



OFFICIAL NOTICE AND AGENDA - AMENDED

Notice is hereby given that the Public Safety Committee of the City of Stoughton, Wisconsin will hold a regular or special meeting as indicated on the date, time and location given below.

Meeting of:

PUBLIC SAFETY COMMITTEE OF THE CITY OF STOUGHTON

Date /Time:

Wednesday, October 26, 2022 @ 6:00 p.m.

Location:

The meeting will be held virtually and in person.

Virtual: You can join the meeting from your computer, tablet, or smartphone via Zoom

<https://us06web.zoom.us/j/81201475295?pwd=Y201c0pFTGJyQ2Qwc3VzbWNHRWIWUT09>

Meeting ID: 812 0147 5295

Passcode: 518756

One tap mobile

+13126266799,,81201475295#,,,,*518756# US (Chicago)

+16469313860,,81201475295#,,,,*518756# US

In person: Council Chambers, (2nd Floor of Public Safety Building)

321 South Fourth Street, Stoughton, Wisconsin

Members:

Greg Jenson (Chair), Joyce Tikalsky, Jean Ligocki, Frank Raff, Tricia Suess Charleston, Eric Quam, Tim Swadley (ex-officio)

Item

AGENDA

1. Call to Order
2. Communication
3. Approval of the September 28, 2022 Public Safety Committee minutes

OLD BUSINESS

4. Flowchart, Operator's License Procedure Current and Proposed
5. USH 51 Speed Limits
6. Alcohol License for BenJoe LLC.
7. Viking Snowdrifters Trail Proposal
8. Discussion of 2022 budget for the Police Department
9. No parking area – East St. to Garden Ave. (Jenks)
10. Stop signs on Washington and S. 4th St. (Jenks)
11. No parking area – Greenbriar to Nygardd (Jenks)

NEW BUSINESS

FUTURE AGENDA ITEMS:

12. Adjournment

cc. Mayor Swadley, Department Heads, Council, Attorney Matt Dregne, Library Clerical Asst., Receptionists, Stoughton Newspapers/Wisc State Journal ***Note:** An expanded meeting may constitute a quorum of the Council. Meeting may close per Statutes 19.85 (1)(b) to consider the licensing of a person, then reopen for regular course of business.

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 931 3860 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

**** NOTICE - members of the Alcohol Policy Committee may be in attendance at the Public Safety Committee and a quorum may be met.**

PUBLIC SAFETY COMMITTEE OF THE CITY OF STOUGHTON

Wednesday, September 28, 2022 @ 6:00 p.m.

Hybrid meeting

Present: Greg Jenson (Chair), Joyce Tikalsky, Jean Ligocki, Frank Raff. Staff: Tim Swadley, Mayor, Clerk Candee Christen and Teresa Pellett, Alcohol Policy Committee

Excused: Tricia Suess Charleston and Eric Quam

Call to order: Chair Jenson called the meeting to order at 6:00 p.m.

Communications: Chief Jenks is on vacation however Chari Jenson wanted to congratulate his assignment to Chief of Police.

Approval of August 24, 2022 minutes: Motion by Ligocki, second by Tikalsky to approve the minutes. Motion approved 4-0.

Glacier Moraine Parking: No action, Council approved at 9/26/22 meeting.

Special Event license for Stoughton Sports Boosters: Motion by Tikalsky, second by Ligocki to recommend approval to Council. Motion approved 4-0.

Special Event License for Mershon's Cidery: Motion by Ligocki, second by Raff to recommend to Council. Motion approved 4-0.

Class B Combo Liquor License application for 201 S 6th St, dba The Revival (former Nevermind Bar): Clerk Christen stated that the application was complete and reviewed by PD. Motion by Tikalsky, second by Raff to recommend to Council. Motion approved 4-0.

Election Contingency Plans: Clerk Christen discussed the need for Emergency Plans for the polling locations on Election Day and the need for the plans to be submitted to the Wisconsin Election Commission. Committee members reviewed the documents and did not have any changes or updates. Motion to recommend to Council by Tikalsky, second by Ligocki. Motion approved 4-0.

Future agenda items: none

Adjournment: Motion by Raff, second by Jenson to adjourn. Motion approved 4-0. 6:11 p.m.

