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## COMMON COUNCIL MEETING AGENDA

Tuesday, June 16, 2026 - 7:00 PM

- A. Call to Order & Roll Call
- B. Opening Prayer
- C. Pledge of Allegiance
- D. Approval of the May 19, 2026 Common Council minutes
- E. Mayor’s Report
- F. Aldermanic Reports
- G. Announcements
- H. Citizen Commentary
- I. Public Hearings
  - 1. Public Hearing on a Special Use Permit for Valentin Studios, a proposed permanent makeup studio, to be located at 4160 S. 108th St., Suite #6, submitted by Bethzaida Valentin, d/b/a Valentin Studios. (Tax Key No. 567-9972-004) (PC-5/12/26 Kastner)
    - a. Approve a Resolution for a Special Use Permit for Valentin Studios, a proposed permanent makeup studio, to be located at 4160 S. 108th St., Suite #6, submitted by Bethzaida Valentin, d/b/a Valentin Studios. (Tax Key No. 567-9972-004) (PC-5/12/26 Kastner)
    - b. Approve a Site Review for Valentin Studios, a proposed permanent makeup studio, to be located at 4160 S. 108th St., Suite #6, submitted by Bethzaida Valentin, d/b/a Valentin Studios. (Tax Key No. 567-9972-004) (PC-5/12/26 Kastner)
  - 2. Public hearing on the discontinuance of general right-of-way of W. St. Francis Ave., commencing at S. 31st St. and continuing east for approximately 120 feet. (PC-5/12/26 Kastner)
    - a. Approve a Resolution discontinuing general right-of-way of W. St. Francis Ave., commencing at S. 31st St. and continuing east for approximately 120 feet. (PC-5/12/26 Kastner)
- J. Old Business
  - 1. Appointments to various committees and commissions:
    - a. Mayor appointments, confirmed by Council:
      - i. Two members to the Civil Service Commission for terms to expire 5/1/27 (formerly David Podeszwa and Paul Leu)
      - ii. Three members to the Civil Service Commission for a term to expire 5/1/29 (currently Robert Sherwood, David Shore, Veronica Wallace-Kraemer)
      - iii. One member to the Fire & Police Commission for a term to expire 5/1/31 (currently Dennis Clark)
- K. New Business
  - 1. Appointments to various committees and commissions:

- a. Mayor appointments, confirmed by Council:
  - i. Two members to the Public Library Board for a term to expire 7/1/29 (currently Amber Lococo, Marie Cardenas)
2. Approve applications for 2026-2027 operator licenses (Goergen)
3. Approve an application for a 2026-2027 Combination "Class B" Fermented Malt Beverage and Liquor Retailer's License for Mike's Tap LLC, Michael G Koklas, Agent, for the property at 4500 W. Forest Home Ave. (Mike's Tap). 1st floor and basement of a 2 story brick building. Serving alcohol on 1st floor at bar and tables. Alcohol to be stored in coolers and shelves behind bar in basement. Records are stored in office in corner of basement located at 4500 W. Forest Home Ave. (Goergen)
4. Approve renewal applications for the following licenses to expire June 30, 2027: Combination "Class B" Fermented Malt Beverage & Liquor, Combination "Class A" Fermented Malt Beverage & Liquor, Entertainment, Pawnbroker/Secondhand Article Dealer, and Operator's Licenses (approval of all licenses should be subject to the City of Greenfield ordinances regarding code compliance and payment of charges). (Goergen)
5. Discussion/decision to sign a 60-month lease with Pitney Bowes for a new mailing system/postage machine. (Goergen)
6. Adopt a resolution under Sec. 125.06(6), Wis. Stats., permitting the sale of beer at city parks by city officials and employees. (Geary)
7. Adopt an ordinance to create section 9.16 barring loitering in medians and safety zones. (Geary)
8. Discussion/decision regarding agreement with Klemme Floats LLC. (Jaquish)
9. Discussion and decision to approve a Fire Station 92 Rooftop HVAC Unit replacement project. (D. Weber)
10. Discussion and decision to approve a Participating Provider Agreement (PPA) with Paralign and the WEMSA Community EMS Network. (D. Weber)
11. Discussion and decision to adopt a resolution verifying review and authorizing submittal of the Wisconsin Department of Natural Resources 2025 Compliance Maintenance Annual Report (CMAR). (Katz)
12. Approve an Outdoor Special Event application for the House of Harley Pop Up Music Series event #1, to be located at 6221 W. Layton Ave., on June 20, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
13. Approve an Outdoor Special Event application for the House of Harley Pop Up Music Series event #2, to be located at 6221 W. Layton Ave., on July 25, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
14. Approve an Outdoor Special Event application for the House of Harley Pop Up Music Series event #3, to be located at 6221 W. Layton Ave., on August 1, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
15. Approve an Outdoor Special Event application for the House of Harley Pop Up Music Series event #4, to be located at 6221 W. Layton Ave., on August 8, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
16. Approve an Outdoor Special Event application for the House of Harley Pop Up Music Series event #5, to be located at 6221 W. Layton Ave., on August 15, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
17. Approve an Outdoor Special Event application for the House of Harley Firefighter Retiree Lunch event, to be located at 6221 W. Layton Ave., on August 19, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)

18. Approve an Outdoor Special Event application for the House of Harley Veteran Suicide Awareness Ride event, to be located at 6221 W. Layton Ave., on August 22, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
19. Approve an Outdoor Special Event application for the House of Harley Oktoberfest event, to be located at 6221 W. Layton Ave., on September 19, 2026. Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food. (Vlach)
20. Approve an Outdoor Special Event application for the Corner Club Birthday Party event, to be located at 4309 W. Grange Ave., on July 12, 2026. Application includes the following combination of licenses/permits: OSE and Temporary Extension of Premises. (Vlach)
21. Approve an Outdoor Special Event application for Armenian Fest, to be located at St. John the Baptist Armenian Apostolic Church, 7825 W. Layton Ave., on Sunday, July 19, 2026. Application includes the following combination of licenses/permits: Outdoor Special Event, Temporary Class "B" Retailer's License (beer), Temporary Operator's License, commercial electrical, and plumbing permits, sign permit, and Extension of Premises (band, dancing, folk dancing). (Vlach)
22. Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code regarding a parking restriction on the west side of S. 84th Street, south of W. Forest Home Avenue. (BPW, 5/26/26, Ald. Bailey)
23. Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code regarding stop signs on Midland Avenue and 47th Street and on Ohio Avenue and 45th Street. (BPW, 5/26/26, Ald. Bailey)
24. Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 647 regarding parking restrictions on South 68<sup>th</sup> Street. (BPW, 5/26/26, Ald. Bailey)
25. Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 1084 regarding U-turns on South 68<sup>th</sup> Street. (BPW, 5/26/26, Ald. Bailey)
26. Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 1104 regarding U-turns on South 68<sup>th</sup> Street. (BPW, 5/26/26, Ald. Bailey)
27. Approve a Site and Landscape Plans for a parking lot redesign for the CITGO Gas Station, located at 4715 S. 27th St., submitted by Bilal Amjad, d/b/a Ali's Investments. (Tax Key No. 622-9999-000) (PC-6/9/26 Kastner)
28. Approve Site, Landscaping, and Architectural Plan Review for Tuckaway Heights Apartments, located at 5470 S. Tuckaway Ln., submitted by Matthew Stasik, d/b/a Point Real Estate Management, LLC (Tax Key No. 645-9999-005) (PC-6/9/26 Kastner)
29. Approve a Special Use Review and Site Review for Mezcalero Food Truck, a proposed food truck business, located at 6869 W. Forest Home Ave., submitted by Juanita Campos, d/b/a Mezcalero Restaurant and Bar (Tax Key No. 571-8957-002) (PC-6/9/26 Kastner)
30. Approve a Special Use Review and Site Review for an expansion of Game Together MKE, an existing used merchandise store, to be located at 4635 S. 108th St., submitted by Steven Barron d/b/a Game Together MKE. (Tax Key No. 609-0033-001) (PC-6/9/26 Kastner)
31. Approval of schedules of disbursements in the amount of \$10,972,656.46. (Schafer)
32. Approval of mileage reimbursements in the amount of \$183.44. (Schafer)
33. Accept Investments and reinvestments for April 2026. (Schafer)
34. Common Council to go into closed session pursuant to Wis. Stat. § 19.85 (1)(b) & (f), considering licensure, social or personal history, or medical information, for purposes of issuing the following:

- a. 2026-2027 Operator License to Olivia Nicole Fallon
- b. 2026-2027 Cigarette and Tobacco Products Retail License to Yash Patel, Officer of Falcon One Inc d/b/a Nexus Vape N Smoke (CC-5/19/26)
- c. 2026-2027 Cigarette and Tobacco Products Retail License, Class "A" Fermented Malt Beverage Retailer's License, and "Class A" Liquor - Cider Only Retailer's License to Bryan Peck, Agent of Speedway LLC d/b/a Speedway #4154 (Goergen)

- 35. Common Council to remain in closed session pursuant to Wis. Stat. § 19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility to discuss employment contract and compensation (Foley)
- 36. Adjourn closed session and reconvene into open session.
- 37. Decision re: 2026-2027 Operator's License for Olivia Nicole Fallon (Goergen)
- 38. Decision re: 2026-2027 Cigarette and Tobacco Retail License for Falcon One, Inc's Officer, Yash Patel (Goergen) (CC-5/19/26)
- 39. Decision re: 2026-2027 Cigarette and Tobacco Products Retail License, Class "A" Fermented Malt Beverage Retailer's License, and "Class A" Liquor - Cider Only Retailer's License to Bryan Peck, Agent of Speedway LLC d/b/a Speedway #4154 (Goergen)
- 40. Decision to approve Agreement between the City of Greenfield and Mikayla Cancilla (Foley)
- 41. Decision regarding closed session item (Foley)

L. Items for future agenda

M. Adjourn

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Department of Human Resources at 329-5208, (FAX) 543-6158, TDD 1-800-947-6644 (Wisconsin Telecommunications Relay System), or by writing to the Director of Human Resources/ADA Coordinator at Greenfield City Hall, 7325 West Forest Home Avenue, Room 101, Greenfield, WI 53220. Greenfield City Hall is wheelchair accessible from the west and south entrances.

RESOLUTION NO. \_\_\_\_\_

Special Use Permit for Valentin Studios, a proposed permanent makeup studio, to be located at 4160 S. 108th St., Suite #6, submitted by Bethzaida Valentin, d/b/a Valentin Studios. (Tax Key No. 567-9972-004)

WHEREAS, Bethzaida Valentin, d/b/a Valentin Studios, duly filed with the City Clerk an application for a Special Use Permit, pursuant to Sec. 21.04.0603, Sec. 21.04.0700 and Sec. 21.08.0103 of the Municipal Code, to establish Valentin Studios, a proposed permanent makeup studio, to be located at 4160 S. 108th St., Suite #6; and,

WHEREAS, after due notice, a public hearing was held by the Common Council on June 16, 2026, at 7:00 p.m. or soon thereafter, in the Common Council Chambers, to consider the application; and,

WHEREAS, the Common Council, having carefully considered the evidence presented at the meeting and the following pertinent facts noted:

1. The applicant, Bethzaida Valentin, d/b/a Valentin Studios, resides at 4218 N. 40<sup>th</sup> St., Milwaukee WI 53216.
2. The applicant will lease a portion of the multi-tenant commercial building owned by James M Petr, LLC, 6013 W. Bluemound Rd., Milwaukee WI 53213.
3. Valentin Studios will occupy the approximately 100 sq. ft. of the multi-tenant commercial building located at 4160 S. 108th St., Greenfield, Milwaukee County, Wisconsin, more particularly described as follows:

Parcel 2 of Certified Survey Map No. 4954, being a part of the Northwest ¼ of Section 20, Township 6 North, Range 21 East, in the City of Greenfield, Milwaukee County, Wisconsin.

Tax Key No. 567-9972-004

Said land being located at 4154-4168 S. 108 St.

4. The applicant is proposing to operate a permanent makeup studio business within the existing multi-tenant commercial building.
5. The aforesaid premise is zoned C-4 Regional Business District under the Zoning Ordinance of the City of Greenfield, which permits permanent makeup businesses as a Special Use, pursuant to Sec. 21.04.0603, Sec. 21.04.0700 and Sec. 21.08.0103 of the Municipal Code.
6. The subject property is part of an area along the S. 108th St. commercial corridor. Properties to the north, south, and west are developed as commercial. Properties to the east are not developed and are zoned for parkland.

7. The proposed development should not adversely contribute to traffic volumes or traffic flow in the area.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Greenfield that the application of Bethzaida Valentin, d/b/a Valentin Studios, to establish Valentin Studios, a proposed permanent makeup studio, to be located at 4160 S. 108th St., Suite #6, be, and is hereby granted on the following grounds:

That the establishment, maintenance and operation of the proposed use, with the imposition of certain conditions hereinafter set forth, reasonably satisfies the standards set forth in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code, so as to permit the issuance of a special use permit as therein provided.

BE IT FURTHER RESOLVED that said Special Use Permit is granted subject to the following conditions:

1. Site and Landscaping Plans. The grant of this Special Use Permit is subject to and conditioned upon the Site Plan and all other applicable conditions approved by the Plan Commission on May 12, 2026, and by the Common Council on June 16, 2026. No alteration or modification of the approved plan shall be permitted without approval by the Common Council.
2. Building Plans and Fire Codes. The grant of this Special Use is subject to building plans being submitted to and approved by the Inspection Services Division and by the Fire Department.
3. Hours of Operation. The allowable hours of operation for Valentin Studios are 10:00am to 6:00pm daily.
4. Off-Street Parking. Valentin Studios requires three (3) off-street parking spaces (2 spaces per chair plus 1 space per employee). A total of 94 off-street parking stalls are required for the entire multi-tenant commercial building. The property will provide 80 off-street parking stalls. Common Council may waive the shortage.
5. Signage. Signage shall be in compliance with the City's Signage Ordinance. Any building window signage shall not exceed twenty (20) percent of the net glazed front window area per business premises. Rope/LED trim lighting shall not be allowed.
6. Public Nuisance. In accordance with Chapter 11 of the Municipal Code, Public Nuisances are prohibited. Public Nuisances include blighted properties due to an accumulation thereon of junk or other unsightly debris. Enforcement and abatement of public nuisances, including revocation of the Special Use Permit, may take place after three (3) or more nuisance activities have occurred at a premise on separate days during a one hundred and eighty (180) day period.

7. Marketing Displays. The use of pennants, special lighting, flags, streamers or other signage typically temporary in nature, hanging, floating or attached to a structure or vehicle shall not be permitted.

8. Outdoor Lighting. All outdoor lighting fixtures shall be shielded in such a manner that no light splays from the property boundaries. Full-cut off fixtures and or house side shields must be utilized to minimize light splay. Rope/LED trim lighting is not permitted.

9. Litter. Employees shall inspect the area and the immediate vicinity and pick up litter on a daily basis.

10. Refuse Collection. All refuse to be provided by a commercial hauler. All refuse, recyclables and other waste material shall be screened from by a four-sided board-on-board refuse enclosure provided on site.

11. Pest Control. Exterior pest control shall be maintained at all times and pest control problems shall be addressed immediately.

12. Pagers, Intercoms. The use of outdoor pagers, intercoms, or speakers shall not be permitted on site as surrounding land use consists of residential uses.

13. Noxious Odors, Etc. The use shall not emit foul, offensive, noxious or disagreeable odors, gases, or effluvia into the air. Mechanical systems shall be maintained to efficiently remove noxious odors.

14. Pollution. The use shall not cause any noxious or unwholesome liquid or substance or any dirt, mud, sand, gravel, or stone refuse or other materials to be deposited upon any public right of way or flow into any sanitary sewer, storm sewer, or water supply system, or onto adjacent properties.

15. Deliveries and Refuse Pickup. The property will be required to abide by the City of Greenfield health/public nuisance rules per Chapter 12 of the Municipal Code. Because there is a residential neighborhood adjacent to the site, delivery operations and refuse pick up shall only be permitted during daytime hours. These functions shall not be permitted between the hours of 9:00 p.m. and 7:00 a.m.

16. Expiration of Special Use Permit. Any special use approved by the Common Council shall lapse and become null and void one (1) year from and after that approval if the use has not commenced, construction is not underway, or the owner has not obtained a valid building permit. An extension of these time limitations may be granted without a public hearing by the Common Council by resolution reauthorizing the special use in accordance with the following criteria:

A. The applicant requesting the extension shall complete a planning application available from the Community Development Division and shall submit a \$350.00 special use permit review/amendment fee.

B. A written explanation for the extension of time shall accompany the planning application along with a timeline/schedule for obtaining necessary permits, zoning, state and municipal approvals and a target date for construction start;

C. The request for extension shall be submitted within sixty (60) days of the expiration of the special use permit;

D. The extension, if granted, shall be valid for a period of six (6) months. If no building permit has been issued and construction has not commenced within six (6) months from and after the extension has been granted, the special use shall become null and void.

17. Miscellaneous.

A. Applicants are advised that the foregoing conditions are reasonably necessary to protect the public interest and to secure compliance with the standards and requirements specified in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code; that the issuance of the special use is expressly subject to compliance with said conditions.

B. The use, as granted herein, is subject to applicants' compliance with all other state and local laws and regulations which may be applicable to the proposed use of the real estate in question.

C. The special use, as granted herein, shall run with the land and benefit and restrict all future owners and occupants of the property, unless the use shall lapse or be terminated and the use will not be altered or extended (including structural alterations and/or additions) without the approval of the Common Council, following public hearing, all as provided in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code.

