous]**  
**MOVED BY:** Committee Member White  
**SECONDED BY:** Committee Member Liljegren

|                |                                         |
|----------------|-----------------------------------------|
| <b>AYES:</b>   | Conaty, Hohn, Liljegren, Luchins, White |
| <b>ABSENT:</b> | Nerbun, Johnson, McLean                 |

3) Taste of Mequon

a. Application & Sponsor Update

Top two sponsorship levels have been filled by Kohler Credit Union and Sommer's Automotive.

b. Vendor Review

1. S & T Cuisine Menu

The Committee reviewed their menu and voted to invite them to submit an application.

**RESULT:** **Approved by Voice Acclamation [Unanimous]**

Attachment: Festivals Minutes 021523 (8261 : February Minutes)

**MOVED BY:** Committee Member White  
**SECONDED BY:** Member Conaty

**AYES:** Conaty, Hohn, Liljegren, Luchins, White  
**ABSENT:** Nerbun, Johnson, McLean

2. Lake Country Growers Vendor Application

**RESULT:** **Approved by Voice Acclamation [Unanimous]**

**MOVED BY:** Committee Member White  
**SECONDED BY:** Member Conaty

**AYES:** Conaty, Hohn, Liljegren, Luchins, White  
**ABSENT:** Nerbun, Johnson, McLean

c. Logo & Signage

Executive Assistant Enea shared with the Committee that the yard sign inventory was at 30. Did the Committee want to order more and did they want to make changes to it? The Committee talked about simplifying it with just orange and purple colors, Taste of Mequon, date, and time.

d. Children's Area

i) **Inflatables**

Vice Chair White moved to rent the obstacle course and trampoline park and Member Liljegren seconded. It was passed by voice acclamation. The Committee wants to ask the rental company if they will provide staffing. They also discussed a sandwich board with rules, a staff/volunteer tent with a cooler and snacks, and a 360 photo booth.

ii) **Dancers**

Executive Assistant Enea reached out to Bella Via, but hasn't heard anything back yet.

iii) **Silent Disco**

The Committee talked about having the Silent Disco on the stage in the Children's Area once it gets dark and having a neon glow party with it. Executive Assistant will speak with Kim Guibord about his DJ managing it.

e. 10 Year Anniversary

i) **Logo Cups**

ii) **Fireworks**

Still checking to see if Rennie Field is large enough for a fireworks show. Will report at next meeting.

iii) **Bags Tournament**

The Committee decided not to have a bags tournament because of all the rules and rentals would be plastic boards which tournament players do not favor. The Committee will look into pricing to buy 2 sets just to have on the east sidewalks for fun.

4) Next Meeting Date and Time: 3/15 at 6:30 PM

5) Adjourn

Vice Chair White moved to adjourn at 7:35 PM and Member Conaty seconded.

Respectfully Submitted,

*Carrie Enea*  
*Executive Assistant*



Saturday, September 9, 2023  
NOON – 9:00 PM

**FOOD/BEVERAGE VENDOR APPLICATION**  
Application Deadline: June 2, 2023

**VENDOR INFORMATION**

Name of Vendor/Business:

*S & T Cuisine*

Name of Contact Person:

*Soua Lor*

Phone # of Contact Person:

*414-418-7983*

Address:

*6686 N. 55<sup>th</sup> St*

City/State/Zip:

*Milwaukee, WI 53223*

Food Trucks: What window do you use to provide service?

*Front*

(Required)

E-Mail:

*stcuisine73@gmail.com*

(Required)

Name of Emergency Contact Person:

*Soua Lor*

(Required)

Phone # Emergency Contact Person:

*414-418-7983*

**VENDOR SPACE FEE AND SPACE REQUIREMENT (✓ appropriate space size)**

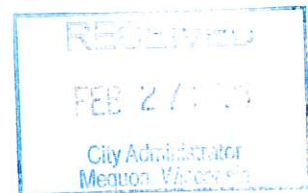
| Space Size | Before June 2 | Check Appropriate Box (✓) | After June 2 | Check Appropriate Box (✓) |
|------------|---------------|---------------------------|--------------|---------------------------|
| 10 x 10    | \$150         |                           | \$200        |                           |
| 10 x 20    | \$250         |                           | \$300        |                           |
| Food Truck | \$250         | ✓                         | \$300        |                           |

Total Due \$ *250*

Total Due \$ \_\_\_\_\_

The vendor space fee is non-refundable. Please make checks payable to: City of Mequon

➔ • **All vendors must be setup by 11:30 AM.**





## ITEMS YOU WILL BE SELLING

List pre-packaged items:

| Item(s) for Sale |   |
|------------------|---|
| Food             | ✓ |
| Wine             |   |
| Beer             |   |

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## EVENT LICENSES

### Temporary Restaurant License/Mobile Restaurant License (Food Trucks)

In order to participate, a current *Temporary Restaurant License* is required. For information on obtaining a temporary restaurant license, contact the Washington Ozaukee Public Health Department at:

Washington County Office  
333 E. Washington Street, Suite 1100  
West Bend, WI 53095  
(262) 335-4462

Ozaukee County Office  
121 W. Main Street  
Room #246  
Port Washington, WI 53074  
(262) 284-8170

### Washington or Ozaukee Counties Only

For vendors not traveling outside of Washington or Ozaukee Counties, contact the Washington Ozaukee County Public Health Department for a Temporary Food License.