Respectfully submitted,

Candee Christen, City Clerk

Possible policy regarding the consideration of arrest and conviction records when processing operator's licenses.

The purpose of this policy would be to provide direction to the City Clerk and Police Department regarding what arrest and conviction record information would justify review by the Public Safety Committee and City Council.

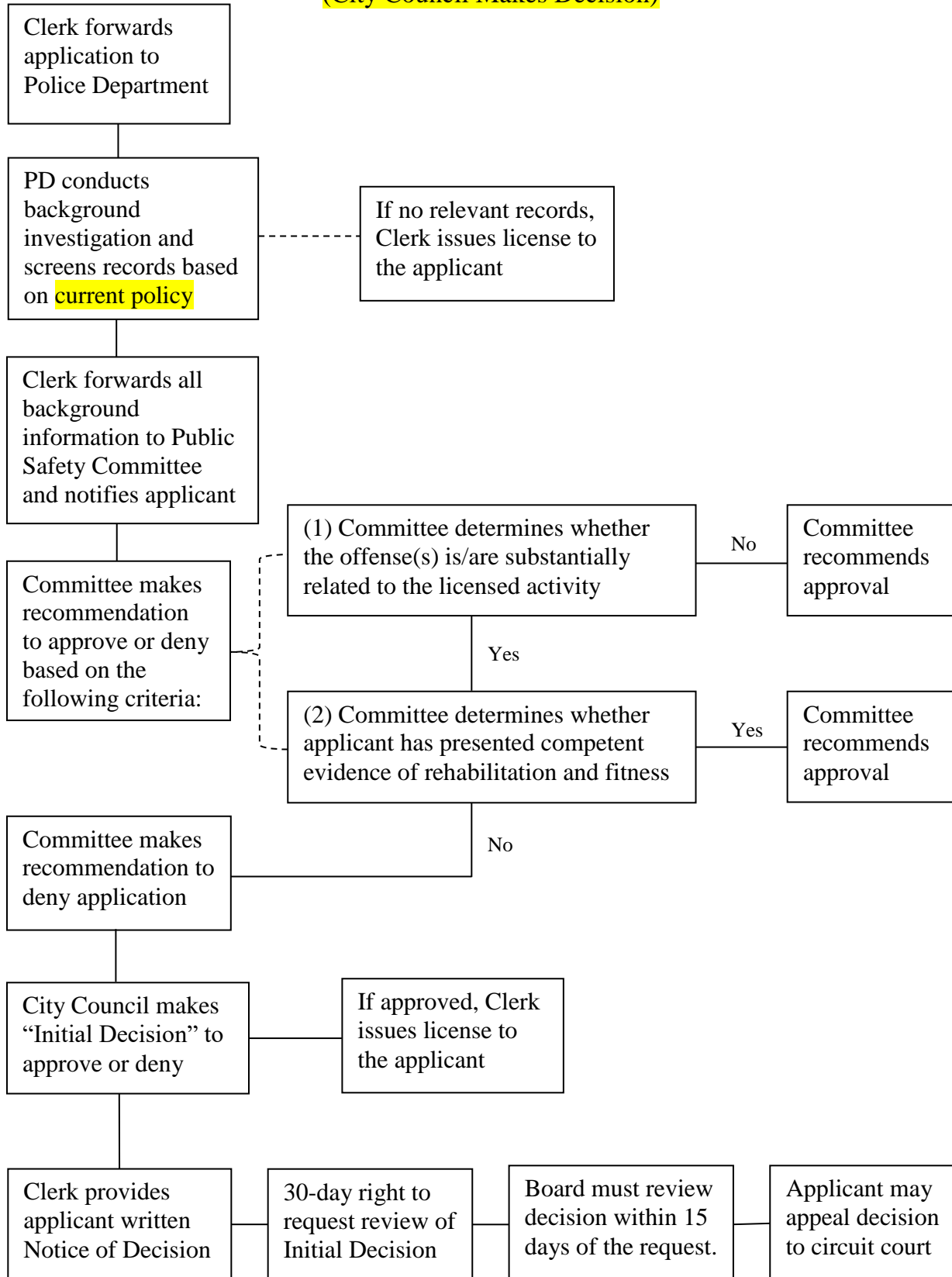
1. **Background Investigation:** Police Department is responsible to conduct the background investigation.
2. **Arrest and conviction history evaluation:** This will need to be done by **either** the PD or the Clerk's office. (PD is likely in a better position to do the evaluation.)
 - a. No *arrest* record information will be considered unless it is for a pending criminal charge, and it is for an "exempt offense" under Wis. Stat. § 111.335 (1m)(b).
 - b. A single, non-felony conviction will not be considered.¹ For non-felonies, no conviction would be considered unless there is more than one conviction, or a combination of conviction and a pending criminal charge for an exempt offense, within the past **three** years.
 - c. No conviction older than [**three?**] years will be considered, so long as the requirements for rehabilitation and fitness under Wis. Stat. § 111.335(4)(d)1.a. or b, if applicable, have been satisfied.
 - d. Once a person reaches age 25, no convictions occurring before age 25 will be considered, so long as any applicable requirements for rehabilitation and fitness under Wis. Stat. § 111.335(4)(d)1.a. or b have been satisfied.²
 - e. Convictions for moving violations will not be considered, unless for operating while impaired by, or with prohibited concentrations of, alcohol.
 - f. Convictions for operating while suspended or revoked will not be considered.
 - g. An applicant's failure to disclose their complete arrest and conviction history will not be considered.
 - h. A conviction shall not be considered if the person meets the requirements for rehabilitation and fitness under Wis. Stat. § 111.335(4)(d)1.a. or b.