18. Lapse. If the applicant does not meet all of the terms and conditions set forth in this grant of a special use within one year of the granting thereof, then the Special Use Permit shall lapse and become null and void and the applicant shall forfeit any right to use the property as conferred by the Special Use Permit. The failure of the applicant to meet the terms and conditions of the Special Use Permit shall subject the permit to being declared void by the Common Council after notice to the applicant and a hearing before the Common Council. Upon a finding by the Common Council on the matter, the applicant and/or any interested person may make comments regarding the matter to the Common Council prior to the Common Council's next regular meeting following the hearing recommendation. Upon the Common Council's finding that the Special Use Permit has lapsed and become void, the applicant shall cease all operations at the property.

19. Termination of Special Use. If the person or entity granted the special use violates, allows or suffers the violation of the ordinances of the City of Greenfield, the State of Wisconsin or the United States on the premises covered by the special use, then the special use may be terminated.

20. Acknowledgement. That the applicants sign an acknowledgment that he/she/they has/have received these terms and conditions and will abide by them.

The undersigned applicant agrees to the terms and conditions and has agreed that the grant of the Special Use Permit is conditioned on meeting the terms and conditions of this resolution.

\_\_\_\_\_  
Bethzaida Valentin, d/b/a Valentin Studios

Provided to applicant on the \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Gina Vlach, City Planner

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the \_\_\_\_\_ day of \_\_\_\_\_, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk

RESOLUTION NO. \_\_\_\_\_

RESOLUTION DISCONTINUING THE W. SAINT FRANCIS AVE. RIGHT-OF-WAY  
COMMENCING AT S. 31 ST. AND CONTINUING EAST  
FOR APPROXIMATELY 120 FEET

WHEREAS, West Saint Francis Avenue has been duly laid out and improved as a street within the City of Greenfield; and

WHEREAS, following due notice and publication the Common Council has conducted a public hearing to determine whether it is appropriate to discontinue the West Saint Francis Avenue right-of-way commencing at S. 31<sup>st</sup> Street and continuing east for approximately 120 feet; and

WHEREAS, based upon the materials on file and the comments received at the public hearing, the Common Council has determined that the public interest requires the vacation of 120 feet of the West Saint Francis Avenue right of way that is more specifically shown and described in the attached Exhibit A; and

WHEREAS, the Common Council further finds that the public road right of way which is hereby to be vacated lies within one-quarter mile of a state trunk highway or connecting highway, and does not contain a railroad crossing within its boundaries;

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Greenfield, that the 120 feet of the West Saint Francis Avenue right of way that is more specifically shown and described in the attached Exhibit A is hereby vacated and discontinued.

BE IT FURTHER RESOLVED, that the public road right of way so vacated and discontinued shall, upon passage and publication of this Resolution, forever vest in the owner of the lands which immediately abut thereto, and shall be annexed thereto, free and clear of any right, title or interest in the public as road right of way except for the rights of the public to a public purpose easement for utilities within the vacated area pursuant to the provisions of sections 66.1003 and 66.1005 of the Wisconsin Statutes.

INTRODUCED by the Common Council of the City of Greenfield on the 21<sup>st</sup> day of April, 2026.

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the 16<sup>th</sup> day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk

## Exhibit A

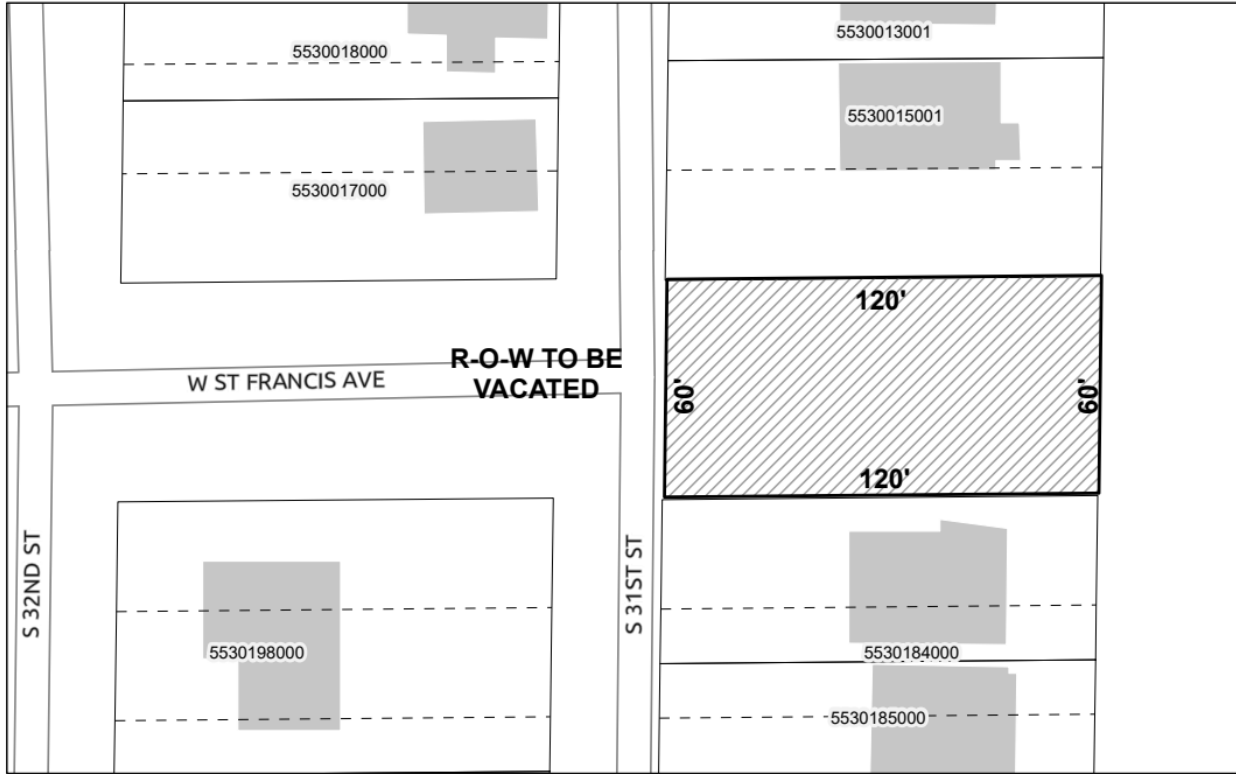
### Legal Description:

That part of the Southeast  $\frac{1}{4}$  of Section 13, Township 6 North, Range 21 East, in the City of Greenfield, Milwaukee County, Wisconsin, which is bounded and described as follows:

Commencing at that Northeast corner of said  $\frac{1}{4}$  Section; thence S  $88^{\circ}04'10''$  W along the North line of said  $\frac{1}{4}$  Section, 1320.36 feet to a point; thence S  $00^{\circ}35'12''$  E, 630.00 feet to a point; thence S  $88^{\circ}04'10''$  W, 30.00 feet to a point, said point being the Southeast corner of Lot 20, Block 1 of Lynndale, a recorded subdivision, and the point of beginning of lands to be described; thence S  $00^{\circ}35'12''$  E, 60.00 feet to a point, said point being the Northeast corner of Lot 1, Block 8 of Lynndale, a recorded subdivision; thence S  $88^{\circ}04'10''$  W along the North line of said Lot 1, 120.00 feet to a point, said point being the Northwest corner of said Lot 1; thence N  $00^{\circ}35'12''$  W, 60.00 feet to a point, said point being the Southwest corner said Lot 20; thence N  $88^{\circ}04'10''$  E along the South line of said Lot 20, 120.00 feet to the point of beginning.

**Exhibit A:  
Map of Street Discontinuance:**

**S 31st & W St Francis ROW Vacation**



**CITY OF GREENFIELD  
OPERATOR LICENSE APPLICANTS**

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06/11/2026

<b>OPERATOR'S REGULAR</b>
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<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
Araceli Serna Rangel	6209 W Hustis	Milwaukee, WI 53223
Ashley Kay Zierath	3965 S 50th ST	Greenfield, WI 53220
Christopher Vandell Markham	5079 N 58th ST	Milwaukee, WI 53218
Dustin Lowell Nelson	237 Frame AVE	Waukesha, WI 53186
Eric Alan Buckner	7804 W Elm CT	Franklin, WI 53132
Erik Michael Pfarrer	3603 S 82nd ST	Milwaukee, WI 53220
Gabrielle Janee Gawlitta	8143 W Winston WAY	Franklin, WI 53132
Gina Marie Scherr	3437A S New York AVE	Milwaukee, WI 53207
Hannah Catherine Schroeder	4055 W Howard Ave	Greenfield, WI 53221
Isaac Thomas Fiedler	3975 S 117th ST	Greenfield, WI 53228
Janet Welch	1547 S 64th ST	West Allis, WI 53214
Kalei Jade Dombrowski	7451 W Honey Creek DR	Milwaukee, WI 53219
Kyle Lance Caskey	32 S Hillock DR	Mount Pleasant, WI 53406
Michelle Marcou	2835 S 74th ST	West Allis, WI 53219
Nicole Felkl	4145 S 92nd ST	Greenfield, WI 53228
Perry L Perkins	6420 W English Meadows DR #G-205	Greenfield, WI 53220
Sarah Elizabeth Hug	2877 S 47th ST	West Allis, WI 53219
Scott Thomas Jedrzejewski	4145 S 92nd ST	Greenfield, WI 53228
Vivek Etineni	6363 S 35th ST	Franklin, WI 53132

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**CITY OF GREENFIELD**  
**7325 West Forest Home Avenue**  
**Greenfield, Wisconsin 53220**

06/11/2026

1/2

**CLASS B LIQUOR - COMBO**

<u>LEGAL NAME</u>	<u>BUSINESS NAME</u>	<u>AGENT</u>	<u>BUSINESS ADDRESS</u>
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Carrabba's Italian Grill, LLC	Carrabba's Italian Grill	Michael Morin, Agent	4765 S 76th ST
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**Premise Description:**

ONE STORY, 5,576 SF BUILDING WITH 789 SF PATIO ON A 61,480 SF LOT LOCATED AT 4765 S. 76TH ST.

4900 76th Co, A Wisconsin Corporation	Honey Berry Pancakes & Cafe	Osama A Dabash, Agent	4900 S 76th ST
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**Premise Description:**

THE PREMISES IS A FREESTANDING BUILDING CONTAINING APPROX 5,310 SF OF SPACE. ALCOHOLIC BEVERAGES WILL BE STORED ONLY BEHIND THE BAR, DESIGNATED FOR EMPLOYEES ONLY. BEVERAGE ORDERS ARE TAKEN BY RESTAURANT STAFF EITHER AT INDIVIDUAL TABLES OR THE BAR; ORDERS ARE PREPARED AT THE BAR AND DELIVERED TO THE CUSTOMER DIRECTLY BY THE BARTENDER OR BY A SERVER TO INDIVIDUAL TABLES. BEER/WINE/LIQUOR INVOICES ARE KEPT IN THE MANAGER'S OFFICE LOCATED AT 4900 S 76H ST.

Kyoto Group LLC	Kyoto Group LLC	Yi Wu, Agent	7453 W Layton AVE
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**Premise Description:**

BEVERAGES SERVED IN BAR AREA AND GENERAL DINING ROOM. BEVERAGES STORED IN LOCKED STORAGE CLOSET AND COOLER UNIT IN EXISTING SPACE. ALL RECORDS STORED IN THE OFFICE LOCATED AT 7453 W LAYTON AVE.

Los Mariachis Mexican Restaurant Inc	Los Mariachis Restaurant	Sandra Madrigal, Agent	4305 W Layton AVE
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**Premise Description:**

RESTAURANT/BAR AREA, STORED IN BACK ROOM AND BASEMENT, LOCATED AT 4305 W LAYTON AVE.

Outback Steakhouse of Florida LLC	Outback Steakhouse	Ashley Hubal, Agent	8625 W Sura LN
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**Premise Description:**

6,525 SF BUILDING WITH STORAGE FOR ALCOHOL, LOCATED AT 8625 W SURA LN

Shots and Tequila Sport Bar LLC	Shots and Tequila Sport Bar LLC	Armando Lara Iniguez, Agent	5175 S 27th ST
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**Premise Description:**

SHOTS AND TEQUILA HAS 4 NICE AREAS FOR SOCIALIZING AND HAVING FUN (BAR AREA, DJ SPACE, DANCE AREA, PATIO), OFFICE AND ROOM FOR STORAGE, AND WE HAVE A BIG PARKING LOT LOCATED AT 5175 S 27TH ST

**CLASS A LIQUOR COMBO**

<u>LEGAL NAME</u>	<u>BUSINESS NAME</u>	<u>AGENT</u>	<u>BUSINESS ADDRESS</u>
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Sendik's Greenfield LLC	Sendik's Food Market	Theodore Balistreri, Agent	7901 W Layton AVE
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**Premise Description:**

SOLD ON SALES FLOOR, STORED IN SECURE AREA AND BROUGHT TO 2 DESIGNATED PARKING STALLS LOCATED TO THE SOUTH OF THE MAIN ENTRANCE FOR PICKUP, RECORDS AVAILABLE AT STORE ELECTRONICALLY AND ALSO AT SUPPORT CENTER IN MILWAUKEE, LOCATED AT 7901 W LAYTON AVE

Wal-Mart Stores East LP	Walmart #1394	Trenton Little, Agent	10600 W Layton AVE
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**Premise Description:**

1 ROOM, 1 STORY, APPROXIMATELY 148,000 SQ FT, INCLUDING 32 STALLS AND/OR CANOPY LOCATIONS IN THE SOUTHWEST CORNER OF PARKING LOT SPECIFICALLY DESIGNATED FOR ONLINE GROCERY PICKUP LOCATED AT 10600 W LAYTON AVE

**ENTERTAINMENT**

<u>LEGAL NAME</u>	<u>BUSINESS NAME</u>	<u>AGENT</u>	<u>BUSINESS ADDRESS</u>
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Los Mariachis Mexican Restaurant Inc	Los Mariachis Restaurant	Sandra Madrigal, Agent	4305 W Layton AVE
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**Premise Description:**

INDOOR: LIVE MARIACHI BAND AND LATINA JAZZ BAND OUTDOOR: N/A LOCATED AT 4305 W LAYTON AVE

Shots and Tequila Sport Bar LLC	Shots and Tequila Sport Bar LLC	Armando Lara Iniguez, Agent	5175 S 27th ST
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**Premise Description:**

INDOOR: THERE ARE AREAS FOR SOCIALIZING AND HAVING FUN, BAR AREA, DANCE AREA, DJ AND KARAOKE AREA AND SOME TABLE GAMES. OUTDOOR: N/A LOCATED AT 5175 S 27TH ST.

Hot Gates LLC	Sky Zone Greenfield	Gregory Schmatz, Manager	4940 S 76th ST
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**Premise Description:**

INDOOR: TRAMPOLINES, PLAYGROUNDS, ZIP LINES AND OBSTACLE COURSES; OUTDOOR: NONE LOCATED AT 4940 S 76TH ST

**PAWNBROKER/SECONDHAND**

<u>LEGAL NAME</u>	<u>BUSINESS NAME</u>	<u>AGENT</u>	<u>BUSINESS ADDRESS</u>
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Best Buy Stores, LP	Best Buy #25	Robert Jamsa, Agent	4610 S 76th ST
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**Premise Description:**

CONDUCT SALE OF SECONDHAND ARTICLES LOCATED AT 4610 S 76TH ST. MESHACH BELLE, AHMAD BRACEY, ALLEN HADLOCK, ROBERT JAMSA, JAKE JENSEN-CORDOVES, JASMINE RODRIGUEZ, MATTHEW SCHWANDA, ARIA TOSO - MANAGERS/PERSONS IN CHARGE

Brew Town Trading Co, LLC	Brew Town Trading Co, LLC	Jeremy Frantz, Agent	4285 S 76th ST
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**Premise Description:**

CONDUCT SALES OF SECONDHAND ARTICLES AT 4285 S 76TH ST  
JEREMY FRANTZ, RYAN BROWN, THOMAS RHYNER - MANAGERS/PERSONS IN CHARGE

Volta Records LLC	Volta Records LLC	Jennifer Ann Young, Agent	5026 S 74th ST
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**Premise Description:**

CONDUCT SALE OF SECONDHAND ARTICLES LOCATED AT 5026 S 74TH ST  
JENNIFER ANN YOUNG - MANAGERS/PERSONS IN CHARGE

**Grand Total Licenses: 14**

**CITY OF GREENFIELD**  
**OPERATOR LICENSE APPLICANTS**

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06/16/2026

<b>OPERATOR'S REGULAR</b>
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<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
Alissa Ann Jackson	3915 S 84th ST 3	Greenfield, WI 53228
April M Drankiewicz	4957 W Midland DR	Greenfield, WI 53219
Ariana Raquel Morton	5047 S Stonehedge DR	Greenfield, WI 53220
Brandon Charles Crisp	8983 W Allerton AVE	Greenfield, WI 53228
Brianna Nichole Gaines	1539 S 73th ST	West Allis, WI 53214
Corrin Marie Alexander	3708 W Ohio AVE	Milwaukee, WI 53215
Debra Lynn Rosales	6785 S 18th ST	Greenfield, WI 53221
Demetrick D Porter	2418 N 37th ST	Milwaukee, WI 53210
Gurpreet Singh	6625 S 46th ST	Franklin, WI 53132
Hevir Torres Acosta	1010 W Rogers ST	Milwaukee, WI 53204
Jackie Lynn Eisch	3749 S Packard AVE #23	St Francis, WI 53235
Jacqueline Quin Sommerfelt	6770 S 20th St	Milwaukee, WI 53221
Jacquelyn Sunn	20181 W Lincoln AVE	New Berlin, WI 53146
Jeffrey A Wisniewski	5200 S Tuckaway BLVD 106D	Greenfield, WI 53221
Jennifer B Zindl	3971 S 51st ST	Milwaukee, WI 53220
Jesse John Vega	6308 W Manitoba ST	West Allis, WI 53219
Jesus Antonio Guzman	6707 30th AVE	Kenosha, WI 53142
John Alin Mizener	11029 W Wildwood LN #210	West Allis, WI 53227
Julie Ann Wiltzius	4889 S 72nd ST	Greenfield, WI 53220
Jyotsna R Patel	6625 S 46th ST	Franklin, WI 53132
Kevin Michael Doonan	2513 S 88th ST	Milwaukee, WI 53227
Kristin E Brown	10524 W Scharles AVE	Hales Corners, WI 53130
Melissa Marie Martin	7883 S Scepter DR 2	Franklin, WI 53132
Morgan Ann Zakrzewski	2240 S 80th ST	West Allis, WI 53219
Qyinn M Applin	4002 S 84th ST 84th	Greenfield, WI 53228
Shedric Maurice Spencer	11221 Synergy DR #542	WAUWATOSA, WI 53222
Stacey Ann Litscher	7160 N Tichigan RD	Waterford, WI 53185
Timothy J. Finley	4880 S Katelyn CIR #104	Greenfield, WI 53220

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Committee: Finance & Human Resources Committee

Item Number:

Introduced By: Jennifer Goergen, City Clerk

Date Introduced: June 10, 2026

**RELATING TO:** Discussion/decision to sign a 60-month lease with Pitney Bowes for a new mailing system/postage machine.