#### Contact:

Mark Carlson R.E.H.S.  
Environmental Health Specialist

Washington Ozaukee Public Health Department  
121 Main Street Room 246  
Port Washington, WI 53074  
262.284.8170  
[Mark.Carlson@washozwi.gov](mailto:Mark.Carlson@washozwi.gov)  
website: [washozwi.gov](http://washozwi.gov)

Vendors selling pre-packaged items to take home (such as jams, honey, baked goods, sauces, cheese) must provide proof of exemption for sale of pre-packaged non-potentially hazardous foods.

### Liquor License/Bartender License

For information about obtaining a liquor and bartender license, please contact Mequon City Hall, City Clerk's office (262) 236-2914. **Deadline to apply for a liquor license/bartender license is Friday, June 9, 2023.**

**ELECTRICAL OUTLETS REQUIRED: (✓ required number of outlets)**

In an effort to best accommodate the needs of all our food vendors it would be helpful for you to indicate the number of outlets necessary to run your operation. All outlets are 20 amps.

A maximum of three outlets will be available per vendor. Please select (✓) the number of outlets you will require below.

|           |   |
|-----------|---|
| 1 outlet  |   |
| 2 outlets |   |
| 3 outlets | X |

Electricity is not available for food trucks in certain areas of the festival grounds. Food trucks should be prepared to use their own generator.

**FIRE SAFETY INSPECTION**

The Southern Ozaukee Fire Department will be inspecting all food vendors that are engaged in cooking operations. All vendors must pass a pre or day of Fire Safety Inspection to participate.

Mobile food preparation facilities such as "Food Trucks or Trailers" may contact Deputy Chief Kurt Zellmann for a pre-event inspection to prevent any day of event issues or answer any questions in advance.

Tent cooking operations (non-vehicle based) may also contact Deputy Chief Zellmann in advance of the event to discuss any operations and ensure pre-determined compliance with equipment, clearances and fire suppression requirements or equipment.

Deputy Chief Kurt Zellmann  
[kzellman@ci.mequon.wi.us](mailto:kzellman@ci.mequon.wi.us)  
 Phone: 414-254-0369

**COOKING EQUIPMENT**

Indicate # of LP gas tanks you will use. 2

Will you be using a charcoal grill? Yes \_\_\_\_\_ No X

**APPLICATION CHECKLIST**

Please review the list below to ensure you have all the required information before submitting the application. (✓)

- ☒ Completed application
- ☒ Check for space fee (payable to City of Mequon)
- ☒ Certificate of Insurance
- ☒ Completed S-240 Wisconsin Temporary Event Operator and Seller Information
- ☒ Completed Release and Hold Harmless for Vendor Form
- ☒ Copy of Temporary Restaurant License/Mobile Restaurant License (Food Truck)
- ☒ A list of menu items

**SEND COMPLETED APPLICATION AND FORMS TO:**

Mequon City Hall  
 11333 N. Cedarburg Road  
 Mequon, WI 53092  
 Attn: Carrie Enea, Executive Assistant  
**Fax:** 262-242-9819  
**E-Mail:** [cenea@ci.mequon.wi.us](mailto:cenea@ci.mequon.wi.us)

Questions? Please call Carrie Enea, Mequon City Hall (262) 236-2941.

**The undersigned applicant agrees:**

- 1) To adhere to the ***Taste of Mequon*** guidelines as provided in the food/beverage vendor information.
- 2) To agree to bear all risk and expense for any loss, theft or damage to my personal property or injury to my person, regardless of cause.
- 3) I agree to be photographed or videotaped for promotional purposes.

I have read and agree to the ***Taste of Mequon*** event terms and conditions.