¹ The League has interpreted the statute to require more than a single, non-felony conviction.

² The pre-frontal cortex should be developed by age 25.

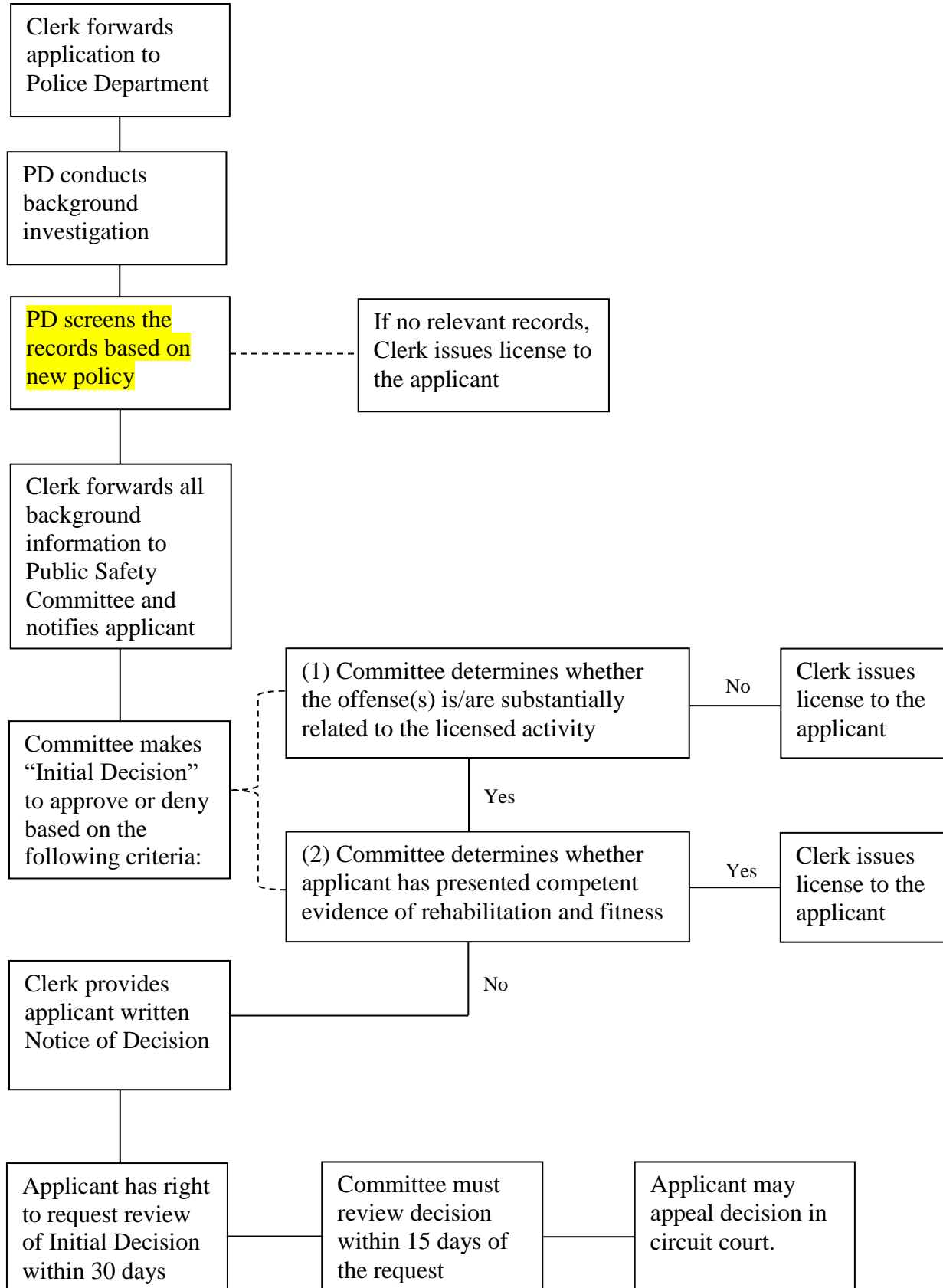
Current Procedure for Issuance of Operator's License