**SUMMARY:**

The lease on our current mailing system with Pitney Bowes will end on August 16, 2026. The mailing system we lease is used to process all mail from all city departments and is the most efficient method for doing so. Pitney Bowes has provided pricing for a new five-year lease, which is under the competitive pricing agreement subject to the NASPO contact used for the state of Wisconsin and Wisconsin local governments. The pricing per month would be \$410.50 for the duration of the 60-month lease, or \$1,231.50 quarterly. Installation, delivery and training, as well as fixed costs, are included in the lease.

We have leased our mailing systems from Pitney Bowes in the past, so staff is already familiar with how the equipment works. Since everything is already set up with this vendor, the transition to the new equipment is expected to be quick and seamless and would require minimal training for staff. We have had a positive experience working with Pitney Bowes in the past and would anticipate the same in the future.

I recommend approval of the 60-month lease with Pitney Bowes for a SendPro Mail Center in the amount of \$410.50 per month.

**ATTACHMENTS:** KEY ISSUES  BACKGROUND  RESOLUTION  FISCAL NOTE   
MOTION  OTHER

**RESOLUTION NO. \_\_\_\_\_**

A Resolution Under Sec. 125.06(6), Wis. Stats., Permitting the Sale of Beer at City Parks by City Officials and Employees

The Common Council of the City of Greenfield do ordain as follows:

**WHEREAS**, pursuant Wis. Stat. 125.06(6), and City Resolution No. 3569, adopted by the Common Council on September 20, 2016, the City, through its officers and employees, is authorized to sell beer at the City's Konkel Park; and,

**WHEREAS**, the Common Council now desires to expand its right to similarly sell beer at all other City parks, including without limitation Kulwicki Park, Dan Jansen Park, The Greenfield Community Center, and The Turf, and also at any other City parks that may subsequently be established.

**NOW THEREFORE BE IT RESOLVED**, that the City of Greenfield Common Council, by the authority granted to it by Sec. 125.06(6), Wis. Stats., hereby approves the sale of beer in any City park by designated City officials and employees, without need for further license or permit.

**PASSED AND ADOPTED** by the Common Council of the City of Greenfield on the \_\_\_\_\_ day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk

AN ORDINANCE TO CREATE SECTION 9.16 BARRING LOITERING IN MEDIANS AND SAFETY ZONES

The Common Council of the City of Greenfield do ordain as follows:

PART I. Section 9.16 of the Greenfield Code of Ordinance be, and hereby is, created to read:

**“9.16 Loitering in Medians or Safety Zones**

- (1) *Definitions.* In this section:
  - (a) “Median” means a paved or unpaved area, whether elevated/grassed or not, dividing a street or highway that separates lanes of traffic.
  - (b) “Safety zone” means the area or space defined in s. 340.01(55), Wis. Stats.
- (2) *Loitering prohibited.* No person shall stand, sit, or stay upon any median or any safety zone. It is prima facie evidence of a violation of this section if a person stays on a median through two consecutive opportunities, which may include a change in the traffic control signal or lack of traffic, as applicable, to cross the highway in a safe and legal manner. This provision shall not apply to:
  - (a) Persons using a crosswalk or safety zone to cross a street or to board or alight from a public conveyance.
  - (b) Law enforcement officers or public employees acting within the scope of their duties.
  - (c) Fire or emergency employees providing emergency assistance.
  - (d) Street or utility construction and maintenance workers performing authorized construction or maintenance work.
- (3) *Locations; installation of signs.* The superintendent of public works shall install appropriate signs to indicate the prohibition of sub. 2 applies to these specific locations.
- (4) *Penalty.* Any person found violating this section shall upon conviction be punished by a forfeiture not less than \$50 nor more than \$200, together with the cost of prosecution.”

PART II. This ordinance shall take effect and be in force from and after its passage and publication.

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the \_\_\_\_ day of \_\_\_\_\_, 2026.

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk  
Published:

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

## KLEMME FLOATS LLC

2405 N 64TH ST.  
WAUWATOSA, WI 53213  
PHONE: (414) 453-1868



202607

## Float Contract

This contract made and entered this 3rd day of June, 2025 by Klemme Floats LLC and City Of Greenfield.

Klemme Floats LLC will build 1 float(s) along the lines suggested by sketches and drawing or pictures to be determined.

That said float is to be erected on or before Saturday, July 04, 2026, and to be entered into the Greenfield 4<sup>th</sup> of July parade.

Both sides of the float to have lettering furnished be Klemme Floats LLC as described on this contract. That all materials furnished for construction are to remain at all times the property of Klemme Floats LLC unless otherwise specified in this agreement.

City Of Greenfield shall be held responsible for any damages to said float(s). City Of Greenfield shall defend, indemnify and hold harmless Klemme Floats LLC, its employees, agents, successors and assigns against all claims, actions, proceedings, damages and liabilities, including actual attorney's fees, arising from or connected with its possession, use and return of the float(s) leased under this agreement, other than claims, actions, proceedings, damages and/or liabilities are caused by or arise out of, the negligence of Klemme Floats LLC or its officers, agents or employees. Nothing contained within this agreement is intended to be a waiver or estoppel of the City or its insurer to rely upon the limitations, defenses, and immunities contained within Wisconsin law, including those contained within Wisconsin Statutes §§ 893.80, 895.52, and 345.05. To the extent that indemnification is available and enforceable, the licensee or its insurer shall not be liable in indemnity or contribution for an amount greater than the limits of liability for municipal claims established by Wisconsin law.

City Of Greenfield shall name Klemme Floats LLC as an additional insured on its comprehensive general public liability insurance policy, or other similar policy, and such insurance coverage shall remain in force while the float(s) is being used by the City of Greenfield for the 4<sup>th</sup> of July parade. On or before the date of delivery of the float(s), City Of Greenfield shall furnish Klemme Floats LLC with a certificate of insurance evidencing the above referenced insurance coverage.

Float(s) is/are to be returned to Klemme Floats LLC at the conclusion of the parade unless otherwise specified below

All floats require a 50% down payment on signing of this contract and the balance due the day of the parade. All checks are to be made payable to Klemme Floats LLC

Description: 1 - 16 foot patriotic float. Design TBD

Lettering:

Specific Instructions: Tow vehicle & overnight storage supplied by renter. (Remove the ball from hitch we supply pin)

Price of Float: \$1,000.00

Down Payment Upon Signing: \$500.00

Balance Upon Delivery/Parade Day: \$500.00

By Mark Klemme of Klemme Floats LLC

By \_\_\_\_\_ of City Of Greenfield

**Please sign and return 1 copy with down payment**



Committee: Common Council

Item Number:

Introduced By: Mikayla Cancilla, Recreation Supervisor  
Scott Jaquish, Director of Parks and Recreation

Date Introduced: April 2, 2025

**RELATING TO:**

Discussion/decision regarding agreement with Klemme Floats LLC.

The 4<sup>th</sup> of July Parade will take place Saturday July 4<sup>th</sup> at 12:15PM traveling east on Layton Ave concluding at Konkel Park.

Agreement allows for Klemme Floats to construct float, deliver and pick-up upon parade's completion.

Float will highlight and promote the many different Parks and Recreation events throughout the year.

Thank You  
Department of Parks and Recreation

**ATTACHMENTS:** KEY ISSUES  BACKGROUND  RESOLUTION  FISCAL NOTE   
MOTION  OTHER



Committee: F&HR

Item Number:

Introduced By: Assistant Chief Dan Weber

Date Introduced: 6/10/2026

**RELATING TO:** Discussion and decision to approve a Fire Station 92 Rooftop HVAC unit replacement project.

**SUMMARY:**

The current rooftop unit above the dorm at Fire Station 92 is not cooling properly and needs replacement. An RFP was circulated and the City of Greenfield has completed a review of the submitted proposals for the Fire Station 92 Rooftop HVAC Unit Replacement project.

The City received proposals from the following contractors:

- Dillett Mechanical Service, Inc. – \$15,540.00
- J.M. Brennan, Inc. – \$19,500.00
- Southport Mechanical LLC – \$26,000.00

After evaluating the proposals based on project scope, qualifications, scheduling, warranty information, and overall cost, **Dillett Mechanical Service, Inc.** has been selected for the project. This project will be paid for using existing funds from the Fire Department operating budget.

Recommendation:

Approve project



## **Overview for Fire and EMS Leadership**

### **Purpose of This Memo**

This memorandum accompanies the Provider Participation Agreement (the “Agreement”). The Agreement is the governing legal document. The purpose of this memorandum is to explain, in practical and policy terms, the structure of the program, the rationale for its design, and the implications for departments evaluating participation.

### **The Structural Problem This Program Is Designed to Address**

Across the country, fire departments and EMS agencies have developed Mobile Integrated Health and Community Paramedicine (MIH-CP) capabilities in response to clear community needs. Departments possess the operational capacity, clinical expertise, and public trust necessary to deliver these services effectively.

What is typically absent is a durable, scalable reimbursement pathway from health plans. Most departments that provide MIH-CP services rely on grants, municipal funding, or limited pilot arrangements with hospital systems. While these sources can support initial program development, they do not provide a stable long-term funding model.

If a department seeks to secure reimbursement directly from health plans (commercial insurers, Medicaid managed care organizations, or Medicare Advantage plans), it faces a practical policy decision regarding how that funding will be pursued and sustained.

One option is to continue operating without payer reimbursement and rely on municipal appropriations, grants, or other local funding sources. Many departments have successfully launched MIH-CP services in this manner. However, these funding streams are often time-limited, subject to annual budget pressures, or dependent on external grant cycles.

A second option is for the department to negotiate and administer contracts independently with each health plan operating in its region. This approach requires the department to assume responsibility for contract negotiation, legal review, compliance oversight, billing infrastructure, credentialing, audit response, and ongoing reporting obligations. These are not one-time activities; they are continuing administrative functions that must be maintained year after year. In practice, independent contracting, though technically available, is operationally burdensome and difficult to scale.



A third approach is participation in a coordinated contracting structure that brings together fire departments and EMS agencies across the state to centralize payer negotiation and administrative functions, while preserving each department's local governance and operational authority. Under this model, the department continues to deliver services within its jurisdiction under its existing leadership and clinical oversight. However, the contracting, billing, compliance, and reporting obligations associated with health plan reimbursement are administered through a network designed specifically for that purpose.

### **The WEMSA Clinically Integrated Network, Powered by Paralign Health**

In Wisconsin, the coordinated contracting structure operates as the WEMSA Clinically Integrated Network (CIN), powered by Paralign Health. This framework is designed to centralize payer negotiation and administrative execution across participating fire departments and EMS agencies, while preserving each department's local governance and operational authority.

Under this model, the network negotiates and enters into health plan contracts on behalf of the participating agencies and departments. Participating departments continue to deliver defined MIH-CP services within their jurisdictions under their existing leadership, clinical oversight, and municipal structure. The network administers the payer-facing components of the program, including contracting, billing, reporting, compliance coordination, and ongoing communication with health plans.

The CIN is a legally structured framework that allows independent municipal agencies to participate in coordinated payer contracts without consolidating operations. Participation does not transfer staffing control, alter command structure, or diminish local decision-making authority. Departments remain independently governed public entities.

In practical terms, participation in the CIN means that a department does not negotiate separate contracts with each health plan, does not independently manage payer-specific reporting systems, and does not build or maintain standalone billing infrastructure for each insurer. Instead, the department participates in a unified contracting platform that health plans can implement at scale across the state.

Health plans generally prefer to contract with a coordinated network rather than numerous individual agencies. The CIN structure enables statewide implementation under consistent terms and reduces administrative fragmentation for both departments and payers. Absent such coordination, broad expansion of MIH-CP reimbursement across a market is unlikely to occur at scale.

In effect, the WEMSA CIN powered by Paralign separates operational delivery, which remains local, from contracting and administrative execution, which is centralized for efficiency and sustainability



## **Scope of Commitment Under the Agreement**

By executing the Provider Participation Agreement, the department agrees to participate in the WEMSA Clinically Integrated Network for the limited purpose of receiving reimbursement from health plans for eligible MIH-CP services. In practical terms, this means the department will continue providing community paramedicine services as it does today, will document those services according to agreed standards so that they can be billed properly, and will allow Paralign to handle the submission of claims and receipt of payment from health plans on the department's behalf. Funds received for covered services are then distributed to the department in accordance with the Agreement.

The Agreement is limited in scope. It does not require exclusivity, does not transfer governance authority, and does not merge or consolidate the department into another entity. Participation does not alter municipal oversight, chain of command, or local clinical decision-making. The department remains free to pursue other partnerships or funding arrangements outside this framework. Operational control remains fully with the department and its municipal leadership.

## **Health Plan Context and the Decision Before You**

Health plans are increasingly seeking structured partnerships with fire departments and EMS agencies to address high-utilization populations, reduce avoidable emergency department visits, and improve care coordination. There is growing recognition that community paramedicine programs, when implemented consistently and measured appropriately, can produce meaningful system-level impact.

At the same time, health plans require administrative consistency, reporting reliability, and sufficient scale to justify statewide implementation. A fragmented, department-by-department contracting approach rarely meets those requirements. Without coordination, reimbursement opportunities tend to be limited, uneven, and difficult to sustain. The CIN model is intended to address that gap. It creates a unified contracting structure that health plans can implement at scale, while allowing each department to remain operationally independent.

If pursuing health plan reimbursement for MIH-CP services is part of your department's long-term strategy, a structural decision follows. The question is not whether to seek reimbursement, but how the contracting and administrative responsibilities required to support it will be handled. Those responsibilities can remain fully internal to the department, or they can be addressed through participation in the coordinated WEMSA CIN structure powered by Paralign.

## **PARALIGN MIH-CP PROGRAM: PROGRAM TERMS FOR PARTICIPATING PROVIDERS**

These “**Program Terms**” govern participation in the Paralign Community Paramedicine Program (“**Program**”). They form a contract between your organization and Paralign CIN, LLC, a Delaware limited liability company (“**CIN**”) which is a subsidiary of Paralign Health, Inc. (the “**MSO**”). CIN is a clinically and financially integrated network through which participating providers work together to offer the Program, in collaboration with MSO, as described in these Program Terms. Throughout these Program Terms, your organization may be referred to as “**You**,” “**Your**,” or the “**Provider**”<sup>1</sup>. You, as the Provider, and CIN may each be called a “**Program Party**” or collectively, the “**Program Parties**.” By accepting these Program Terms, You are agreeing to provide services as a participating provider in the Program CIN.

MSO provides non-clinical management services necessary to implement the CIN’s initiatives, administering the CIN’s day-to-day operations and promoting the Program to prospective participating providers, payers, and other stakeholders. CIN has contracted with MSO for such support and pays management fees to MSO to secure the infrastructure required for CIN’s activities. Providers who participate in the CIN pool their resources together through the CIN to purchase the MSO’s services. This creates efficiencies and cost-savings that allow CIN participants to focus their resources on clinical integration initiatives, and to offer more cost-efficient care. Many of CIN’s obligations under these Program Terms are performed by MSO under the contract between CIN and MSO, with direction from the CIN Leadership Council. The “**CIN Leadership Council**” is comprised of Council Members nominated by and affiliated with participating provider organizations, as described in greater detail at Exhibit B.

By accepting these Program terms, You also confirm your participation in the CIN Organized Health Care Arrangement, as described at Exhibit C, and agree to the Paralign General Terms set forth in Exhibit D (“**Paralign General Terms**”) and the Business Associate Agreement set forth in Exhibit E.

### **Recitals<sup>2</sup>**

- Participating providers, such as city or county based fire departments, Fire Protection Districts, city or county based EMS agencies, or Ambulance Districts offer mobile integrated health-community paramedicine (“**MIH-CP**”) through the CIN for purposes such as the following: (a) to help stabilize patients with chronic conditions and prevent avoidable emergency department visits; (b) to extend the reach of physicians and other primary care providers, acting as their “eyes and ears” in the patient’s home environment; (c) to connect patients to other resources for their well-being, such as behavioral health support, community-based organizations, and health plan case management teams; (d) to re-engage disengaged patients who are often disconnected from primary care or behavioral health follow-up.
- CIN is comprised of only those organizations who have voluntarily elected to become Participating Providers in the Program and engage in the following additional activities to enhance the quality, affordability, and accessibility of their services: (a) participation in clinical integration activities,

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<sup>1</sup> Whenever the context requires, the references to Provider will be inclusive of Provider's Individual Providers.