X Signature: Soua Lor Date: 2-21-23

**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Date Vendor Space Fee Paid: \_\_\_\_\_  
 Date Release and Hold Harmless For Vendor-Participants Form Received: \_\_\_\_\_  
 Date Certificate of Insurance Received: \_\_\_\_\_ Date Form S-240 Received: \_\_\_\_\_  
 Date Copy of Temporary Restaurant License Received: \_\_\_\_\_  
 Emergency Information Recorded: \_\_\_\_\_

Approved: January 18, 2023





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
02/21/2023

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).

|                                                                                                                    |  |                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Veracity Insurance Solutions, LLC.<br>280 South 2500 West, Suite 303<br>Pleasant Grove UT 84062 |  | <b>CONTACT</b><br>NAME: FLIP Program Support<br>PHONE (A/C No. Ext): (844)-520-6992 FAX (A/C No.):<br>E-MAIL ADDRESS: info@flipprogram.com                                   |  |
| <b>INSURED</b><br>Souza Lor, DBA S&T Cuisine<br>6686 N 55th St<br>Milwaukee WI 53223                               |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Great American Alliance Insurance Co. NAIC #: 26832<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>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 SUBR INSR WVD                  | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                               |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GENERAL LIABILITY                                                                                                                  |                                     | PLE738466-F146404 | 05/01/2022              | 05/01/2023              | EACH OCCURRENCE \$ 1,000,000                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                   | <input checked="" type="checkbox"/> |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                     |                                     |                   |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                     |                   |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                 |                                     |                   |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                           |                                     |                   |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AUTOMOBILE LIABILITY                                                                                                               |                                     |                   |                         |                         | ANIMAL BAILEE \$                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ANY AUTO                                                                                                                           |                                     |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ALL OWNED AUTOS                                                                                                                    |                                     |                   |                         |                         | BODILY INJURY (Per person) \$                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SCHEDULED AUTOS                                                                                                                    |                                     |                   |                         |                         | BODILY INJURY (Per accident) \$                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HIRED AUTOS                                                                                                                        |                                     |                   |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UMBRELLA LIAB                                                                                                                      |                                     |                   |                         |                         | \$                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EXCESS LIAB                                                                                                                        |                                     |                   |                         |                         | EACH OCCURRENCE \$                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DED                                                                                                                                |                                     |                   |                         |                         | AGGREGATE \$                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RETENTION \$                                                                                                                       |                                     |                   |                         |                         | \$                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                      |                                     |                   |                         |                         | WG STATUS: <input type="checkbox"/> TOH-ER           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N                                 | N/A               |                         |                         | E.L. EACH ACCIDENT \$                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                     |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                     |                   |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)<br>Certificate holder had been added as additional Insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)                                                                                                                                                                      |                                                                                                                                    |                                     |                   |                         |                         |                                                      |

|                                                                                         |                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>City of Mequon<br>11333 N Cedarburg Rd<br>Mequon, WI 53092 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ACORD 25 (2014/01)  
 INS025 (2014/01)

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Attachment: S&amp;T Cuisine Application (8263 : S &amp; T Cuisine Application)

Form

**S-240****Wisconsin Temporary Event Report**

(Completed and submitted by the Event Operator)

Page 1 of \_\_\_\_\_

**Part A: Event Operator Information**

|                                                   |                             |                                                                 |                                          |
|---------------------------------------------------|-----------------------------|-----------------------------------------------------------------|------------------------------------------|
| Doing Business As (DBA) Name (if applicable)<br>S |                             | Wisconsin Tax Number (15 digits starting with 640, 456, or 600) |                                          |
| Legal Business Name (if not sole proprietor)      |                             |                                                                 | Full FEIN (Business)                     |
| Event Operator Name (Last)                        | Event Operator Name (First) |                                                                 | Full SSN (Individual or Sole proprietor) |
| Mailing Address                                   |                             | Email Address<br>S                                              |                                          |
| City                                              | State                       | Zip                                                             | Contact Phone Number                     |

**Part B: Temporary Event Information**

|                                     |             |                                   |        |                          |  |
|-------------------------------------|-------------|-----------------------------------|--------|--------------------------|--|
| Event Start Date<br>M M D D Y Y Y Y |             | Event End Date<br>M M D D Y Y Y Y |        | Number of Vendors        |  |
| Temporary Event Name                |             |                                   |        | Minimum Vendor Booth Fee |  |
| Street Address                      |             |                                   |        | Customer Admission Fee   |  |
| City                                | State<br>WI | Zip                               | County |                          |  |

I declare that the information on this form is true and correct to the best of my knowledge and belief, and that I'm authorized to sign this form.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**Common Questions****What is a temporary event?**

A temporary event is an occasion, activity, or function at which merchandise is sold or traded or taxable services are provided. An event can be on one or consecutive days. It may reoccur on a weekly, monthly, quarterly, or annual basis.

**How are recurring events reported?**

Multiple events in a calendar month may be reported as one event. In this case, the event start is the first and the event end is the last day of the month.

**Who is a temporary event operator?**

The organizer or planner of an event is the event operator.

**What must a temporary event operator report?**

Temporary event operators must complete and submit Form S-240 with information about each event vendor to the Department of Revenue (DOR) within **10 days business days** of the close of the event.