(City Council Makes Decision)



Proposed Procedure for Issuance of Operator's License

(Public Safety Committee Makes Decision)





CITY OF STOUGHTON
DEPARTMENT OF
PLANNING & DEVELOPMENT
207 S. Forrest Street, Stoughton, WI. 53589

(608) 873-6619 www.ci.stoughton.wi.us

RODNEY J. SCHEEL
DIRECTOR

Date: October 6, 2022

To: Dan Jenks
Police Chief

From: Rodney J. Scheel
Director of Planning & Development

Subject: USH 51 Speed Limit Reduction

The City Council has gone on record requesting the DOT to reduce the speed limit on USH 51 north to about Rutland Dunn Town Line Road to 35 mph. Once the Roundabout Project (Hoel Ave/Silverado Dr, STH 138 and Roby Rd/Deer Point) the "Connecting Highway Limits" are extended to point just north of the new roundabout at Roby Rd/Deer Point Drive. This change allows the City to control the speed limit in this area. The project is nearing completion so the City should consider adjusting the speed limit out to Roby Road.

I have attached a map that shows the approximate new Connecting Highway Limits as well as an aerial photo that illustrates the speed limits as posted prior to the roundabout construction project.

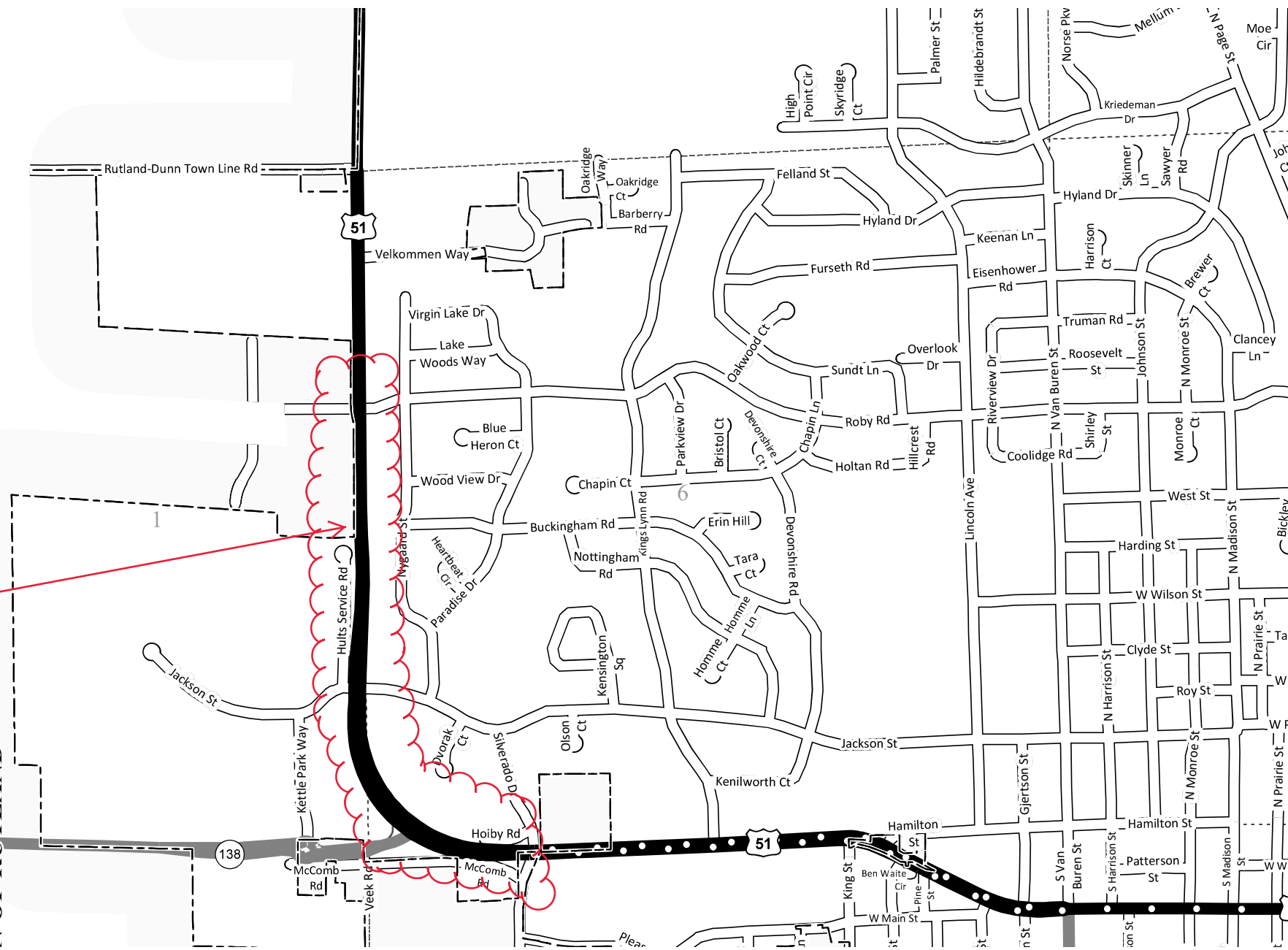
If you have any questions, please let me know.

Attachments

CC: Mayor Tim Swadley
Public Works Director Brett Hebert

Segment 1

T05N
N OF RUTLAND



Attachment 1



45 MPH Begins Southbound

55 MPH Begins Northbound

35 MPH Begins Southbound

45 MPH Begins Northbound

35 MPH Begins Northbound/25 MPH Begins Southbound