<sup>2</sup> These Recitals are incorporated into and made part of these Program Terms.

including development and adherence to care pathways tailored to patient diagnosis and aligned with the CIN's quality and patient experience initiatives; (b) collection and analysis of quality-focused performance metrics; and (c) participation in financial integration programs tied to quality and cost-efficiency.

- CIN contracts with organizations on a non-exclusive, voluntary basis, such that Provider is free to contract with Payers outside of this Program, directly or through other provider networks, and to continue its existing business outside of this Program;
- CIN has entered into or intends to enter into agreements with Payers for services rendered by Participating Providers to Payers' beneficiaries ("***Payer Contracts***"); and
- Provider provides services through Individual Providers who each, individually, are qualified and licensed to deliver such services (as applicable); and
- CIN and Provider want to enter into an agreement, through these Program Terms, such that Provider, through Individual Providers, will serve as a Participating Provider and provide services upon all the terms and conditions of such Payer Contracts.

## **ARTICLE I**

### **Definitions**

The terms below will have the following meanings in these Program Terms. Any capitalized term in these Program Terms not defined below shall be as defined in the Exhibits to these Program Terms.

1.1 "***Benefit Plan***" means a Payer's health benefit plan or program, including a health maintenance organization plan, preferred provider arrangement, exclusive provider arrangement, health insurance plan, or other managed care arrangement for providing or arranging health benefits for its members or beneficiaries.

1.2 "***Business Associate***" has the meaning assigned to such term under HIPAA, including, but not limited to, 45 CFR § 160.103.

1.3 "***Business Associate Agreement***" has the meaning assigned to such term under HIPAA, including, but not limited to, 45 CFR § 160.103.

1.4 "***CIN Representatives***" has the meaning set forth in Section 3.7.

1.5 "***Contract Requirements***" means all requirements and conditions, including, but not limited to, those specified in the Payer Contracts, other guidance and regulations issued by Payers, laws and regulations applicable to CIN and/or Provider, and these Program Terms, including all schedules and exhibits attached hereto.

1.6 "***Cost-share***" means a charge for which a Covered Individual is directly responsible for as an additional out-of-pocket payment for Covered Services, regardless of whether defined as a copayment, deductible, coinsurance, or otherwise in the relevant Payer's Benefit Plan. Not all Covered Services have a Cost-share. A Cost-share may be calculated in different ways, such as a fixed-amount or percentage of the total payment due for the Covered Services.

1.7 “**Covered Individual**” means an individual who is a beneficiary of a Benefit Plan sponsored by a Payer that has entered into a Payer Contract, pursuant to which the Covered Individual is entitled to receive healthcare services, or such other definition as may be included in a Payer Contract.

1.8 “**Covered Services**” means those services that a Provider is licensed, equipped and staffed to provide and which Provider provides to Covered Individuals and for which a Payer is required to pay pursuant to a Payer Contract (including any corresponding definition therein of covered services).

1.9 “**Covered Site**” means the clinic of a Participating Provider, or the home or other remote location in which a Covered Individual receives such Covered Services, whether in person through MIH-CP or via telehealth.

1.10 “**Exclusion Database**” means the National Practitioner Database and the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals and Entities.

1.11 “**Individual Providers**” are those individual employees or contractors of a Provider involved in the delivery of care to Covered Individuals on behalf of Provider under these Program Terms.

1.12 “**HIPAA**” means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the Health Information Technology for Economic and Clinical Health Act of 2009, Public Law 111-5, the HIPAA Privacy Rule modifying 45 CFR Parts 160 and 164, and the HIPAA Security Rule, modifying 45 CFR Parts 160, 162 and 164, together with their implementing regulations.

1.13 “**Individual Guarantor**” has the meaning set forth in Section 3.6.

1.14 “**Non-Covered Services**” has the meaning set forth in Section 3.5.

1.15 “**Participating Providers**” means those organizations who have contractually agreed to participate in CIN’s Payer Contracts. A current roster of Participating Providers will be made available to Provider upon request.

1.16 “**Payer Contracts**” means those contracts entered into between CIN and a “**Payer**” (any third-party sponsor of a Benefit Plan) for the provision and payment of Covered Services by Participating Providers.

1.17 “**Term**” has the meaning set forth in Section 4.1.

## **ARTICLE II Participating Provider Responsibilities**

2.1 **Services.** Provider agrees it shall provide and perform (through its Individual Providers, as applicable) those Covered Services identified at Exhibit A to Covered Individuals and to accept as payment for such services the amounts set forth therein. Provider agrees to abide by the applicable policies, procedures, and requirements in the Program Manual(s) (defined in the Paralign General Terms) related to the administration of these Program Terms.

2.2 **Credentialing.** Provider shall meet any credentialing standards or other applicable standards of participation set by any Payer with regard to any Payer Contract in which Provider

participates, in addition to any qualification standards set by CIN or the MSO for participation in these Program Terms. Provider must satisfy any credentialing requirements of a Payer before participation in a Payer Contract and participation in CIN is not a substitute for such credentialing.

## 2.3 Payer Contracts.

2.3.1 Abide by Contracts. Provider agrees to be, and shall hereby become, bound by all the terms and conditions of such Payer Contracts as CIN may enter into with Payers that may reasonably be applied to Provider in the same manner and with the same obligations to Payers and Covered Individuals as if Provider were a directly contracting party thereto, subject to the provisions of these Program Terms. Provider shall be bound by each Payer Contract without further or advanced notice, unless the amount(s) payable to Provider for the Covered Services it provides under such Payer Contract are less than the amount(s) specified at the then-current Exhibit A. In the event that a Payer Contract would reimburse Provider in amount(s) less than the amount(s) specified at the then-current Exhibit A, Provider shall not be bound by such a Payer Contract except upon execution of an agreement to participate, which specifies the amounts Provider will be reimbursed. Unless Provider executes such an agreement to participate, Provider shall have elected not to provide Covered Services under any Payer Contract under which the amounts payable to Provider would be less than the amount(s) specified at the then-current Exhibit A.

2.3.2 Non-Exclusivity. The contractual relationship established between CIN and Provider shall not be exclusive in that Provider may enter into any third-party payer contract or participate in any other network as it may desire. Provider shall not by virtue of these Program Terms have exclusive rights as to the provision of Covered Services with respect to any Payer Contract. Nothing in these Program Terms guarantees Provider's participation in any Payer Contract. Provider recognizes and acknowledges that Provider's eligibility to participate in a particular Payer Contract may vary based on geographic location, the clinical needs of the Covered Individuals and other factors. Provider recognizes that its eligibility for participation in any individual Payer Contract is subject to the discretion of the involved Payer and CIN. For example, the CIN may enter into a Payer Contract with a Payer that does not offer coverage in the geographic area in which Provider offers services. Except as otherwise provided in these Program Terms, non-participation in a specific Payer Contract(s) shall have no effect on or consequence to participation in, or rights or obligations under, any other Payer Contract or the CIN generally.

2.3.3 Payer Contract List. CIN will maintain a listing of Payer Contracts in which Payer is participating through the CIN and periodically update such listing and furnish it to Provider. Listings of Payer Contracts may be provided to Provider through electronic access or by other means. Provider will abide by the terms of these Program Terms as to a Payer Contract entered into by the CIN, even if a listing of Payer Contracts has not yet been updated to include such Payer Contract.

2.4 Assist Payer and Covered Individuals. Provider agrees to reasonably assist Covered Individuals to understand and utilize their benefits under a Payer Contract in connection with Covered Services offered by Provider. Provider acknowledges that Payers may place certain obligations upon CIN and Provider regarding the quality of care received by Covered Individuals and that certain Payers may have the right to oversee and review the quality of care administered to Covered Individuals. Provider shall be bound by the terms of all such quality assurance and utilization review programs imposed by any Payer Contract that is the subject of these Program Terms or by a Program Manual and shall cooperate

with each Payer and/or CIN's review of the quality of care administered to Covered Individuals. Provider hereby authorizes CIN and the MSO to release to Payers, without Provider's prior consent, any and all information, records, summaries of records, and statistical reports specific to Provider and/or its Individual Providers (including, but not limited to, utilization profiles pertinent to the provision of Covered Services, professional qualifications, and credentialing information) using Provider's name, Individual Providers' names or any applicable code numbers, as requested by Payers. CIN and the MSO may use such information, records and reports for internal program monitoring and may disclose such information, records, and reports to Payers, other Participating Providers, prospective Participating Providers, and the public so long as any public disclosure identifying an Individual Provider's name or code number is presented to Provider no fewer than ten (10) business days in advance. If Provider objects to any proposed disclosure within the ten (10) day period required by this paragraph, no public disclosure may be made of the specific identity of the Individual Provider.

2.5 **Clinical and Financial Integration.** Provider agrees to participate in the CIN's clinical and financial integration activities, as selected and overseen by the CIN Leadership Council, which is responsible for developing, reviewing, and revising care pathways and other clinical support tools, as well as holding the CIN and its participants accountable to defined quality metrics through ongoing data analytics. Additional information regarding the clinical integration activities in which Provider will be expected to participate are described in the Program Manuals. Provider shall always retain full professional discretion within Provider's scope of practice. While the CIN encourages adherence to care pathways and the use of clinical support tools, nothing in these Provider Terms or any Program Manual shall be construed to override or interfere with Provider's independent clinical judgment in individual patient care decisions. In instances where Provider elects to deviate from a recommended care pathway, Provider is encouraged to provide feedback on the rationale to the CIN Leadership Council to support continuous pathway evaluation and refinement. Provider agrees to nominate a candidate to serve as a Council Member if requested by MSO, in accordance with the CIN Leadership Council Charter at Exhibit B, and to participate in providing input to the CIN Leadership Council on an ongoing basis, both informally through its interaction with Council Members, and in response to formal requests. Provider acknowledges that as part of the CIN's financial integration efforts, participation in clinical integration activities, and the results of such activities, may impact Provider's compensation as described in Exhibit A.

2.6 **Provider's Representations and Warranties.** Provider affirms and incorporates herein by reference those representations and warranties contained in the Paralign General Terms.

### **ARTICLE III Compensation**

3.1 **System Integration to Facilitate Payer Reporting and Claims Submission.** Clinical records related to the provision of Covered Services in this Program must be maintained by Provider in an electronic record platform capable of integration with the MSO's software for billing and data reporting purposes. Such an integration must be complete and functional, as determined in the sole discretion of the CIN, before a Provider can participate in this Program. Provider shall authorize and direct such implementation in collaboration with CIN and MSO. CIN (through its contract with the MSO) will extract the necessary data from the Provider's records of clinical encounters to submit claims or invoices to Payers and report other performance data, both as required by the Payer Contracts. Clinical records maintained by Providers must substantiate the services provided and such substantiating records will be provided to

CIN upon request to facilitate payment and/or verify their sufficiency. Provider shall cooperate with the coordination of benefits efforts by CIN and Payers.

3.2 **Compensation.** Provider shall be compensated for Covered Services in accordance with Exhibit A.

3.3 **Collection and Provider Payments.**

3.3.1 CIN will bill and collect from the various Payers in accordance with the terms and conditions contained herein and the applicable Payer's Payer Contract.

3.3.2 CIN will collect and distribute payment to Provider in the amounts specified herein for Covered Services rendered to Covered Individuals. CIN will use reasonable efforts to issue payment to Provider within ten (10) business days after CIN's receipt of payment for services rendered by Provider under these Program Terms.

3.3.3 **CIN shall have no liability to Provider or any Participating Provider for any non-payment by a Payer or a Covered Individual.** Providers may seek payment from CIN for Covered Services only to the extent and up to the amount received by CIN from the Payer and/or Covered Individuals and as limited by the terms set forth in these Program Terms and the exhibits hereto. Professional services rendered by Provider outside the scope of these Program Terms shall not be billed by or through CIN, nor shall any Payer have responsibility or liability whatsoever in connection with such services, nor shall these Program Terms have any force or effect with respect to such services.

3.4 **Cost-shares.** In connection with the claim submission and reconciliation process, CIN will receive information from the Payer, third-party administrator, or other persons or entities involved in the administration of the Covered Individual's benefits regarding any Cost-share obligations that may arise in connection with Covered Services, if any. Based on this information, CIN will perform the billing of the Cost-share obligations and/or direct Participating Providers of the Cost-share amounts to be billed, up to the total reimbursement rate payable to Provider. Provider agrees to perform the billing of Cost-share amounts or refrain from billing Cost-share amounts (i.e. to permit CIN or a third party to do so) pursuant to CIN's instructions and in accordance with any applicable Program Manual. Neither CIN nor Provider shall routinely waive Cost-share obligations required by a Benefit Plan, but it is acknowledged that some Benefit Plans and/or Covered Services will not require Cost-share obligations.

3.5 **Non-Covered Services.** CIN shall not make any payment to Provider for services rendered that are not Covered Services ("***Non-Covered Services***") under a Payer Contract, and Provider may bill and collect directly from patients or Payers for such Non-Covered Services in accordance with the provisions of the agreements among them, if any, and all legal requirements. All amounts so collected shall be retained by Provider as compensation and shall not be credited towards or otherwise reduce the amount of compensation payable to Provider under the terms of these Program Terms.

3.6 **Hold Covered Individuals Harmless.** Except with respect to the collection of Cost-share amounts in accordance with Section 3.4, as applicable, Provider agrees that in no event, including, but not limited to, non-payment by CIN of amounts due Provider under this contract, insolvency of CIN, or any breach of this contract by CIN, shall Provider and its Individual Providers, assignees, or subcontractors have a right to seek any type of payment from, bill, charge, collect a deposit from, or have any recourse against Covered Individuals or any individual acting as a guarantor on a Covered Individual's behalf for

Covered Services received (an “**Individual Guarantor**”). The requirements of this paragraph shall survive any termination of this contract for services rendered prior to such termination, regardless of the cause of such termination. The Covered Individuals or any Individual Guarantor shall be third-party beneficiaries of this paragraph only. This paragraph supersedes any oral or written agreement now existing or hereafter entered into between Provider and such a Covered Individual or Individual Guarantor. This provision shall not prohibit the collection of debt owed by Covered Individuals or Individual Guarantors to Provider in connection with services rendered outside these Program Terms.

3.7 **No Guarantee of Income or Earnings.** Provider agrees that CIN and its affiliates, Participating Providers and CIN and Participating Provider members, managers, shareholders, directors, officers, agents, contractors and employees (collectively, the “**CIN Representatives**”) make no implications, warranties, promises, representations, or guarantees whatsoever about earnings or income to Provider in connection with Provider’s participation or status as a Participating Provider. The potential earnings and income of Provider in connection with these Program Terms may vary and can depend on many factors including economic, political, social, and regulatory changes, such as changes to the way consumers and payers reimburse the performance of health care services, changes in the plans and strategies of competitors of Provider and Provider’s investment of time, effort and skill into the services related to these Program Terms. No testimonials, prior successes, or past results are a guarantee of Provider’s income or earnings. Provider acknowledges that any examples, projections, forward-looking statements, or promotional materials provided by CIN Representatives to Provider regarding potential earnings or income are samples only and express only the possibility of earning potential, not actual earnings or financial or operational performance expected. Such materials are not guarantees, promises, or warranties of any kind, and the CIN Representatives are under no obligation to revise any such materials in light of new information or future events. There is no assurance that Provider’s status as a Participating Provider or its participation in CIN and its Payer Contracts will result in any income or earnings to Provider. CIN and CIN Representatives have not authorized any individual or company to make such a guarantee, promise or warranty. CIN and CIN Representatives expressly disclaim any warranties or guarantees that Provider will experience any income or earnings because of these Program Terms.

## **ARTICLE IV**

### **Term and Termination**

4.1 **Term.** Once Provider has accepted these Program Terms, including the Paralign General Terms and any Exhibits incorporated herein, the “**Term**” of these Program Terms will begin and shall continue until terminated as provided by these Program Terms. CIN will notify Payers of Provider’s participation, pursuant to the terms of the applicable Payer Contracts. Payers will then load Provider as a Participating Provider in any systems necessary to facilitate claims/invoice submission and processing. Provider’s participation in each Payer Contract is dependent upon completion of all applicable notice periods, loading process and any other credentialing or approval requirements imposed by the applicable Payer. As a result of this Process, the timing with which Provider becomes eligible to perform Covered Services for a particular Payer or Covered Individual may vary.

4.2 **Termination Because of Death.** These Program Terms shall automatically terminate in the event of the death of all of Provider’s Individual Providers.

4.3 **Immediate Termination for Specific Breaches.** CIN may immediately terminate these Program Terms, at CIN’s option, as specified in the Paralign General Terms. This includes, for example

and without limitation, Provider's failure to remove Individual Providers from providing services upon a loss of proper licensure or exclusion from federal or state health care programs.

#### 4.4 **Termination After Notice of Default.**

4.4.1 Except for those breaches noted in Section 4.3, in the event Provider or CIN shall default in the performance of any term of these Program Terms, the Program Party not in default may provide to the other Program Party notice of intent to terminate these Program Terms. The notice shall state the reason(s) for the early termination. If the default is not cured within thirty (30) days of the date of the notice, then these Program Terms shall terminate. If the default is cured, then no termination will occur. The rights granted hereunder shall not be in substitution for, but shall be in addition to, any and all other rights and remedies for breach of contract available to a non-defaulting Program Party under Applicable Law.