**Note:** Operators may be assessed a \$200 penalty for the first offense and \$500 for subsequent missing, late, or incomplete reports.

**What are temporary event vendor requirements?**

Temporary event vendors must have a Wisconsin seller's permit unless their sales are exempt from sales and use tax.

**Where can I find more information on temporary events?**

- [Publication 228, Temporary Events](#)
- [revenue.wi.gov](http://revenue.wi.gov) and search 'Temporary Events'

**More information** about completing this report is on our website [revenue.wi.gov](http://revenue.wi.gov) and search 'Event Operator'

**Completing Form S-240**

The event operator is **required** to complete all sections of Form S-240, to include all vendor information.

**Part A** is the event operator information.

**Part B** is the temporary event information.

**Part C** is used to report all vendors attending the event. Do not submit a vendor list without Page 1 (Parts A & B) of Form S-240. If the event operator is making taxable sales, they should complete a vendor report for themselves.

An operator may be assessed a penalty for an incomplete report for failure to obtain information about each vendor.

**Submit the report by any of the following:**

- Online through our Secure File Transfer web page at: [revenue.wi.gov](http://revenue.wi.gov) and search 'wtepran'
- Fax: (608) 224-5761
- Mail: Wisconsin Department of Revenue  
Temporary Events Project MS 3-80  
PO Box 8902  
Madison, WI 53708-8902

**Important:** Do not email reports or other confidential information.

**Questions**

- Email: [DORTempEvents@wisconsin.gov](mailto:DORTempEvents@wisconsin.gov)
- Call: (608) 264-4582.

**Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations in effect as of June 1, 2022: sec. 77.52(19) and 73.03(38), Wis. Stats., and sec. Tax 11.53 and 11.535, Wis. Adm. Code.



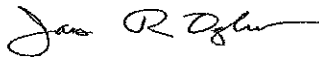
339320

## FOOD DEALER -RESTAURANT

FREST - 0017842

EFF DATE: 07/11/2022 EXP DATE: 07/10/2023

DHS - MODERATE,MOBILE RESTAURANT BASE

city clerk  
www.milwaukee.gov/license

SOUA T LOR  
S&T CUISINE  
8103 W TOWER AV  
MILWAUKEE, WI 53223-3217

ALDERMANIC DISTRICT 09

premise description:  
1ST FLOOR

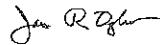
Food Est Num: 17842

| Weekday   | Open Time | Close Time | Age Limit |
|-----------|-----------|------------|-----------|
| SUNDAY    |           |            |           |
| MONDAY    |           |            |           |
| TUESDAY   | 03:00 PM  | 05:00 PM   | N/A       |
| WEDNESDAY |           |            |           |
| THURSDAY  | 03:00 PM  | 05:00 PM   | N/A       |
| FRIDAY    |           |            |           |
| SATURDAY  |           |            |           |



City Hall - Room 105 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3057  
Email: license@milwaukee.gov - Website: www.milwaukee.gov/license

city of milwaukee  
www.milwaukee.gov/  
license

city clerk  
MILWAUKEE

license required to be displayed or carried

EXPIRATION DATE: 07/10/2023

LIC. NO: FREST 0017842

LICENSE: FOOD DEALER -RESTAURANT

CLASS: DHS - MODERATE,MOBILE RESTAURANT  
BASE  
SOUA T LOR  
S&T CUISINE  
8103 W TOWER AV  
MILWAUKEE, WI 53223-3217

Attachment: S&amp;T Cuisine Application (8263 : S &amp; T Cuisine Application)

339321



*Jim R. Dylun*

city clerk  
www.milwaukee.gov/license

# FOOD PEDDLER MOTORIZED (RESTAURANT)

FPMREST - 0001279  
EFF DATE: 07/11/2022 EXP DATE: 07/10/2023

SOUA T LOR  
S&T CUISINE  
8103 W TOWER AV  
MILWAUKEE, WI 53223-3217

ALDERMANIC DISTRICT 09

## Vehicle Information:

Food Est Num: 1279

2022 UNKNOWN EMPIRE CARGO Red PEDDLER UNIT  
VIN: 7F81E162XND014951  
PLATE: 20240



City Hall - Room 105 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3057  
Email: license@milwaukee.gov - Website: www.milwaukee.gov/license

city of milwaukee  
www.milwaukee.gov/  
license



*Jim R. Dylun*

city clerk  
MILWAUKEE

license required to be displayed or carried

EXPIRATION DATE: 07/10/2023

LIC. NO: FPMREST 0001279

LICENSE: FOOD PEDDLER MOTORIZED  
(RESTAURANT)