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/19/2022 ending: _____
(mm dd yyyy) (mm dd yyyy)



To the Governing Body of the: Town of } Stoughton
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-103114999-02</u>	
FEIN Number <u>92-0676383</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20</u>
TOTAL FEE	\$ <u>220</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
BenJoe LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Pallanayo</u>	<u>Ombeni</u>	<u>Emmanuel</u>	[REDACTED]
Vice President / Member Last Name <u>Huller</u>	(First) <u>Johanes</u>	(Middle Name) <u>Agnaran</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name BenJoe Food LLC Business Phone Number (608) 205-6304
 2. Address of Premises 135 West Main St. Unit 107 Post Office & Zip Code Stoughton, WI 53589

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Main Dining Room and Sushi Bar (23'4" x 37'6"), Back Lounge Bar (approx. 22' x 16'), Kitchen (44' x 12'6"), Office (14' x 6'8"), Basement (28'6" x 13'6") which includes two walk-in coolers (10'4" x 7'4"; 7' x 7')

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Morales Mexican Restaurant

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
JOHANES HULLER		JOHANES	AGONARAN
Home Address (street/route)	Post Office	City	State, Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Home Phone Number	Date of Birth	Place of Birth	
[REDACTED]	[REDACTED]	[REDACTED]	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- JOHANES AGONARAN HULLER of BENJOEFOOD LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