4.4.2 Provider's violation of a Program Manual or refusal to accept updated Paralign General Terms may, at CIN's option, be treated as a default under this Section 4.4.

4.5 **Termination upon Winding up of Company.** These Program Terms will automatically and immediately terminate as of the dissolution and winding up of CIN or Provider.

4.6 **Termination for Legal Compliance.** CIN will have the unilateral right to terminate these Program Terms to the extent necessary to comply with applicable law if it is reasonably determined that continued participation by CIN in these Program Terms without amendment would put either Program Party at risk of violating any Applicable Law. Prior to termination of these Program Terms pursuant to this paragraph, CIN will first reasonably attempt to amend these Program Terms in a manner that will achieve the business purposes hereof and negotiate in good faith with Provider in an effort to achieve a mutually acceptable amendment. If CIN proposes such an amendment to these Program Terms for purposes of regulatory compliance and such amendment is unacceptable to Provider, either Program Party may choose to terminate these Program Terms within such timeframe as necessary to comply with applicable law. For purposes of this Section 4.6, "reasonably determined" means a determination is made in good faith after consultation with qualified legal counsel who has experience in matters of healthcare regulatory law, and after consideration of the relevant facts and circumstances and potential alternative approaches that might permit continued performance without violation of Applicable Law.

4.7 **Termination of Payer Contract Participation.** Upon CIN's receipt of notice from any Payer with which CIN has executed a Payer Contract requesting, for any reason or no reason, that Provider or an Individual Provider no longer provide services under a Payer Contract, an Individual Provider's participation in such Payer Contract shall terminate upon written notice to Provider. Such termination of participation in a specific Payer Contract will not cause the termination of these Program Terms.

4.8 **Termination Without Cause.** These Program Terms may be terminated without cause by either Program Party upon ninety (90) days' prior written notice to the other.

4.9 **Termination Upon Rejected Modification.** These Program Terms may be terminated in accordance with Section 5.3 (Modification) or as provided in the Paralign General Terms if You reject updated Paralign General Terms or Program Manuals.

4.10 **Payment Following Termination.** After termination of these Program Terms, Provider shall be entitled to payment as specified herein for Covered Services rendered by Provider prior to the date of termination. If Provider continues to provide Covered Services that were commenced before the date of termination to Covered Individuals after the effective date of termination in accordance with the requirements of these Program Terms, Provider shall be entitled to continue receiving payment for such services at the rate specified herein until such Covered Services being rendered by Provider are completed.

## **ARTICLE V Miscellaneous Provisions**

### **5.1 Indemnification.**

5.1.1 **Provider's Indemnification.** Provider shall, to the maximum extent permissible by law, indemnify, defend, and hold harmless CIN and MSO, including such entities' shareholders, directors, officers, agents, and employees (collectively, the "CIN Indemnified Parties") for and from any and all liability, loss, expenses (including reasonable attorneys' fees) and claims for damages for injury arising from acts or omissions by Provider arising from Provider's own gross negligence or willful misconduct, any Individual Providers (including any loss of licensure, adverse licensure or credentialing action, or exclusion/suspension from participation in a federal or state healthcare program or other Benefit Plan) or any officer, agent or employee of Provider, in the rendering of any healthcare services, or arising from any breach or default on the part of Provider with respect to the representations and warranties made in these Program Terms (including the Paralign General Terms) or in Provider's performance of these Program Terms. Provider, upon prompt notice from CIN or any person or entity indemnified hereunder, shall defend, at the expense of Provider, such action or proceeding. Notwithstanding anything to the contrary in these Program Terms, Provider's obligations under this Section specifically exclude first party or direct claims against Provider by an indemnified party, or any claim for which a sole and exclusive remedy is provided under another section of these Program Terms.

5.1.2 **CIN's Indemnification.** CIN agrees to indemnify, defend and hold harmless Provider, Provider's Individual Providers and Provider's shareholders, directors, officers, agents and employees (collectively, the "Provider Indemnified Parties") for and from any and all liability, loss, expenses (including reasonable attorneys' fees) and claims for damages for injury arising from acts or omissions by CIN, its officers, agents and employees, or arising from any breach or default on the part of CIN in the performance of these Program Terms. CIN, upon prompt notice from Provider, shall defend, at the expense of CIN, such action or proceeding. Notwithstanding anything to the contrary in these Program Terms, CIN's obligations under this Section specifically exclude first party or direct claims against CIN by an indemnified party, or any claim for which a sole and exclusive remedy is provided under another section of these Program Terms.

5.1.3 **Payment Adjustments for Insurance Proceeds.** Payments by an indemnifying party under section 5.1.1 or 5.1.2 are limited to the amount of any liability, loss or damage that remains after deducting therefrom any insurance proceeds and any indemnity, contribution, or other similar payment actually received by the indemnified party in respect of the indemnity claim, less any related costs and expenses, including the aggregate cost of pursuing any related insurance claims and any related increases in premiums or other charge-backs. An indemnified party shall use commercially reasonable efforts to seek to recover any insurance proceeds available in connection with an indemnity claim. Promptly after realization of any insurance proceeds, indemnity, contribution, or other similar payment, an indemnified

party shall reimburse the indemnifying party for such reduction in losses for which it was paid under section 5.1.1 or 5.1.2 before the realization of reduction of such losses.

5.1.4 **Cooperation.** Each Program Party may from time to time be faced with certain legal issues, actions or claims arising from or relating to these Program Terms. Each Program Party recognizes the value of cooperating with the other in good faith in such event, to the extent such cooperation does not violate applicable law, result in a breach of any insurance policy, or result in a breach of any confidentiality or privilege. Each Program Party agrees to notify the other promptly, and within fourteen (14) days, of receipt of any lawsuit, claim, regulatory action, or notice of intent to file a lawsuit based in any part on these Program Terms or services provided hereunder. Each Program Party agrees to provide the other with any and all information it possesses which is necessary to the other Program Party's defense in litigation arising under or related to these Program Terms and which is not reasonably available from another source or subject to laws of confidentiality, attorney-client privilege and work product. The Program Parties shall cooperate in good faith, using best efforts, to address issues in a manner that strongly encourages full cooperation between the Program Parties.

5.2 **Assignment.** These Program Terms shall be binding upon and inure to the benefit of the Program Parties hereto. Neither CIN nor Provider may assign or transfer their rights and responsibilities under these Program Terms without the written consent of the other Program Party, provided that CIN may subcontract and/or assign its rights and responsibilities to the MSO (which may subcontract and/or assign the same), or in connection with a merger, acquisition, or sale of all or substantially all of its assets, or to any subsidiary or parent company of CIN, or to any affiliate of the Innovator companies in connection with a corporate reorganization.

5.3 **Modification.** CIN may periodically update the terms of these Program Terms with no fewer than thirty (30) days' advanced notice. If at any time such an update is not acceptable to you, you must notify CIN within thirty (30) days of the notice of the update. In response to a notice that you have rejected any updated term or condition of these Program Terms, CIN will have the option to terminate these Program Terms upon thirty (30) days' notice. Amendments and updates may be made via electronic means as described in the Paralign General Terms. The rights of the Program Parties under this paragraph are not intended to limit and are subordinate to the rights granted by Section 4.6 (Termination for Legal Compliance).

5.4 **Entire Agreement.** The entire agreement between the Program Parties is comprised of: (a) these Program Terms, together with its exhibits; (b) the Paralign General Terms, except where expressly contradicted by the terms of these Program Terms (see Exhibit D); (c) all Business Associate Agreements required in connection with these Program Terms (see Exhibit E); (d) the Organized Health Care Arrangement Acknowledgment required in connection with these Program Terms (see Exhibit C), and (d) all Program Manuals relevant to these Program Terms. Any prior agreement of the Program Parties, including, but not limited to, prior written or oral agreements, promises, negotiations or representations relating to the subject matter of these Program Terms that are not contained in the documents listed in this paragraph are of no force and effect.

5.5 **Third-Party Rights.** The Provider Indemnified Parties and CIN Indemnified Parties shall be third-party beneficiaries of Section 5.1 only. Third-party rights and beneficiary status shall otherwise be as described in the Paralign General Terms.

5.6 **Maintenance of Records after Termination.** Both Program Parties will maintain records, and Provider shall ensure that its Individual Providers maintain records and provide such information to the other Program Party and to appropriate state and federal authorities as may be necessary for compliance by the Company with the provisions of applicable law. This obligation is not terminated upon a termination or expiration of these Program Terms.

5.7 **Quality Metrics.** Notwithstanding any provision of these Program Terms regarding the confidentiality or proprietary nature of information, it is agreed that CIN and MSO are expressly permitted to disclose and publish information concerning the quality and price of care delivered pursuant to these Program Terms where such information has been aggregated with that of other Participating Providers and where such disclosure is permitted under applicable law.

5.8 **HIPAA Compliance.** Both Program Parties agree to abide by applicable law regarding confidentiality of protected health information and other personally identifiable information. The disclosure or use of protected health information in connection with these Program Terms will generally be made as part of the CIN Organized Health Care Arrangement (“*Paralign OHCA*”) in accordance with Exhibit C. CIN and MSO have entered into Business Associate Agreements with the Paralign OHCA for the services they provide for the Paralign OHCA. By accepting these Program Terms, You agree to the terms of such Business Associate Agreements, copies of which are set forth at Exhibit E and incorporated herein by reference.

5.9 **Survival.** The Paralign General Terms shall survive the termination of these Program Terms as specified in the Paralign General Terms. In addition, the terms of these Program Terms that by their terms or nature are intended to survive termination will survive termination, including, without limitation, Article III (as to services rendered prior to termination), Section 4.10 (Payment Following Termination), Section 5.1 (Indemnification), Section 5.2 (Assignment), Section 5.4 (Entire Agreement), Section 5.5 (Third-Party Rights), Section 5.6 (Maintenance of Records after Termination), section 5.7 (Quality Metrics), Section 5.8 (HIPAA Compliance), Section 5.10 (Further Assurances), Section 5.11 (Incorporation by Reference), Section 5.12 (Notices), and such terms as may be specified as surviving termination in the General Terms, Business Associate Agreement, and any other exhibit or document incorporated into these Program Terms by reference.

5.10 **Further Assurances.** Provider and CIN shall execute all documents and instruments and take all further actions as may be reasonably necessary or convenient in order to effectuate the terms of these Program Terms and the intentions of the Program Parties.

5.11 **Incorporation by Reference.** Every exhibit and Program Manual attached to these Program Terms or referred to herein is incorporated in these Program Terms by reference. The terms and conditions of the Paralign General Terms are incorporated herein, except where expressly contradicted by the terms of these Program Terms.

5.12 **Notices.** All notices between the Program Parties will be made in accordance with the Paralign General Terms.

## **Exhibit A: Services and Reimbursement**

### **Scope of Services**

As a Provider in the Paralign MIH-CP Program, You will provide community paramedicine and mobile integrated health services through Individual Providers who meet state law requirements with regard to their training and licensure to provide such services. Such Individual Providers may include, without limitation, community paramedics, community emergency medical technicians, and community health workers. As a Provider, You are responsible for verifying the qualifications and licensure of each Individual Provider and satisfying all other requirements under the General Terms. You shall at all times ensure that Individual Providers offer only such services as fall within their scope of practice, considering Applicable Law (including state EMS regulations), local medical director protocols, and the certification and training levels of the Individual Providers.

You grant CIN and MSO the authority to enter into Payer Contracts concerning Your services in accordance with the Program Terms and this Exhibit A.

### **Reimbursement Rates**

You will be compensated at a pre-determined minimum rate (the “Minimum Rate”) of One Hundred Thirty Five Dollars (\$135.00) per hour for Covered Services rendered under these Provider Terms, rounded to the nearest fifteen (15) minute increment, provided that total compensation for a single home visit shall not exceed the Minimum Rate. Your records of clinical care provided must include an accurate representation of time spent delivering Covered Services. Your actual reimbursement rate will consist of the reimbursement rate payable under the applicable Payer Contract held by the CIN, less a risk-sharing withhold (the “Withhold”) established by the CIN Leadership Council. The CIN Leadership Council may not authorize a Withhold that would result in a payment rate to You that is less than your Minimum Rate. Each Withhold amount shall be held by the CIN in a dedicated fund referred to as the “Risk Pool.” Risk Pool funds shall be available for additional performance-based payments to participating providers in accordance with performance-based payment methodologies established by the CIN Leadership Council, which shall at all times comply with Applicable Law. No performance-based payment methodology may take into account the volume or value of referrals or business generated among participating providers. At the end of a calendar year, Risk Pool funds unclaimed in connection with such performance-based payment methodologies may be reinvested by the CIN Leadership Council into shared resources in connection with furtherance of quality improvement activities and objectives. You agree to accept the Minimum Rate as payment in full, or such greater rates as may be negotiated by the CIN with respect to a Payer Contract.

CIN may enter into and terminate a Payer Contract at any time in its sole discretion and in accordance with the termination provisions of such Payer Contract. CIN and Payers may amend Payer Contracts from time to time without Your consent. You agree to participate in, and become bound by, the terms and conditions of the CIN’s Payer Contracts as may be reasonably be applied to You in the same manner as if You were a directly contracting party to such Payer Contracts. You shall be bound by and begin participation in any Payer Contract entered into by CIN without further notice, unless the amount payable to You for Your Covered Services would be less than the Minimum Rate specified in Table I, as may be

modified from time to time in accordance with this Exhibit A. In the event that a Payer Contract would reimburse You in an amount less than the Minimum Rate, You shall not be bound by such Payer Contract or required to deliver services in connection with such Payer Contract, unless you agree in writing in advance to participate in such Payer Contract at a different rate, which shall have no impact on the Minimum Rate applicable to Your services under other Payer Contracts.

### **Management Fees**

**You will not be required to pay any upfront fees to join this Program.** MSO charges a management fee for performing the operations required to successfully implement and operate this program, including negotiation of payer contracts, claim/invoice submission, disbursement of funds to participating providers, management of the risk pools, data analysis and reporting to Payers and the CIN Leadership Council, assistance with the development of care pathways, and day-to-day administration of the Program. MSO's management fee shall not reduce the rate otherwise payable to a participating provider for the delivery of Covered Services under a Payer Contract. Rather, CIN (through the assistance of the MSO) will negotiate with Payers and request additional performance-based reimbursement under the Payer Contracts, such as payments based on achievement of certain target metrics or cost-savings.

When the CIN is successful in negotiating performance-based reimbursement and earns performance-based payments under a Payer Contract, the total performance-based payment received shall be allocated among the MSO, the Wisconsin EMS Association ("WEMSA"), and the CIN Risk Pool as described in this paragraph. Such payments to the MSO under the first tranche shall be payment in full of MSO's management fee. MSO shall receive the initial tranche of funds, in an amount not to exceed Three Hundred and Fifty Dollars (\$350.00) per patient (Benefit Plan member) to whom Covered Services were delivered under the applicable Payer Contract during the time period to which the performance-based payment relates (the "Tranche Cap"). If the total funds available allow, WEMSA shall receive the next tranche, also not to exceed the Tranche Cap. If funds remain available thereafter, the CIN Risk Pool shall receive the subsequent tranche, also not to exceed the Tranche Cap. The foregoing three tranches shall constitute the full allocation sequence per patient, each in an amount not to exceed the Tranche Cap, until the total performance-based payment received by CIN has been distributed. In the event the circumstances of a specific Payer Contract make a different dollar amount appropriate for the Tranche Cap, MSO shall propose such alternate Tranche Cap to the CIN Leadership Council, and You agree that the CIN Leadership Council may approve application of the alternate Tranche Cap for such specific Payer Contract without MSO or CIN obtaining Your approval or the approval of each participating provider. (For example, if a Payer Contract requires a substantial investment by MSO at the outset, MSO may request a higher Tranche Cap to recoup such up-front expenditure.)

## **Exhibit B: CIN Leadership Council Charter**

### **Purpose and Scope**

The CIN Leadership Council (“Council”) is hereby established to provide strategic oversight and coordination regarding the clinical and financial integration activities of the Paralign Clinically Integrated Network (“CIN”), and across its key operational domains, in collaboration with Paralign Health (“MSO”), including:

- Healthcare quality improvement, including development and refinement of care pathways
- Payer and provider contracting, including value-based and risk-bearing initiatives
- Information technology, digital infrastructure and data governance

The Council provides direction and input to MSO and collaborates with MSO to implement the Paralign MIH-CP Program (the “Program”). The Council ensures alignment of CIN activities with its mission to lower costs of care and improve clinical outcomes through deployment of mobile resources to patient homes and community settings to proactively manage patient health.

The Council works in collaboration with MSO to develop and refine:

- Strategic initiatives and policies related to IT systems and data governance
- Care pathways, best practices regarding patient experience, and clinical support tools
- Provider Manual content related to the delivery of clinical care

Together, the Council and MSO:

- Guide payer contracting strategies, including negotiation and execution of value-based agreements
- Monitor performance metrics and ensure accountability across CIN participants

The Council does not engage in the general corporate governance of CIN or in contravention of its Articles of Organization as a Delaware limited liability company.

MSO does not interfere with the professional judgment of participating providers, or the provider-patient relationship and the Council represents the voice of the participating providers in reviewing Program materials to guard against such interference. The Council promptly notifies MSO of any concerns in that regard.

### **Council Members**

The Council is comprised of Council Members appointed by MSO. Individuals affiliated with participating provider organizations may apply to serve as a Council Member by submitting a statement of interest outlining the candidate’s qualifications and commitment to CIN’s mission. A minimum of two signatures of support from representatives of a different participating provider organization within the CIN must accompany the statement of interest.