SOUA T LOR  
S&T CUISINE  
8103 W TOWER AV  
MILWAUKEE, WI 53223-3217

Attachment: S&T Cuisine Application (8263 : S & T Cuisine Application)



## S&T Cuisine Menu

- Eggroll
- Crab Rangoon
- Dumpling
- Fried Rice
- Pad Thai
- Pad See Ew
- Bubble Tea
- Lemonade
- Thai Iced Tea
- Thai Iced Coffee
- Smoothies

17000 W Cleveland Ave.  
New Berlin, WI 53151  
(262)827-1444  
(262)827-4924 (Fax)



3586 Hillside Dr.  
Delafield, WI 53018  
(262) 646-4444

**Status: Quote**

Quote #: q14832-1

Event Beg: Sat 9/ 9/2023 7:30AM

Event End: Sat 9/ 9/2023 5:00PM

Operator: Amy Russell

Customer #: 5072

**CITY OF MEQUON**

Phone 262-242-3100

11333 N CEDARBURG RD  
MEQUON, WI 53092

**Delivery Fri 9/ 8/2023 8:00AM - 5:00PM**

CARRIE ENEA 262-236-2941  
FRONT OF BUILDING  
11333 N CEDARBURG RD  
MEQUON, WI 53092

**Pickup Mon 9/11/2023 8:00AM - 5:00PM**

CARRIE ENEA 262-236-2941  
FRONT OF BUILDING  
11333 N CEDARBURG RD  
MEQUON, WI 53092

- 1) DEL FRI ANYTIME  
2) CALL WHEN ON THE WAY

- 1) PICK UP MON ANYTIME

- 1) 25% NON-REFUNDABLE DEPOSIT REQUIRED TO RESERVE  
2) EVENT TASTE OF MEQUON  
3) GRASS. OK TO STAKE  
4) CUSTOMER MUST CALL DIGGERS HOTLINE 10 DAYS PRIOR TO INSTALL AT 800-242-8511  
5) DELIVERY FEE BASED ON AREA RENTAL TRUCK PARKING WITHIN 50 FEET OF INSTALLATION  
6) DAMAGE WAIVER AVAILABLE FOR 10% OF THE RENTAL

| Qty | Key        | Items                                                     |          | Event End Date       |  |
|-----|------------|-----------------------------------------------------------|----------|----------------------|--|
|     |            | <b>TENT</b>                                               |          |                      |  |
| 1   | 126-1200   | BAND SHELL,30X15 NAVI<br>STYLE                            | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 1   | 126-8550-1 | *30X15W NAVI-TRAC END                                     | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 21  | 127-0452-1 | *STAKES REGULAR                                           | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 7   | 127-0470-1 | * 3-HOLE T-BARS                                           | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 48  | 096-0050   | STAGE,4'X4'SECTIONS UP TO<br>32"TALL                      | Rental   | Sat 9/ 9/2023 5:00PM |  |
|     |            | 2 - 16x24x18 - ONE UNDER BANDSHELL, ONE IN CHILDRENS AREA |          |                      |  |
| 48  | 096-0500-1 | .STAGE,4'X4'SECTIONS                                      | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 48  | 096-0500-1 | .STAGE,4'X4'SECTIONS                                      | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 1   | 096-0095-1 | STAGE,STEPS UP TO 32"TALL                                 | Rental   | Sat 9/ 9/2023 5:00PM |  |
| 1   | JMISC-1    | DELIVERY/PICKUP                                           | Delivery |                      |  |

**Quote valid for 5 days.**

Attachment: Area Rental Stage Invoice (8278 : Area Rental Invoice)

**Quote**

I have read all pages associated with this contract. Front and Back.

Area Rental has 5 Business Days to accept or decline the contract after submission of the signed contract based on equipment and staffing availability.

EQUIPMENT DAMAGE WAIVER, 10% of Rental Charge

INITIAL: ACCEPTED \_\_\_\_\_ DECLINED \_\_\_\_\_

**Signature:** \_\_\_\_\_

**CITY OF MEQUON**

|                  |          |
|------------------|----------|
| Rental:          | \$2,911. |
| Delivery Charge: | \$250.   |
| Subtotal:        | \$3,161. |
|                  |          |
| Total:           | \$3,161. |
| Paid:            | \$0.     |
| Amount Due:      | \$3,161. |

Attachment: Area Rental Stage Invoice (8278 : Area Rental Invoice)