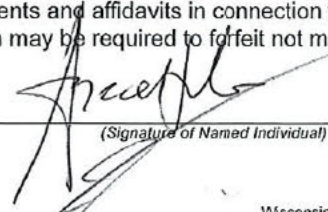
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Since 2014
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Ecet at Joe	326 N. Pine St. Janesville	2020	Present
Fuji Restaurant	2235 Milliken Ave 53545	2013	2020

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Ombeni Pallangyo		Ombeni		Emanuel	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date	Place of Birth	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Ombeni Pallangyo of Ben Joe Food LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

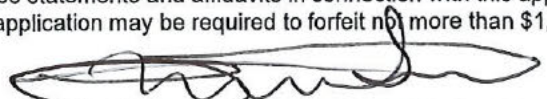
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? Since 2007
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Misdemeanor (OWI) traffic ticket
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify.
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

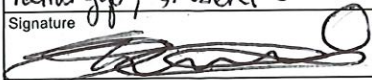
Employer's Name <u>Ombeni African Safaris LLC</u>	Employer's Address <u>8383- Green-Way Blvd</u>	Employed From <u>2009</u>	To <u>Present</u>
Employer's Name <u>Stoughton Food Pantry</u>	Employer's Address <u>1001-N. Page St. Stoughton</u>	Employed From <u>01/07/2012</u>	To <u>Present</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit no more than \$1,000.


(Signature of Named Individual)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <i>Pallangyo, Imbeni E.</i>	Title/Member <i>CEO - Director</i>	Date <i>10/13/2022</i>
Signature 	Phone Number <i>(608) 316-5343</i>	Email Address <i>BenJoeFood@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>10-14, 2022</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Stoughton County of Dane
 City

The undersigned duly authorized officer/member/manager of Fat ab Joe's LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Ben and Joe - (BenJoe Food LLC)
(Trade Name)

located at 135 West Main St, Stoughton - WI - 53589

appoints Ombeni E. Pallangyo
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year [Redacted]

For: BenJoe food LLC
(Name of Corporation / Organization / Limited Liability Company)
By: BenJoe food LLC [Signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Ombeni E. Pallangyo ACCEPTANCE BY AGENT
(Print / Type Agent's Name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 10/10/2022 Agent's age 36 yrs
(Signature of Agent) (Date)
187 West Main St - Stoughton, WI Date of birth 05-23-1986
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

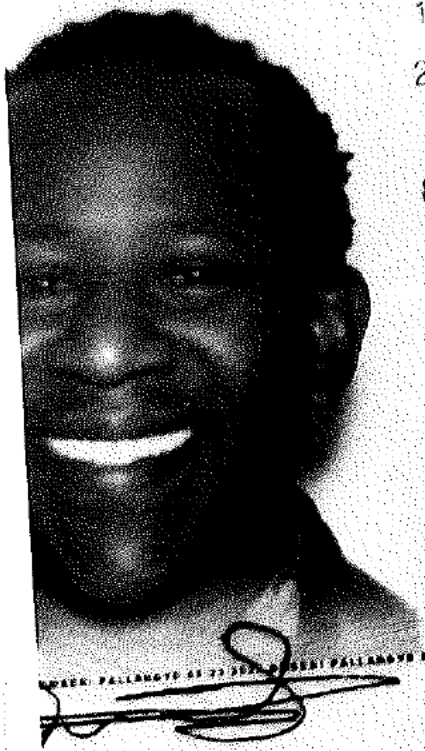
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

ER LICENSE
REGULAR

USA WISCONSIN

NOT FOR
FEDERAL
PURPOSES

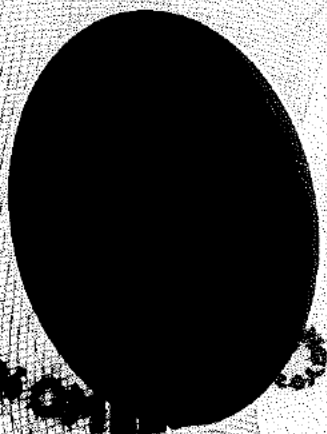


40 [REDACTED]

9 CLASS **D**

1 **PALLANGYO**
2 **OMBENI EMANUELI**

8 [REDACTED]