A determination of the appropriate Council size and appointment decisions will be made by MSO on an annual basis after input from the current Council (after the initial year of implementation) and consideration of the following criteria:

- Candidates' experience and expertise in clinical care, healthcare operations, technology, compliance matters, or payer contracting
- Representation from a diverse mix of provider organizations, areas of expertise, clinical licensure types, practice settings and geographies
- Candidates' historical commitment to service on subcommittees or workgroups, and other forms of collaboration with other CIN participants
- The need to ensure overall sufficiency of clinical input and participation across the CIN

In the event an insufficient number of applications are received, or the applications received do not, in the discretion of MSO, after input from the current Council, achieve adequate levels of clinical participation or diversity across provider types, practice settings, or geographies, MSO may require any or all participating provider organizations to nominate a candidate and supply information outlining such nominee's qualifications for the role.

To promote continuity and institutional knowledge within the Council, Council Member's terms are staggered as follows:

- Each Council Member serves a two-year term, with the option for renewal upon re-election
- In the first year of implementation, the MSO will designate half of the initial Council Members to serve one-year terms, after which they may be reelected to a full two-year term.

### **Meetings**

The Council meets at least quarterly, or more frequently as needed. A quorum is achieved by a simple majority of Council Members. Guests may be invited or permitted in the discretion of the Council, and individuals wishing to attend a meeting or comment on an agenda item may request attendance by contacting any Council Member. Meeting agendas and minutes are distributed in advance and archived for reference, and both are made available for review by all participating providers. Decisions are made by simple majority vote of Council Members present at a meeting or may be made by written consent of a majority of Council Members.

Council Members elect a Chair annually by plurality vote of the Council Members. The Council Chair or their designee, if unavailable, presides over meetings. To promote inclusive participation across the geographically dispersed CIN, meetings shall generally be conducted virtually or in hybrid format.

### **Subcommittees and Workgroups**

The Council promotes collaboration among participating providers and between participating providers and MSO, and champions continuous improvement of the CIN and its participating providers through data-driven insights.

The Council may establish subcommittees or workgroups, in its discretion, to focus on specific domains, such as the following:

- Digital Infrastructure Subcommittee: Provides input into IT infrastructure related to the program, data standards, interoperability, vendor selection, privacy and security.

- **Quality Oversight Subcommittee:** Develops and revises care pathways, monitors quality metrics, and supports clinical decision-making tools.
- **Contracting Subcommittee:** Evaluates payer and provider contracting opportunities, including value-based contracts and risk-sharing, and supports financial modeling.

Subcommittees and workgroups, if any, shall report regularly to the full Council, and may include as members individuals who are not Council Members.

### **Compliance**

The Council works to ensure CIN activities and initiatives comply with applicable laws and regulations and the ethical duties of participating providers with respect to their patients. The Council may adopt policies and procedures to assist CIN and its participating providers in meeting their legal and ethical obligations. The Council is particularly mindful of maintaining the privacy and security of personal health information and compliance with HIPAA and state-law equivalents, and of ensuring collaboration among participating providers is procompetitive in nature in accordance with state and federal antitrust guidance, and does not violate state or federal fraud and abuse laws, such as the False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law, Civil Monetary Penalties Law, or the Beneficiary Inducement Statute.

The Council may maintain a confidential peer review process to evaluate concerns regarding patient safety, quality of care, unprofessional conduct, or other conduct inconsistent with the expectations and requirements of the Program. The Council endeavors to conduct peer review activities in accordance with such state and federal protections as may be available based on the relevant geography and circumstances to provide immunity and/or evidentiary privilege and encourage candid review. Peer review activities must be conducted in good faith and the Council does not allow such processes to be used for political or economic gain or to address interpersonal disputes unrelated to the legitimate purposes of the peer review process.

### **Review and Amendment**

The Council reviews this Charter annually and amends it as needed by majority vote, subject to approval by the MSO.

## Exhibit C: Paralign OHCA Declaration

Paralign CIN, LLC is a clinically and financially integrated network (“CIN”) comprised of participating providers who hold themselves out to the public as participating in a joint arrangement whereby they engage in the delivery of coordinated mobile integrated health and community paramedicine in collaboration with Paralign Health (the “Paralign MIH-CP Program”). To assist the OHCA and its participating Covered Entities in the delivery of coordinated mobile integrated health and community paramedicine, as further described in the Program Terms for Participating Providers in the Paralign MIH-CP Program, MSO and CIN shall each independently act as a Business Associate to the Covered Entities of the OHCA. The participating providers are Covered Entities who engage with one another and with Paralign Health to deliver the Paralign MIH-CP Program to payers and patients, including, without limitation, the following activities:

- Quality assessment and improvement activities in which information regarding treatment provided by participating providers is assessed by other participants and/or Paralign Health; and
- Sharing of financial risk for delivering health care, in which PHI created by a participating provider may be reviewed by other participating providers and/or Paralign for purposes of administering the sharing of financial risk.

Together, the CIN’s participating providers who have accepted Program Terms to participate in the Paralign MIH-CP Program are an Organized Health Care Arrangement (the “Paralign OHCA”) pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) because of such activities. This Declaration is effective beginning on the dates such activities begin and shall remain effective until such activities cease, provided that when any individual Covered Entity ceases participation in the Paralign MIH-CP Program (as evidenced by termination of the Program Terms and any subsequent activities required thereby in connection with care rendered prior to such termination), such individual Covered Entity shall no longer participate in the Paralign OHCA, except with respect to the exchange of information related to the activities of the OHCA involving such Covered Entity during the Covered Entity’s time as a participant in the Paralign OHCA.

Paralign CIN, LLC makes this OHCA declaration by the below signature of its Manager, Paralign Health, Inc.

SO DECLARED:

\_\_\_\_\_  
[Paralign authorized representative]

This \_\_\_\_ day of \_\_\_\_\_, 2025

## Exhibit D: Paralign General Terms

**Please read these Paralign General Terms carefully, because they impact Your organization's legal rights and responsibilities and include important topics such as confidentiality, indemnification, disclaimers of implied warranties, and limits on liability.**

Throughout these Paralign General Terms, your organization may be referred to as “You, “Your,” or as a “Partner.” Paralign programs each have a program-specific set of Program Terms, which specify activities and obligations specific to the program. To achieve consistency across programs and avoid repetition of standard terms in and across numerous documents, these Paralign General Terms are incorporated by reference into all Program Terms and may be incorporated by reference (where explicitly noted) into other agreements between You and Paralign. If Program Terms expressly conflict with these Paralign General Terms, the Program Terms prevail. Whenever possible, however, Program Terms and Paralign General Terms will be interpreted as complementary and supplementary to one another. When You enter into Program Terms with Paralign or one of its wholly owned subsidiaries, these Paralign General Terms are incorporated into such Program Terms and references to “Paralign” in the Paralign General Terms refer to the Paralign company<sup>3</sup> that is a Program Party to such Program Terms. Throughout these Paralign General Terms, Paralign may be referred to as “We,” “Our,” or “Us.”

1. **Independence of Partners.** In connection with Paralign programs, some Partners are authorized to use Paralign's brands or to describe their affiliation with Paralign using phrases like “in partnership with Paralign.” Similarly, when providing services in connection with a program, a Partner may be permitted to use certain Paralign brands. These might include, for example, “Paralign,” “Paralign MIH-CP Program,” or various taglines and service marks specific to a program. References to these brands or to a third party as a “Partner” to Paralign are not intended to suggest any ownership, employment, endorsement or agency relationship between Paralign and any health care facility, health care provider, or other third party, which is expressly disclaimed. Paralign helps health plans and healthcare providers identify and engage with one another and patients in need of their services and benefits. The use of Paralign branding by such a business Partner means only that the third party has satisfied certain requirements set by Paralign and received a license to use of one or more Paralign brands. **Claims, obligations, liabilities, or causes of action (whether in contract, common or statutory law, equity or otherwise) that arise out of or relate to services delivered by a Partner (including, without limitation, a healthcare provider or health plan, and any representation made by such a company) may be asserted only against the Partner and not Paralign. Paralign shall have no liability for any such claims, obligations, liabilities or causes of action and You hereby waive and releases any liability, claim, cause of action or obligation against Paralign in connection with the obligations, actions or omissions of other third-party Partners.** For example, You agree that if you believe another Partner has performed services, such as clinical health care services, in a manner that is negligent, You can pursue claims and other remedies against the Partner who was the provider of the services but may not assert a claim for such negligence against Paralign. **Paralign does not take on liability**

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<sup>3</sup> The Paralign companies include Paralign Health, Inc. and its wholly owned subsidiaries. The Program Parties for each program are specified in the Program Terms. Where these General Terms are incorporated into an agreement between You and Paralign other than Program Terms, “Paralign” refers to the one or more Paralign companies that are party to such agreement.

**for the conduct of its Partners. Paralign is not itself a healthcare provider or a health plan and is not responsible for the provision of healthcare services or health benefits.** As a Partner, You acknowledge that the terms of this paragraph apply to Your own activities and use of Paralign brands. To the extent Paralign offers forums for communication between Partners, patients, and/or other interested individuals/organizations, We will not be directly or indirectly liable for any content posted by a third party. The limitations on liability and disclaimers contained in this paragraph will survive the termination of all Program Terms and these Paralign General Terms.

2. Partner's Indemnification. You agree, to the maximum extent permitted by law, to indemnify, defend and hold harmless Paralign, and the directors, officers, employees, agents, employees and affiliates of any Paralign entity (the "**Indemnified Parties**"), from and against any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorneys' fees and costs) advanced by third parties and arising from your representations under these Paralign General Terms or any Program Terms or Your failure to perform obligations under these Paralign General Terms or any Program Terms. This indemnification obligation applies whether you purchase, deliver, sell or perform products or services in connection with any Program Terms. For purposes of this paragraph, your actions include those of your employees, agents, affiliates or representatives. The terms of this paragraph will survive the termination of all Program Terms and these Paralign General Terms. The terms of this paragraph set a minimum indemnification obligation, and additional indemnification obligations may be included in Program Terms, which shall be supplementary and in addition to the indemnification terms of this paragraph.
3. Third-Party Beneficiaries. Except with respect to the right to indemnification of Indemnified Parties under paragraph 2 above, these Paralign General Terms are not intended to give any legal or equitable right, remedy, or claim to any third party, and there are no third-party beneficiaries to these Paralign General Terms.
4. Confidential Information. All information and material disclosed in contemplation of or in connection with your participation in a Program which is not generally known to the public and which in the ordinary course of business is maintained by Paralign or a Partner as confidential shall be "**Confidential Information**" and remain proprietary to the disclosing company. You agree not to disclose or use such Confidential Information, and Paralign agrees not to disclose or use such Confidential Information except: (i) as explicitly permitted by Program Terms; (ii) as required to provide services or products or otherwise perform obligations described in Program Terms; (iii) upon the express written consent of the disclosing company; (iv) as required by any Applicable Law; (v) Paralign or a Partner may disclose Confidential Information to its lenders, legal and business advisors who have agreed to the obligations in this paragraph for its own internal purposes. Before disclosing Confidential Information in accordance with any legal proceeding or based on the belief that such disclosure is required by Applicable Law, commercially reasonable efforts must be made to notify the company to which the Confidential Information belongs, unless providing such notice is legally prohibited or the legal process or obligation involves a danger of death or serious physical injury. Confidential Information shall not include any information that is or becomes generally available to the public other than as a result of a breach of the confidentiality requirements of these Paralign

General Terms, Program Terms or another legal obligation, and shall not include information that was rightfully in the recipient's possession prior to receipt from the disclosing company in connection with a Paralign program. Paralign may disclose your identity as a Partner to carry out their obligations under Program Terms and to generally promote Paralign programs. This means that Paralign may disclose to third parties that you are a Partner and/or that you have entered into one or more agreements with Paralign. Upon termination of your participation in a program (in accordance with applicable Program Terms), or if you decide after review not to participate in a program to which Confidential Information relates, You and Paralign will return or destroy all Confidential Information received in connection with such program, provided that each receiving party shall be permitted to retain copies solely for archival, audit, disaster recovery, legal or regulatory purposes and will not be required to search archived electronic back-up files in order to purge Confidential Information from its archived files. Any Confidential Information retained beyond the termination Program Terms, or Your decision not to enter into Program Terms, remains subject to the obligations and restrictions contained in this paragraph regarding Confidential Information, which shall survive the termination of all Program Terms and/or these Paralign General Terms. We may, but are not required to, provide You opportunities to post text, photographs, videos or other content in forums accessible by other Partners. You represent that you own all the rights to any content you post, or that you have permission from the owner of such content. You do not transfer ownership of content by posting it, but grant Us an irrevocable, perpetual and non-exclusive license to reproduce, encode, store, copy, transmit, publish, post, broadcast, display, create derivative works from, and otherwise use the content You post to a forum, without any obligation to you. This license does not extend to any Protected Health Information, as defined under Applicable Law.

5. Use of Brands and Description of Programs. Partners may use the names, trademarks, service marks, domain names, logos and other distinctive brand features of other Partners only in connection with and during the term of a Program Terms and only in accordance with these Paralign General Terms, and any brand guidelines that may be issued by the owner of such intellectual property from time to time. For example, a Partner that is a healthcare provider may use the logo of a Partner that is a health benefit plan to illustrate to its staff or patients that it is an "in network" provider for such health benefit plan. All uses not in compliance with a Partner's brand guidelines require the express written approval of the Partner who owns such intellectual property. No Partner is under any obligation to continue its current affiliation with any of its own affiliates and each Partner agrees to immediately cease all use of the intellectual property of any affiliate of another Partner upon written request by Paralign or the applicable Partner. Each Party will immediately cease all use of the brands or intellectual property of the other Party upon termination of all Program Terms (and, as applicable, Program Management Terms) and You will immediately cease all use of the brands or intellectual property of other Partners upon termination of Program Terms involving such Partners, unless authorized by separate agreements directly with another Partner. **If you want to develop your own descriptions, summaries and/or promotional materials describing any Paralign program, you agree to obtain Paralign's prior written approval of all such materials.** The purpose of such approval is to comply with various state law requirements and to avoid inadvertent misstatements or consumer confusion. Descriptions, summaries and/or promotional materials you develop are subject to your indemnification obligations under these Paralign General Terms, in addition to any other remedies available to Paralign or its Partners at law and equity.

For example, if Paralign becomes the subject of a lawsuit alleging Your description of a Program misrepresents the nature, scope or services available in connection with the Program, You will at a minimum defend and indemnify Paralign against all such claims. Your use of descriptions, summaries and/or promotional materials supplied by third parties other than Paralign (including your consultants, marketing agency, or other vendors) is subject to the same pre-approval process as materials you develop directly, and your use of such materials is subject to your indemnification obligations under these Paralign General Terms. You agree not to alter or edit any materials provided by Paralign describing a Program, except with Paralign's express permission.

6. Program Manuals. Paralign and its Partners may develop manuals of administrative and operational policies and procedures specific to a program (each a “**Program Manual**”). Paralign will provide You with any Program Manual that applies to the Program(s) You join. You agree to abide by these Program Manuals, as may be amended from time to time by Paralign or the applicable Paralign affiliated Program Party and agree that all Program Manuals are Confidential Information. If the contents of a Program Manual are in direct conflict with the terms or legal obligations arising from related Program Terms or these Paralign General Terms, the Program Terms, and these Paralign General Terms will prevail and apply over the Program Manual. Whenever possible, these Paralign General Terms, Program Terms, and Program Manuals will be interpreted as complementary and supplementary. At no time will any policy, manual or procedure set by Paralign, whether contained in a Program Manual or elsewhere, interfere with any professional service provider's exclusive authority and control over the practice of such profession. For example, policies and procedures will not interfere with a health care provider's exclusive authority and control over the practice of medicine or other professional health care services, such as determinations of diagnosis or treatment. New or modified Program Manual terms become effective automatically if you do not reject them within thirty (30) days per the commercially reasonable instructions in the notice provided to You of the new or modified Program Manual terms. If You reject any updated Program Manual, Paralign has the option to terminate any Program Terms you previously accepted upon thirty (30) days' written notice, unless otherwise specified in your Program Terms. If you reject an update to the Program Manual, and the corresponding Program Terms are not terminated by Paralign, the version of the Program Manual predating the rejected update will remain in effect.
7. Assignment. Neither Paralign nor any Partner may assign or transfer any interest in the Program Terms or these Paralign General Terms, in whole or in part, without the prior written consent of the other Party, except that Paralign may assign the Program Terms and these Paralign General Terms to the purchaser of all or substantially all of its assets or business related to the same, so long as the assignee must comply with these Paralign General Terms and all Program Terms. Paralign may subcontract its obligations or lease, assign, or allow third-party payers, administrators and other organizations (including, for example, coalitions of self-funded employers) to access Programs and include them in offerings to their customers, provided that the third-party must comply with all terms and conditions of any applicable Program Terms, these Paralign General Terms, and Applicable Law. If you provide health care services in a Program, Paralign will provide to you, upon your request, a written or electronic list of all current payors and administrators to which your services have been sold, leased, assigned, assumed or otherwise delegated. **If you acquire or merge with another organization or**

**acquire a controlling equity interest in another organization, you must notify Paralign so that we may evaluate the eligibility of such organization to participate in each Program in which you participate. You acknowledge that Programs do not automatically extend to any third party you acquire or merge with, and that Paralign must confirm their eligibility for various Programs.**

8. Amendments. You are encouraged to keep up to date copies of Program Terms and these Paralign General Terms for Your own files related to any Programs You join. Paralign may periodically update these Paralign General Terms. The updated version of these Paralign General Terms will automatically apply to Program Terms You accept after the date of the update. You will be provided notice of updates to the Paralign General Terms with respect to any Programs you have already joined. Updates become effective automatically if you do not reject them within thirty (30) days per the commercially reasonable instructions in the notice. Please let us know if you have any questions or concerns about an update. If you reject any updated Paralign General Terms, Paralign has the option to terminate any Program Terms you previously accepted upon thirty (30) days' written notice, unless otherwise specified in your Program Terms. If you reject updated Paralign General Terms and Paralign does not terminate Your participation in one or more programs under Your existing Program Terms, the version of the Paralign General Terms in effect prior to the rejected update will remain in effect. Except as provided in this paragraph, Paralign General Terms may only be modified upon written agreement of You and Paralign.
  