1. Lessee understands and agrees that said equipment remains the property of Lessor and that failure of the Lessee to return said equipment to Lessor within the time provided may constitute a crime and subject the Lessee to prosecution, therefore, unless such failure is occasioned through Lessee's required compliance with military orders. Equipment must not be taken more than 150 miles from origin without Lessee approval.
  2. Lessee agrees to pay Lessor for any loss of or damage to said equipment while in his custody or other expenses resulting from Lessee's use of said equipment. Lessee agrees to pay full rental fee of said equipment until payment for such repairs or replacements have been made. If Lessee accepts damage waiver, Lessee is not responsible for damage to equipment not caused through Lessee neglect up to a maximum limit of \$5,000, the Lessee would be responsible for all damages over and above the \$5,000. The Lessee is fully responsible for following regardless if the damage waiver was accepted or declined: damage to tires, cost of cleaning and reconditioning necessary resulting from use in painting, sandblasting or similar use of equipment, cost of repair or replacement from negligent use from misuse or abuse of equipment or unnecessary exposure to the elements, or use for purposes for which the equipment was not designed, or for loading beyond capacity. Tractors, loaders and skid steer loaders are not to be used for the purpose of demolition.
  3. Lessee authorizes Lessor to bill Lessee's credit card for all charges and expenses incurred pursuant to said contract.
  4. Lessee agrees to indemnify and save harmless the Lessor from claims: loss and damage, including costs and attorney's fees arising from occasioned by the operation, use or presence of the leased equipment or any act or default of Lessee, his agents or servant. Lessee assumes all risks, liabilities and costs for all injuries to or death of any person or persons and damage to the property of anyone arising or occasioned by the operation, use or presence of the leased equipment. Lessee shall reimburse Lessor for all attorney fees, court costs and expenses incurred by Lessor to enforce collection to preserve and enforce Lessor's rights under this contract.
  5. Lessee shall assume all liability for any and all damage to personal property from any cause whatsoever while being transported in a trailer and/or equipment including damage caused by water or theft.
  6. For the purpose of enforcing Lessor's ownership of said equipment and to protect Lessor's rights under the contract, Lessee agrees Lessor may retake possession of equipment at any time and for such purpose to enter upon the premises of Lessee. Lessee hereby waives any right of action against Lessor by reason of such retaking or entry.
- Lessee acknowledges that he has examined said equipment and/or trailer, together with any coupling mechanism and that said equipment and/or trailer and coupling mechanism are in good condition and that said trailer and/or equipment is securely connected to Lessee's automobile. Lessee agrees to assume all liability for any damages to the towing vehicle arising out of the use of said trailer and/or equipment. Lessee agrees to periodically inspect said equipment and/or trailer and coupling mechanism and to maintain the same in a safe, dependable and secure condition while in his custody. Lessee is fully responsible for the suitability of the towing vehicle and hitch assembly's ability to transport the weight of the trailer and load. Regardless of the party at fault, Lessee understands and agrees to be responsible for damage to said trailer or equipment resulting from collision or other accident.
7. Lessee agrees that in the event any of the Property becomes unsafe or in a state of disrepair, Lessee will immediately discontinue the use thereof and promptly notify Lessor. Lessee accepts responsibility for evacuating any tent when wind or gust exceeds 25 MPH or when other unsafe conditions arise. Lessor is not responsible for any damage caused by tents falling regardless of the cause. Grounds must be suitable for the use of installation equipment, Lessor is not responsible for grass, grounds or asphalt damage.
  8. Reservations canceled or significantly altered less than 72 hours before the Property is to be delivered or picked up by Lessee are subject to a cancellation fee equal to the full contract cost. All other reservation cancellations are subject to a cancellation fee of 1/3 of the contract cost. Counts may be reduced by up to 15 percent of the dollar amount of the contract without penalty a minimum of 72 hours before the Property is to be delivered or picked up. Deliveries are tail gate to tail gate. A \$15 per man per 15 minutes is assessed on delays of pick ups or deliveries.
  9. Lessee assumes full responsibility for any additional expenses incurred by Reason of Breakdown of said equipment. Lessee must pay for gas used. Sales tax is added to all rentals. Lessee pays for time out, not time used. There are minimum charges on Lessor's equipment regardless if Lessee used up all of that time. In case of equipment breakdown, it is Lessee's responsibility to return equipment for service or replacement. Time adjustments may be made, however, Lessee is still responsible for rental fees. Any equipment kept overnight is charged on a daily basis. Any rental credits must be used within a 3 week period of the original rental contract. Lessee will be charged for service calls due to Lessee error.
  10. This contract represents the entire agreement between the parties hereto and there are no collateral, oral or other agreements or understandings. Inquiry proposals are null and void if not accepted within 15 days.

**Saturday, September 9**

**Noon-9pm**

5.a.a

# Taste of Mequon



**CITY HALL • 11333 N. CEDARBURG RD**



## Your Shopping Cart

Checkout now and earn **\$88.57** in Reward Credits for this order!