15 SEX [REDACTED]

16 HGT [REDACTED]

17 WGT [REDACTED]

18 EYES [REDACTED]

19 HAIR [REDACTED]

4a ISS [REDACTED]

3 DOB [REDACTED]

4b EXP [REDACTED]

9a END **NONE**

5 DD OTSML2019052411130601

AY 86

[Signature]
PALLANGYO 01 27 2019 PALLANGYO

CITY OF STOUGHTON

Receipt: 100064269

10/17/22

207 S FORREST ST
STOUGHTON, WI 53589

Cashier: DEB
Received Of: BENJOE FOOD LLC

135 WEST MAIN ST UNIT 107
STOUGHTON WI 53589

The sum of: 220.00

901	LIQUOR AND MALT BEVERAGE		220.00
	100-51420-44110	220.00	
			Total <u>220.00</u>

TENDERED:	CREDIT CARD	122697762	220.00
	Credit Card Fee	122697762	7.50

Viking Snowdrifters

2022-2023 Trail Proposal



SNOWDRIFTERS

Stoughton, WI

50
Years

Since 1969

Proud Member of AWSC



October 14, 2022

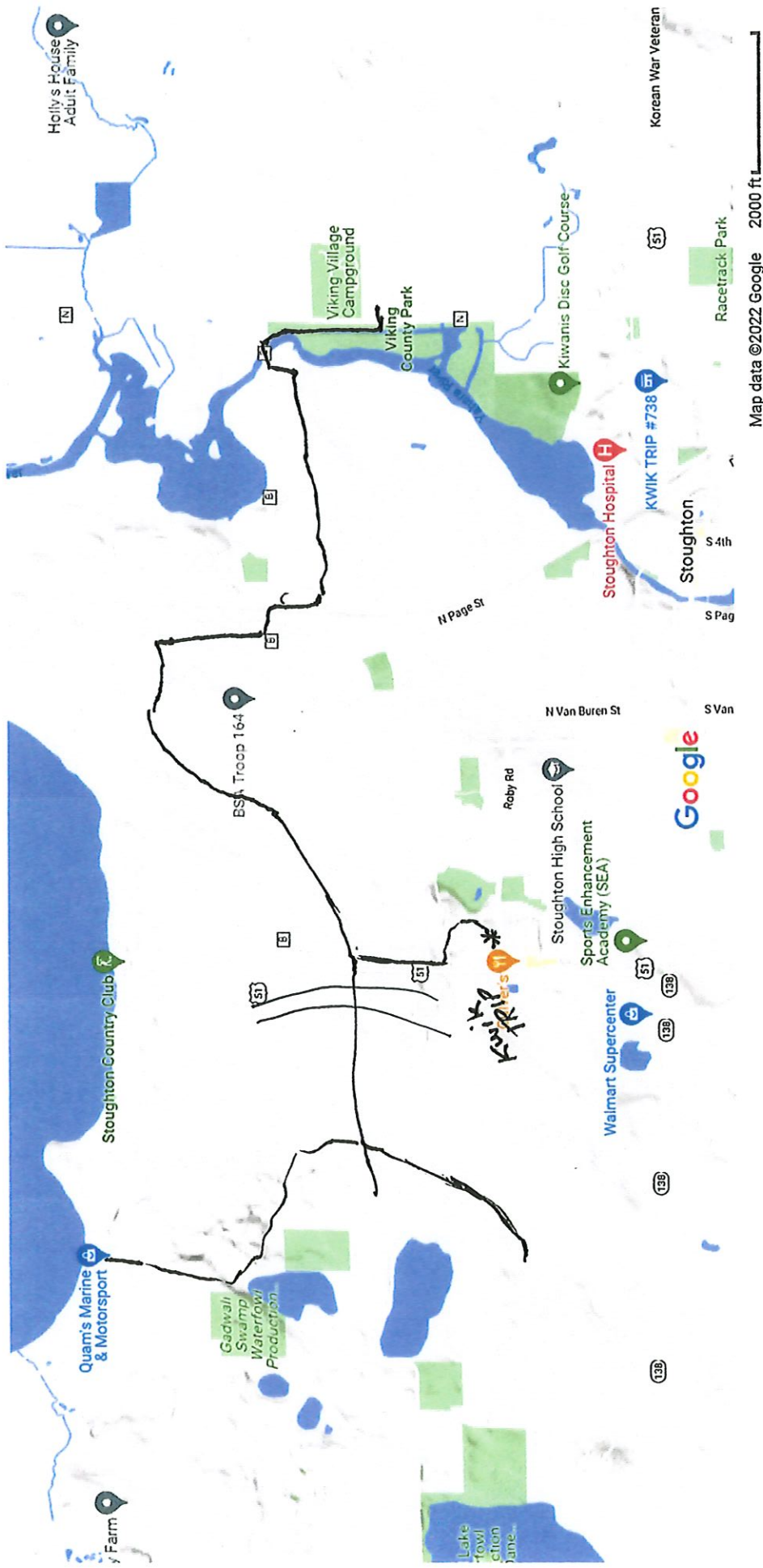
Dear Safety and City Council,

We are asking approval for continued access to the businesses and vendors in Stoughton. The requested access crosses several city streets, highway 51, County B and County N.

This is for snowmobilers to access the places safely during the snowmobiling season, December 2, 2022 to March 31, 2023. This trail would only be open providing there is enough snow and the ground is frozen.

Thank you for your continued support.

Viking Snowdrifters
Stoughton, WI
President, Ron McKittrick
Project Chairman, Jim Blouin







Recently the City of Stoughton annexed farmland and county property that was not previously considered "within city limits". City ordinance prevents snowmobiles from being operated in the city without the permission of the property owner.

The Viking Snowdrifters Snowmobile Club is requesting your permission to continue to allow the use of your property for the existing snowmobile trail system.


The club will take the signed letters of approval to the city council requesting the established trails continue to be used as they have been the years past.

Date: OCT. 13, 2022

Property owner/business (please print)

STOUGHTON UTILITIES

Property/business owner/manager signature



Address:

302 COUNTY HIGHWAY B

STOUGHTON, WI 53589

2
Tom

608-873-5137



Recently the City of Stoughton annexed farmland and county property that was not previously considered "within city limits". City ordinance prevents snowmobiles from being operated in the city without the permission of the property owner.