9. Notices. All notices between You and Paralign will be effective: when displayed electronically to you upon log-in to an electronic account assigned to You by Paralign; upon sending by electronic mail; upon hand delivery; three (3) business days after deposit in the United States mail postage prepaid; or when delivered by a nationally recognized overnight delivery service. The email and mailing addresses Paralign will use to provide you notice are those designated on the Paralign Intake Form as the email and/or mailing address for all legal notices to You, or, if no such central addresses have been provided, to the contact information provided to Us when you joined a Program. You or Paralign may change the contact information to be used for notice purposes by giving notice to the other in accordance with this paragraph. Currently, the mailing address for Paralign is \_\_\_\_\_ and the appropriate email address for notices required under these Paralign General Terms or any notice due to Paralign in connection with Program Terms is: [hello@paralignhealth.com](mailto:hello@paralignhealth.com). Notice from any Paralign company to You will be deemed to have been given by all Paralign companies with respect to the subject matter of the notice, and notice from You to a Paralign company will be deemed to have been given to all Paralign companies with respect to the subject matter of the notice, in order to eliminate unnecessary redundant notices.
  
10. Limited Use. You agree not to: (i) license, sublicense, sell, resell, transfer, assign, distribute or otherwise commercially exploit or make available to any third party the goods or services provided by Paralign in any way without the express written consent of Paralign; (ii) modify or make derivative works based upon the goods or services provided by Paralign; or (iii) access, use or disclose the goods or services provided by Paralign in order to build a competitive product or service. For the avoidance of doubt, nothing in this paragraph shall be deemed to prohibit you from utilizing the materials and services provided by Paralign for your internal

business purposes in connection with any Program Terms. This paragraph is not intended to establish exclusivity for the supply, delivery, or purchase of any goods or services, rather to prevent the unauthorized development of derivative works or the use of services, goods or other works that belong to Paralign in connection with any competitive product or service.

11. Law and Forum Selection. Except as otherwise expressly provided by Program Terms, these Paralign General Terms and all Program Terms will be construed and enforced in accordance with the substantive laws of the State in which Provider maintains its primary business address, without regard to conflict of law provisions, and the sole venue for any action concerning any dispute related to these Paralign General Terms or Program Terms shall be the state or federal courts located in such jurisdiction. In these Paralign General Terms, “**Applicable Law**” means any and all applicable federal, state, local, common, foreign and intergovernmental laws, rules, regulations, directives and guidelines, including, but not limited to, HIPAA, the Anti-Kickback provisions of the Social Security Act and related regulations, Section 1877 of the Social Security Act (known as the physician self-referral law and commonly referred to as the “Stark Law”) and related regulations.
12. Severability. The invalidity or unenforceability of any particular provision of these Paralign General Terms or any Program Terms will not affect the validity or enforceability of any other provisions, and the remainder of the Paralign General Terms or Program Terms will be construed in all respects as if such invalid or unenforceable provision were omitted.
13. Waiver of Breach. The waiver of a breach or violation of any provision of the Paralign General Terms or Program Terms is not a waiver of any subsequent breach of the same or other provisions.
14. Headings. The section titles and other headings used in these Paralign General Terms and in Program Terms are for convenience of reference only and do not affect their meaning or interpretation.
15. Interpretation. You and Paralign waive the application of any rule that ambiguous or conflicting terms or provisions should be construed against the party who (or whose attorney) prepared these Paralign General Terms or any Program Terms. Unless context otherwise clearly requires, references to the plural include the singular and the singular, the plural. The words "hereof," "herein," "hereunder" and similar terms refer to these Paralign General Terms or the applicable Program Terms as a whole and not to any particular provision, unless otherwise specified. References that a person or entity “will” do something indicate an obligation to do such thing. Examples and references to “includes” and “including” are illustrative and not exhaustive.
16. Limitation of Liability. **Regardless of whether there is a total and fundamental breach of the agreements between You and Paralign or whether any remedy provided under these Paralign General Terms and/or Program Terms fails of its essential purpose, in no event shall Paralign be liable for any amounts representing loss of revenues, loss of profits, loss of business, the multiple portion of any multiplied damage award or incidental, indirect, consequential, special or punitive damages, whether arising in contract, tort (including**

negligence) or otherwise, regardless of whether it has been advised of the possibility of such damages. The maximum aggregate amount You may recover in any claim or action against Paralign is the total fees You paid to Paralign under Exhibit A in the twelve (12) months immediately preceding the occurrence of the event giving rise to the claim or action, provided that this cap shall not apply to a damage award arising from a judgment finding Paralign committed gross negligence or willful misconduct. Nothing in this paragraph is intended to waive or limit the professional liability claims or damages which may be asserted by a patient against a health care provider (or by a patient's representative or estate when permitted by state law governing professional liability of healthcare providers). Some jurisdictions restrict the ability to limit liability for certain types of damages. Should any one or more of the limitations in this paragraph be held invalid or inoperable under Applicable Law, each limitation in this paragraph shall be construed as severable and separately enforceable to the fullest extent permitted by Applicable Law, provided that no limitation on liability will apply that is prohibited by Applicable Law.

17. Entire Agreement. These Paralign General Terms and any Program Terms You accept, including any exhibits to either, form the entire agreement between You and Paralign and contain all of the mutual promises between You and Paralign. Oral statements or prior written material not expressly incorporated into these Paralign General Terms or Program Terms are of no force or effect. You acknowledge that you have relied solely upon the representations and mutual promises contained in these Paralign General Terms and any Program Terms You accept, which supersede any and all other agreements, either written or oral, between You and Paralign with respect to the same subject matter.
18. Disclaimer of Warranties. **ALL GOODS AND SERVICES PROVIDED BY PARALIGN OR ARE PROVIDED "AS IS," "AS AVAILABLE" AND "WITH ALL FAULTS." PARALIGN DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHER, AND SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, NON- INFRINGEMENT, FITNESS FOR A PARTICULAR PURPOSE, AND ALL WARRANTIES ARISING FROM COURSE OF DEALING, USAGE OR TRADE PRACTICE. WITHOUT LIMITING THE FOREGOING, PARALIGN MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND CONCERNING: SUITABILITY OR ADEQUACY OF ANY SERVICE OR MATERIAL FOR AN INDIVIDUAL OR COMPANY'S NEEDS, UNINTERRUPTED SERVICE, OR ACHIEVEMENT OF ANY INTENDED RESULT. PARALIGN DOES NOT OFFER ANY WARRANTIES.** Paralign representatives are not authorized to make any representation outside of or inconsistent with the written terms of these Paralign General Terms or the written terms of Program Terms. Neither are other Partners authorized to make any representation, warranty or promise on behalf of Paralign.
19. Nature of Agreement; Independent Contractor. Nothing in these Paralign General Terms or the Program Terms is intended to create (i) a partnership, joint venture or other joint business relationship between You and Paralign or any of their affiliates or between You and any other Partner, or (ii) a relationship of employer and employee between You and Paralign or any affiliates of Yours or Ours. References to any organization as a Paralign "Partner" are intended to reflect the collaborative nature of the desired working relationship and are not indicative of

any partnership business structure or tax status.

20. Electronic Signatures, Counterparts and Clickthrough Communication. **By accepting these Paralign General Terms, you are agreeing to conduct business electronically.** Acceptance of these Paralign General Terms, Program Terms, or amendments to any of these, may be executed manually or electronically, in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. Electronic signatures and manual signatures transmitted by electronic means shall be as effective and binding as any manually signed original. When, in the sole discretion of Paralign You are provided the opportunity to convey your acceptance or consent by clicking a button, pop-up window, checkbox, dialog box or checklist indicating “I Agree,” “I Accept,” or similar terms, your actions clicking, selecting, or marking these options (“**Clickthrough Communications**”) will have the same force and effect in manifesting your assent as an electronic or manual signature accepting, agreeing and/or consenting to the applicable terms and conditions. Conversely, your actions clicking “I Decline,” “I Do Not Agree,” or similar terms (which shall also be considered Clickthrough Communications) will convey rejection of the terms, conditions, or amendments, in the same manner as a written communication signed manually or electronically. From time to time, Paralign may expressly designate other phrases you may use in Clickthrough Communications or other written or electronic communications to indicate acceptance or rejection of terms or conditions. You agree that we may send to You (including via electronic mail) information and promotional materials regarding services, products and programs offered by Paralign. You have the right to withdraw consent to conduct business and receive records electronically and may do so by sending notice of the same to Paralign in accordance with the notice provisions of these Paralign General Terms. Withdrawing consent will not affect the legal validity of any records exchanged or business conducted electronically prior to withdrawal. For paper copies of an electronic record, please send a request to Paralign using the contact information provided for notice purposes. At this time there are no fees for obtaining paper copies or withdrawing consent to do business electronically.
21. Force Majeure. Neither You nor Paralign shall be liable for failure to perform or delay in performance of obligations when such failure or delay is caused by conditions beyond its control, including, but not limited to, war, terrorism, third-party labor dispute, fire, flood, tornado, hurricane, government intervention, embargo, shortage of raw materials, breakdown, shortage or non-availability or failure of transportation facilities or equipment, pandemic, epidemic, outbreak of infectious disease, or public health emergency, or any Act of God or any other condition not occasioned by such entity’s negligence, provided that the entity asserting an event of force majeure (the “**Affected Entity**”) uses commercially reasonable efforts to attempt to remedy the event of force majeure and perform its obligations as soon as is reasonably practicable. The Affected Entity shall, in each instance, provide the other with notice of the event of force majeure within a reasonable time after knowledge thereof and shall use commercially reasonable efforts to remedy the effect of such event as soon as is practicable. If an Affected Entity declares force majeure hereunder, Program Terms shall remain in full force and effect for a period of sixty (60) days from said declaration. If the event of force majeure continues longer than sixty (60) days from the declaration, then after the expiration of said sixty (60) days, Paralign or the Partner not claiming force majeure may terminate the

affected Program Terms(s).

22. Transactions Prior to Termination. These Paralign General Terms, as amended from time to time in accordance with their terms, together with any Program Terms you accept, govern any transaction of services or products made in connection with a Paralign program. Termination of Program Terms shall have no effect on the rights and obligations Paralign, or applicable Partners engaged with you in a Program, arising out of any prior transaction.
23. Default Process for Termination of Program Terms. If Program Terms specify a term or termination processes inconsistent with this paragraph, those terms govern the termination of the Program Terms supersede this paragraph. If Program Terms are silent as to the procedure for termination, then Paralign or any party to the Program Terms may terminate such Program Terms upon thirty (30) days' notice to Paralign and any other party/parties to the Program Terms.
24. No Guarantee of Income, Earnings, or Cost-Savings. You agree that Paralign, its affiliates, members, managers, shareholders, directors, officers, agents, contractors and employees (collectively, "**Representatives**") make no implications, warranties, promises, representations or guarantees whatsoever about earnings, income, or cost-savings to you in connection with any Program Terms or any Paralign program. Your potential earnings, income or savings in connection with Paralign programs may vary and can depend on many factors including economic, political, social and regulatory changes, such as changes to the way consumers and payers reimburse the performance of health care services, changes in the plans and strategies of competitors, your investment of time, effort and skill into related programs. No testimonials, prior successes or past results are a guarantee of your income, earnings or cost-savings. You acknowledge that any examples, projections, forward-looking statements or promotional materials provided by Representatives regarding potential earnings, income or cost-savings are samples only and express only the possibility of earning or cost-saving potential, not actual earnings, cost-savings or financial or operational performance expected. Such materials are not guarantees, promises or warranties of any kind, and the Representatives are under no obligation to revise any such materials in light of new information or future events. There is no assurance that your participation in any program, or any Program Terms will result in any earnings, income or cost-savings. No Representatives are authorized to make such a guarantee, promise or warranty, which is expressly disclaimed.
25. Non-Solicitation Covenant. Except with Paralign's express permission, You agree not to directly or indirectly solicit or hire any individual who performed services for you on behalf of Paralign until a period of twelve (12) months have elapsed from the last date such individual performed services for You on behalf of Paralign. Program Terms may specify additional restrictive covenants applicable to one or more program(s) in which you participate.
26. Drafting Counsel. These Paralign General Terms were prepared by legal counsel to Paralign. You acknowledge your right to seek independent counsel and that Paralign's legal counsel does not represent You in preparing these Paralign General Terms or any Program Terms.
27. Access to Books and Records. The Parties will make these Paralign General Terms, all

applicable Program Terms, and their books, documents and records available to the Secretary of Health and Human Services, to the Comptroller General or to their duly authorized representatives to the extent required by Section 1861(v)(1) of the Social Security Act, as amended, and any rules and regulations thereunder.

28. Established Business. You represent and warrant that You are duly organized, existing and in good standing under the laws of each state in which you conduct business with the power and authority to carry on your business as it is conducted, including the performance of the obligations required by these Paralign General Terms. You represent and agree that at least one (1) officer, director or managing agent of your organization has been engaged in a business offering services comparable to any services or products you may offer in connection with a Paralign program for at least twenty-four (24) months prior to the date you begin offering such services or products through a Paralign program. You further represent that you have made a good faith determination that during the first year of offering products or services in one or more Paralign program(s) the projected revenues generated by the services or products You intend to offer in such program(s) will not exceed twenty percent (20%) of your total annual revenue derived from the delivery of products or services of the nature of those offered in connection with Paralign programs (such as emergency medical services). In other words, You are capable of performing an analysis of historical and projected earnings or a market analysis or otherwise demonstrating reasonable expectations that your organization will derive at least eighty percent (80%) of its revenue independent of your participation in Paralign programs during the first year of your participation. You represent you are experienced and knowledgeable in your existing business and that any controls or assistance that will be provided by Paralign will relate only to Paralign programs and not to the operation of your other business activities. You have independently investigated and evaluated the risks of becoming involved in Paralign programs and of payment of all related fees. Based on the representations in this paragraph, You and Paralign intend that to the extent your business relationship could be construed as a franchise business, disclosure is exempt under 16 C.F.R. § 436.8(a)(2).

29. Intentionally omitted and reserved for future use.

30. Individual Providers. If you elect to offer health care services within a Paralign program, it is understood that you will deliver such health care services to patients through individual health care providers (each an “**Individual Provider**”). You represent that you, and each of the Individual Providers delivering your services, possess all licenses, certifications, permits and registrations necessary to deliver such services in each jurisdiction in which the services will be provided. You represent that each Individual Provider shall be and remain professionally trained and experienced in the performance of the services supplied in connection with a Paralign program, and You represent each Individual Provider will take all actions necessary to maintain such training and experience required by the appropriate licensing authorities and to remain board certified or board eligible, if such designations are broadly applicable to their provider type.

You represent and warrant that you have the ability and authority to bind each of the Individual Providers delivering health care services in connection with a Paralign program to these Paralign General Terms and the terms of any Program Terms You accept, and that to your

knowledge, after due inquiry, the execution and delivery of and performance of these terms do not and will not, either directly or indirectly, contravene, conflict with or breach any provision of any contract, agreement or undertaking by you or any of your Individual Providers. You agree to the following:

- a. You will provide to Paralign a roster listing each health Individual Provider who will deliver health care services in connection with any Program Terms and specify in which Program Terms each will participate. You will update such roster by prompt written notice to Paralign within no more than five (5) days of any roster change. You will also furnish such additional information about your Individual Providers as may reasonably be requested or required by Paralign.
- b. You covenant and agree to obligate each Individual Provider to comply with these Paralign General Terms and any accepted Program Terms in which the Individual Provider participates. You agree to monitor Individual Providers to ensure that all Individual Providers are providing services within the scope of such Individual Provider's practice, as specified in relevant licensure laws and regulations.
- c. Prior to assigning an Individual Provider to provide services in connection with any Program Terms, you will: (i) conduct a criminal background check on such Individual Provider; (ii) complete a satisfactory search of the National Practitioner Database and the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals and Entities ("**Exclusion Database**") and the Centers for Medicare & Medicaid Services Preclusion List to confirm that an Individual Provider has not been precluded, debarred, excluded, suspended or otherwise become ineligible to participate in any federal or state health care program, to the extent applicable; and (iii) ensure that each Individual Provider has not been convicted of a felony for any health-care-related crime. You will complete a satisfactory search of the Exclusion Database with regard to each Individual Provider at least monthly.