### Custom 18" x 24" Yard Signs

Quantity: 50

\$201.30

**Material:** Corrugated Plastic  
**Number of Imprint Colors:** 3 Imprint Colors  
**Print Position:** Both Front and Back  
**Artwork Type:** Upload My Artwork  
**Artwork:** [Artworks/vxf64ps8hccymz/ls](#)  
**Proof Charge:** Yes [+10.00]  
**Estimated Delivery Date:** Monday Mar 20, 2023 [+0.65] (STANDARD) (6)



### 16oz Stadium Cups

Quantity: 2500

\$1,850.00

**Number of Imprint Colors:** 1 Imprint Color  
**Imprint Color:** Custom Color [+0.15]  
**Print Position:** Front Side Only  
**Setup Charge:** One Time Fee Per Order [+20.00]  
**Proof Charge:** No  
**Customized In:** China  
**Estimated Delivery Date:** Friday Mar 24, 2023 [+0.00] (STANDARD) (11)  
**Details:** (Quantity: 2500 - Color: White)  
**Comments:** Colors: Orange, Turquoise, Purple



### DISCOUNT METER

\* For well qualified items only before production and shipping cost. Coupon code will be applied automatically.



\$0.00

5% OFF



\$75.00

10% OFF



\$125.00

15% OFF



\$500.00

Gift Card, Store Credit or Coupon Code:

AUT015

Order Subtotal

Discount

Shipping

Order Total:

\$2,051.30

-\$312.60

\$32.70

\$1,771.40



Proceed to Checkout



## Products you may like



# **SPIELBAUER FIREWORKS CO., INC.**

*Wisconsin's Oldest Exhibition Fireworks Company*

Office: 1976 Lane Road • Green Bay, WI 54311 • Telephone 1-920-336-0446 • Fax 1-920-336-1214

March 7<sup>th</sup>, 2023

City of Mequon  
Attn: Carrie Enea  
11333 N. Cedarburg Road  
Mequon, WI 53092

Dear Mrs. Enea,

Enclosed please find our confirmation for the City of Mequon's September 9<sup>th</sup>, 2023 Fireworks Display. This is a ~~\$3,500.00~~ program as per your request. Note that this confirmation is contingent upon your approval. *\$3425*

Note that you are receiving a 15% discount on your program. Your program should be very similar to those we have provided for the University School of Milwaukee.

The program contains \$5,000,000.00 insurance coverage, operators covered under Worker's Compensation Insurance, and all product and equipment needed to ignite a spectacular fireworks display. I would expect the program to have a duration of around 10 minutes with a great intensity throughout. Note that I have enclosed a site plan showing the area needed to ignite this display.

Your display will alternate between high level aerial shells and specialty midlevel display items that will offer a variety of effects throughout the show. Your display will begin with a barrage of gold crackling stars and will end with a finale of color that will not be forgotten!

If this program meets your approval, please sign both copies of the enclosed contract and return one to our office, the other is for your files. Please also remit your \$700.00 downpayment. Note that your insurance certificate will be issued in April. Upon receipt of the signed contract I will submit the necessary Fireworks Risk Control Review Application with the City of Mequon.

If you have any questions or concerns please feel free to contact me. If you would like to see any changes made to the program please give me a call so I can assist you. I want to be sure I am providing you with the best display possible. Wishing you a successful 2023 Taste of Mequon!

Sincerely,

Patrick W. Spielbauer  
Spielbauer Fireworks Co., Inc.

Attachment: Fireworks contract for approval (8265 : Fireworks Quote)



# SPIELBAUER FIREWORKS CO., INC.

DISTRIBUTORS & EXHIBITORS  
WISCONSIN'S OLDEST EXHIBITION FIREWORKS CO.  
Established in 1952

Office:  
1976 Lane Road  
Green Bay, WI 54311

Phone 1-920-336-0446  
Fax 1-920-336-1214

Factory & Warehouses:  
Bellevue

To: City of Mequon  
Attn: Carrie Enea  
11333 N. Cedarburg Road  
Mequon, WI 53092

Conf. # 23Me7434  
Order Date 2/20/2023  
Date 3/7/2023  
Terms \$700.00 Due W/Contract.  
Balance Due By 9/9/2023.

1% Per Month Interest Charged On Accounts Over 30 Days Old

## Confirmation

**\$3,500.00 Fireworks Display for September 9, 2023 (Sat.)**

### Opening

|                                                                    |          |          |
|--------------------------------------------------------------------|----------|----------|
| 1 — 150 Shot Happy Stars Box (45 sec.) - Lidu                      | \$230.00 | \$230.00 |
| Repeating barrage box that creates gold crackling bursts overhead. |          |          |
| 1 — 3 inch 10 Shot Brocade Crown Finale - Bulk - Lidu              | \$98.40  | \$98.40  |