The Viking Snowdrifters Snowmobile Club is requesting your permission to continue to allow the use of your property for the existing snowmobile trail system.

The club will take the signed letters of approval to the city council requesting the established trails continue to be used as they have been the years past.

Date: 10-10-22

Property owner/business (please print)

Robert Ehle

Property/business owner/manager signature

[Handwritten Signature]

Address:



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The Viking Snowdrifters Snowmobile Club is requesting your permission to continue to allow the use of your property for the existing snowmobile trail system.

The club will take the signed letters of approval to the city council requesting the established trails continue to be used as they have been the years past.

Date: 10/11/22

Property owner/business (please print)

KWIK TRIP

Property/business owner/manager signature

M. Hart

Address:

2400 ROBY RD, STOUGHTON



Recently the City of Stoughton annexed farmland and county property that was not previously considered "within city limits". City ordinance prevents snowmobiles from being operated in the city without the permission of the property owner.

The Viking Snowdrifters Snowmobile Club is requesting your permission to continue to allow the use of your property for the existing snowmobile trail system.

The club will take the signed letters of approval to the city council requesting the established trails continue to be used as they have been the years past.

Date: Oct 11, 2022

Property owner/business (please print)

H. [Signature]

609-873-3572

Property/business owner/manager signature

Green Bier farms

Address:

2948 - city Hwy B

Stoughton WI



Recently the City of Stoughton annexed farmland and county property that was not previously considered "within city limits". City ordinance prevents snowmobiles from being operated in the city without the permission of the property owner.

The Viking Snowdrifters Snowmobile Club is requesting your permission to continue to allow the use of your property for the existing snowmobile trail system.

The club will take the signed letters of approval to the city council requesting the established trails continue to be used as they have been the years past.

Date: 10-11-2022

Property owner/business (please print)

Stoughton Baptist Church

Property/business owner/manager signature

Mark X. Whinn

Address:

125 County Rd. B

Stoughton, WI 53589