### Additional Special Break Shells

|                                                                               |         |            |
|-------------------------------------------------------------------------------|---------|------------|
| 72 — 3 inch Assorted Import Chrysanthemum & Peony Shell w/ Rising Tail - Lidu | \$14.60 | \$1,051.20 |
|-------------------------------------------------------------------------------|---------|------------|

**Total: 72 — 3 inch Special Break Shells**

### Midlevel Display

|                                                                                                              |          |          |
|--------------------------------------------------------------------------------------------------------------|----------|----------|
| 1 — 300 Shot Mixed Pastel Tails To Bombettes Box (19mm) (35 sec.) - Icon                                     | \$230.00 | \$230.00 |
| 1 — 52 Shot Poisonous Spider Barrage Box (30 sec.) - Sunny                                                   | \$185.00 | \$185.00 |
| Fires fifty-two timed color and spinning aerial shots 150 ft. overhead. Self contained box includes mortars. |          |          |
| 1 — 3 inch 25 Shot Strobe & Palm Core w/ Silver Tail Box (25 sec.) - Sunny                                   | \$295.00 | \$295.00 |

### Grand Finale

|                                                                                                                                             |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 2 — 2.5 inch 36 Shot New Color Finale Box (40 sec.) - Lidu                                                                                  | \$230.00 | \$460.00 |
| Creates a dazzling array of color and glitter in the night sky. Thirty-six shell special boxed finale. Self contained box includes mortars. |          |          |
| 3 — 3 inch 10 Shot Import Color & Glitter Finale - Bulk - Lidu                                                                              | \$98.40  | \$295.20 |
| Creates a dazzling array of color and glitter in the night sky. Ten shell special finale - reloads only.                                    |          |          |

#### IMPORTANT

This merchandise sold and shipped on the representation of the buyer that the same will be used strictly in accordance with laws of the state of destination.

This merchandise is sold upon the condition that the seller shall not be liable in any civil action for any accident or injury occasioned during the transportation, handling, storage, sale or use of the merchandise.



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Phone 1-920-336-0446  
Fax 1-920-336-1214

Factory & Warehouses:  
Bellevue

To: City of Mequon  
Attn: Carrie Enea  
11333 N. Cedarburg Road  
Mequon, WI 53092

Conf. # 23Me7434  
Order Date 2/20/2023  
Date 3/7/2023  
Terms \$700.00 Due W/Contract.  
Balance Due By 9/9/2023.

1% Per Month Interest Charged On Accounts Over 30 Days Old

|                                                                                                                                                                                       |                                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|
|                                                                                                                                                                                       | Fireworks Subtotal              | \$2,844.80         |
|                                                                                                                                                                                       | Less Discount                   | -\$399.80          |
|                                                                                                                                                                                       | Discounted Price                | \$2,445.00         |
| <b>Insurance Coverage</b>                                                                                                                                                             | \$525.00                        | \$525.00           |
| \$5 million insurance coverage for public liability and property damage.                                                                                                              |                                 |                    |
| <b>Operator</b>                                                                                                                                                                       | \$350.00                        | \$350.00           |
| Experienced pyrotechnic operators to be provided by Spielbauer Fireworks Co., Inc.<br>Operators/ employees of Spielbauer Fireworks are covered under our workers compensation policy. |                                 |                    |
| <b>Delivery</b>                                                                                                                                                                       | \$105.00                        | \$105.00           |
| Fireworks to be delivered by Spielbauer Fireworks Co., Inc.                                                                                                                           |                                 |                    |
| <b>Equipment</b>                                                                                                                                                                      | \$0.00                          | \$0.00             |
| All equipment necessary for the set up and firing of display to be provided by Spielbauer Fireworks Co., Inc.                                                                         |                                 |                    |
| <b>Permit Fee</b>                                                                                                                                                                     | <del>\$75.00</del>              | <del>\$75.00</del> |
| Spielbauer Fireworks to apply for local permit(s) required by authority having jurisdiction. Permit fee will accompany the application.                                               |                                 |                    |
|                                                                                                                                                                                       | <i>Waived by City</i> <i>CE</i> |                    |

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Conf. # 23Me7434  
Order Date 2/20/2023  
Date 3/7/2023  
Terms \$700.00 Due W/Contract.  
Balance Due By 9/9/2023.

1% Per Month Interest Charged On Accounts Over 30 Days Old

Your Price \$3,500.00  
- 75  
\$ 3425

Display Date: 9/9/2023

Rain Date: Unknown

RE: Taste of Mequon

Local permit to be applied for by Spielbauer Fireworks Co., Inc once signed contract is received (with Sharon).

Insurance Certificate to be issued in April once our policy renews for the upcoming season.

Display to begin at 9:00pm. Duration to be around ten minutes.

Contact: Carrie Enea at (262) 236-2941

CC: Cenea@CI.Mequon.WI.us

Thank you for your order.

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