31. Required Notifications. You must immediately, and within no more than five (5) business days, notify Paralign of the following:

- a. Any license, certification (including board certification), accreditation, permit or registration held by you or an Individual Provider is temporarily or permanently denied, terminated, suspended or otherwise subject to adverse action or change in status, whether by operation of law, voluntary surrender or otherwise (in any jurisdiction);
- b. Any facility or payer denies an application for, suspends, terminates or initiates corrective or professional review action against an Individual Provider's medical staff membership, privileges or credentials (other than as a result of incomplete or untimely medical records or other administrative reasons, temporary suspensions of fewer than fifteen (15) days' duration, or as a result of voluntary surrender or reduction in privileges, except if such surrender or reduction occurs during an investigation or to avoid an investigation, or in response to any corrective or professional review action as to such privileges);

- c. Cancellation or termination of insurance coverage required of You or an Individual Provider under these Paralign General Terms or any Program Terms, or reduction in coverage below the limits so required;
- d. A professional disciplinary action, civil lawsuit (including a malpractice action) or criminal action is initiated or in progress against You or an Individual Provider which, if proven, would constitute a felony, which involves care delivered to a patient in connection with Program Terms or any exchange or transaction through a Paralign program, or which involves fraud/abuse or controlled substances;
- e. The exclusion, suspension or other ineligibility to participate in a federal or state health care program of You or any Individual Provider;
- f. A final adverse determination or finding, or entry into a corporate integrity agreement or a consent decree, involving You or an Individual Provider in any administrative or legal proceeding initiated by any regulatory or enforcement agency for matters concerning the provision of patient care or concerning fraud/abuse that are criminally or civilly proscribed;
- g. Upon discovery that any submission or provision of information (whether by You or an Individual Provider) in response to any request by Paralign, or any regulatory authority, was inaccurate or misleading, including any misrepresentation with respect to the warranties and representations contained in these Paralign General Terms;
- h. Any Individual Provider's incapacitation or unavailability that is reasonably likely to result in a reduction or elimination of the services or products You offer through a Paralign program or under any Program Terms.

32. Your Representations and Warranties as a Provider.

- a. *Medical Records.* You agree to maintain and cause Individual Providers to maintain appropriate medical records for all patients to whom you render health care services in accordance with and for no less than the minimum period of time required by Applicable Law. All such records must be legible, promptly completed and maintained in accordance with prudent recordkeeping practices and Applicable Law. You agree to make medical records available to Paralign or payers on a concurrent or retrospective basis to facilitate the review of medical necessity (if applicable) and appropriateness of the care provided, when consistent with Applicable Law. To the extent required by Applicable Law, You will make medical records available to appropriate state and federal authorities and their agencies involved in assessing the accessibility and availability of care or investigating member grievances or complaints and to comply with the applicable state and federal laws related to privacy and confidentiality of medical records. Patients shall not be held responsible for any reasonable costs associated with medical record transmission or duplication to have a claim adjudicated.

- b. *Medically Necessary Services.* You will not withhold medically necessary services within your Individual Providers' scope of practice and qualifications from any patient based on considerations of cost or reimbursement under Program Terms You have accepted. Any breach of this requirement is and shall be grounds for immediate termination of Program Terms under which You provide services.
- c. *Insurance.* You agree to maintain at your expense: (i) professional liability; and (ii) general liability insurance, to cover any loss, liability or damage alleged to have been committed by You, Your Individual Providers and Your employees and agents involved in the business of providing services or goods in connection with a Paralign program, which insurance shall provide coverage on a claims-made or occurrence basis with a per occurrence limit of not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate, or such higher coverage limit as may be required by Applicable Law. To the extent that any such insurance coverage is provided on a claims-made basis, you agree to maintain coverage for an extended reporting period (tail coverage) for a minimum duration of the maximum statute of limitations for filing claims of claims of professional liability (including medical malpractice) arising out of services provided in connection with all Program Terms. You will provide Paralign with documentation substantiating the existence of any insurance required by this paragraph within fourteen (14) days of Paralign's request. It is understood that you may maintain any insurance required by this paragraph regarding the services of an Individual Provider by causing such Individual Provider to secure and maintain such insurance, but You remain responsible for assuring such insurance is in place.

33. Professional Control. You are solely and exclusively in control of all aspects of the delivery of health care services by You and Your Individual Providers. Paralign shall neither have nor exercise any control or direction over the methods by which any healthcare provider delivers health care services. Nothing in these Paralign General Terms or any Program Terms will alter, or in any way affect, the legal, ethical and professional relationship between and among You, Your Individual Providers and patients, or abrogate any right, privilege or obligation arising out of or applicable to the provider-patient relationship. Paralign will not practice medicine or provide health care services or assume responsibility for the care of any patient, which such responsibility rests solely with the applicable healthcare providers. You acknowledge that all Paralign services, as well as Paralign policies and procedures, licensing or credentialing requirements, and any recommendations Paralign may make to You or available to You, such as information regarding care pathways recommended by third parties or quality committees established as part of Paralign programs, the practices of other healthcare providers, or quality metrics will not be construed as interference with, or direction or substitution of, Your due diligence and judgment in the provision of health care services, and You and/or Your Individual Providers will review and assume full responsibility for any policies, procedures and processes that could impact clinical care. **In rendering health care services, You may not represent or imply that such services are being rendered by or on behalf of Paralign.** You agree that all health care services rendered in connection with a Paralign program or any Program Terms in any way shall be provided in strict accordance with currently approved methods and standards of care. You acknowledge that the operation of Your facilities and equipment and the selection and supervision of personnel shall remain solely and exclusively under Your control and not

Paralign.

34. Equal Treatment. You agree You will provide or perform services under Paralign programs in a manner which does not discriminate based upon source of payment, ethnicity, sex, religion, sexual orientation, gender identity, health status, disability, race, or any illegal basis. You agree to provide services to patients seen in connection with all Paralign programs on a basis and in a manner no less favorable than similar services are made available to Your general patient population.
35. Continuation of Services. Upon termination of Your participation in a Paralign program (termination of the applicable Program Terms), when required by Applicable Law or requested by Paralign, You agree to continue to provide and be compensated for health care services under the terms and conditions of each Program Terms under which You provided health care services until the earlier of such time that: (i) each patient provided services in connection with such Program Terms has completed the current course of treatment; or (ii) reasonable and medically appropriate arrangements have been made for another suitable health care provider to render such health care services to such patients. You will have no right to continue providing services or to receive compensation for such services under this paragraph if Paralign or another Partner has provided notice to You that reasonable and medically appropriate arrangements have been made for another suitable health care provider to render the health care services You were providing patients. Nothing in this paragraph will affect or impair any rights or obligations arising prior to or on the effective date of any termination of the applicable Program Terms(s), except to the extent such rights or obligations are nullified or impaired by virtue of supervening law or illegality.
36. Out of Pocket Amounts. Your obligation, if any, to collect applicable copayments, coinsurance, deductibles or other personal financial obligations of patients, including financial responsibility for non-covered services, shall be subject to the Program Terms and policies and procedures of Program Manuals.
37. Primary and Wrap Networks.
  - a. You agree to cooperate with Paralign upon request if program implementation requires that We verify whether You are an in-network preferred provider within certain primary provider network(s) and/or applicable wrap network(s) payers use outside of Paralign programs for patients who may access Your services through a Paralign program. You acknowledge that if You are not in-network with the primary provider network(s) and/or applicable wrap network(s) used by a health plan participating in a Program, or if any contractual agreements You have entered with a provider network restrict Your participation in a Program, patients may be encouraged to seek care from providers who are in-network or who lack such restrictions and patients may be informed that You are outside of the patients' primary provider network and/or wrap network, or, as applicable, subject to contractual restrictions.
  - b. Except in emergencies, or in connection with specified workflows in a Program Manual, You agree to refer patients to health care providers who are in-network preferred providers with the primary provider network(s) and/or applicable wrap network(s) through which the

patient receives health care benefits, so long as such referral is consistent with sound medical judgment, and except for referrals based on patient preference for a provider who does not meet such criteria. The purpose of this requirement is to assist patients in avoiding increased expenses associated with out-of-network care.

38. State Specific Terms and Conditions. Different rules and regulations may apply depending on the jurisdiction in which services/goods are provided or where the supplier or recipient of services or goods exchanged in connection with a Paralign program may be located. Some states require the inclusion of specific terms in agreements of this nature. In order to address the requirements of individual state laws that may be applicable, the terms of Schedule I to the Paralign General Terms are incorporated herein by reference as follows: (i) each term of Schedule I will apply only to exchanges of services or goods subject to the jurisdiction of the state to which such term applies and not in any other state; (ii) each term of Schedule I shall, to the extent possible, be read to be consistent with the other terms of the Paralign General Terms;
- (iii) if a term of Schedule I cannot be read as consistent with any provision of these Paralign General Terms, subject to item (iv) below, the term in Schedule I will prevail, but only to the extent of the conflict and only in the applicable state and to the extent required by law; and (iv) if a state law or regulation subordinates itself or any part of it to the contractual agreement of the parties (e.g. the law states, in effect, that the term in question is applicable “unless otherwise agreed”), then the Paralign General Terms will prevail over the subordinated state law or regulation.
39. Survival. Section 1 (Independence of Partners), Section 2 (Partner’s Indemnification), Section 3 (Third-Party Beneficiaries), Section 4 (Confidential Information), Section 5 (Use of Brands and Description of Programs), Section 7 (Assignment), Section 9 (Notices), Section 10 (Limited Use), Section 11 (Law and Forum Selection), Section 12 (Severability), Section 13 (Waiver of Breach), Section 14 (Headings), Section 15 (Interpretation), Section 16 (Limitation of Liability), Section 17 (Entire Agreement), Section 18 (Disclaimer of Warranties), Section 19 (Nature of Agreement), Section 20 (Electronic Signatures), Section 22 (Transactions Prior to Termination), Section 24 (No Guarantee of Income), Section 25 (Non-Solicitation Covenant), Section 26 (Drafting Counsel), Section 27 (Access to Books and Records), Section 30 (Individual Providers), Section 31 (Required Notifications), Section 32 (Your Representations and Warranties), Section 33 (Professional Control), Section 35 (Continuation of Services), and Section 38 (State Specific Terms and Conditions, as applicable) of these Paralign General Terms, together with all terms necessary to their interpretation or enforcement, shall survive despite the conclusion of any transaction made in connection with a Paralign program or the termination of any and all Program Terms.

## **SCHEDULE I: STATE SPECIFIC TERMS FOR PROVIDERS**

### **Wisconsin:**

- If You provide healthcare services in the State of Wisconsin, You will comply with Wis. Stats. § 609.24 and the notice posting requirements of Wis. Admin. Code INS 9.35(1m), as and when applicable.

### **Illinois:**

- If Your activities in a Paralign program include acting as a primary care physician under a discounted health care services plan requiring a gatekeeper option, You must provide Paralign with a list of all patients using You as a gatekeeper within five (5) business days after the date that You either give or receive notice of termination of the applicable Program Terms involving such services, in accordance with 50 Ill. Adm. Code 2051.290(f).

## Exhibit E: Business Associate Agreement

HIPAA generally requires that Covered Entities and Business Associates enter into business associate agreements to safeguard Protected Health Information. This is such a business associate agreement and referred to as the “BAA” between our organizations. When the term “Business Associate” is used in this BAA it refers to Paralign Health, Inc. or its wholly owned subsidiary, Paralign CIN, LLC, whichever entity is acting as Your business associate with respect to the creation, receipt, use or transmission of Protected Health Information (“PHI”). This BAA should be interpreted as a separate business associate agreement between You and each of these Paralign companies. MSO and CIN are referenced here together to avoid the need for You to enter into two separate identical BAAs. Your organization is referred to in this BAA as the “Covered Entity.” This BAA will be effective as soon as it is accepted and replaces any prior business associate agreement You may have had with either Paralign company for the services it provides to You in connection with any Paralign program.

### Article I. Definitions

Section 1.01 Catch-All Definition. The term “HIPAA” means the Privacy, Security, Breach Notification and Enforcement Rules set forth at 45 CFR Parts 160, 162 and 164, as modified by the Health Information Technology for Economic and Clinical Health Act of 2009, and all implementing regulations. Terms used but not otherwise defined in this BAA are as defined by HIPAA, including the following terms: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information and Use.

Section 1.02 Specific Definitions.

- (a) Individual. “**Individual**” shall have the same meaning as the term “individual” in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- (b) Privacy Rule. “**Privacy Rule**” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A, D and E.
- (c) Protected Health Information. “**Protected Health Information**” or “**PHI**” shall have the same meaning as the term “protected health information” in 45 CFR 160.103, including PHI transmitted by or maintained in electronic media, limited to the information created, received or used by Business Associate from or on behalf of Covered Entity.
- (d) Security Rule. “**Security Rule**” shall mean the Security Standards at 45 CFR Part 160 and Part 164, Subparts A and C.

### Article II. Obligations and Activities of Business Associate

Section 2.01 Regulatory Compliance. Business Associate agrees that it shall comply with the provisions of the HIPAA Rules to the extent such regulations apply directly to Business Associate and as provided at Section 2.11 of this BAA.

Section 2.02 General. Business Associate agrees not to Use or Disclose PHI other than as permitted or required by this BAA or as Required by Law.

Section 2.03 Safeguards. Business Associate agrees to implement and use appropriate administrative, physical and technical safeguards to prevent Use or Disclosure of PHI other than as permitted by this BAA, and to comply with the Security Rule, where applicable.

Section 2.04 Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate in violation of the requirements of this BAA, including, without limitation, any Breach.

Section 2.05 Reporting Unauthorized Uses/Disclosures (including Security Incidents and Breaches).

- (a) Business Associate agrees to promptly after discovery report to Covered Entity any Use or Disclosure of PHI that is not permitted by this BAA or the Business Arrangements. This reporting duty includes any Security Incident or Breach of Unsecured PHI, unless Business Associate is prevented from doing so by 45 CFR § 164.412 concerning law enforcement investigations. Business Associate may make the initial report orally but shall promptly follow an oral report with a written report to Covered Entity.
- (b) Each report (oral or written) shall include, if the following information is known to (or can be reasonably obtained by) the Business Associate: (i) contact information for individuals who were or who may have been impacted (e.g., first and last name, mailing address, street address, phone number, email address); (ii) a brief description of the circumstances, including the date of the unauthorized Use/Disclosure and date of discovery; (iii) a description of the types of Unsecured PHI involved (e.g., names, Social Security number, date of birth, address(es), account numbers of any type, disability codes, diagnostic and/or billing codes and similar information); (iv) a brief description of what the Business Associate has done or is doing to investigate, mitigate harm to the individuals impacted and to protect against future unauthorized Uses/Disclosures. Business Associate shall appoint a liaison and provide contact information for this individual to Covered Entity so that Covered Entity may ask questions or learn additional information. Business Associate will have a continuing duty to inform Covered Entity of new information learned by Business Associate regarding the unauthorized Use/Disclosure, including, but not limited to, the information described in items (i) through (iv), above.
- (c) For purposes of reporting an improper Use/Disclosure, discovery shall occur as of the first day on which such Use/Disclosure is known to the Business Associate or, by exercising reasonable diligence, would have been known to the Business Associate.
- (d) Business Associate agrees to cooperate with Covered Entity and provide other information as necessary for Covered Entity to assess and respond to an improper Use/Disclosure.

Section 2.06 Agents and Subcontractors. Business Associate agrees to ensure that any third party, including any agent and/or Subcontractor, that creates, receives, maintains or transmits Covered Entity's PHI on behalf of Business Associate, agrees to the same obligations, restrictions and conditions that apply to Business Associate with respect to such information under this BAA and/or the HIPAA Rules, including, without limitation, restrictions, conditions and requirements regarding

implementation of reasonable and appropriate safeguards to protect electronic PHI, and to notify Business Associate of Breaches, Security Incidents and other improper Uses or Disclosures of PHI.

Section 2.07 Access to PHI. In the event Business Associate maintains PHI in a Designated Record Set, Business Associate agrees to provide access, within ten (10) days of Covered Entity's request, to PHI in a Designated Record Set to Covered Entity in order to meet the requirements under 45 CFR 164.524 (Individuals' rights to access). In the event that an Individual makes a request for access directly to Business Associate, Business Associate shall notify Covered Entity of such request within three (3) business days.

Section 2.08 Amendment of PHI. In the event Business Associate maintains PHI in a Designated Record Set, Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR 164.526 within twenty (20) days of Covered Entity's request for such amendment. In the event a request for amendment is made directly to Business Associate by an Individual, Business Associate will notify Covered Entity of such request within three (3) business days.

Section 2.09 Access and Inspection. Business Associate agrees to make internal practices, books and records, including policies and procedures relating to the Use and Disclosure of PHI received from, created by or received by Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary of the Department of Health and Human Services for purposes of determining compliance with the HIPAA Rules and this BAA.

Section 2.10 Accounting of Disclosures. Business Associate agrees to document its disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures in accordance with 45 CFR 164.528, and to provide such documentation to Covered Entity within twenty (20) days of Covered Entity's request.

Section 2.11 Performance of Covered Entity Obligations. To the extent the Business Arrangements require Business Associate to carry out Covered Entity's obligations under the Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligation(s).

### **Article III. Permitted Uses and Disclosures by Business Associate**

Section 3.01 General Use and Disclosure. Except as otherwise limited in this BAA, Business Associate may Use or Disclose PHI to perform functions, activities, or services for or on behalf of Covered Entity in connection with the Business Arrangements.

Section 3.02 Minimum Necessary. Business Associate shall Use and Disclose PHI, as well as requests for PHI, in accordance with the principle of "Minimum Necessary" Use and Disclosure, *i.e.*, only the minimum PHI necessary to accomplish the intended purposes may be Used or Disclosed.

Section 3.03 Use for Business Purposes. Except as otherwise limited in this BAA, Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

Section 3.04 Disclosure for Business Purposes. Except as otherwise limited in this BAA, Business Associate may Disclose PHI for the proper management and administration of Business Associate, provided that such Disclosures are (a) Required By Law; or (b) Business Associate obtains reasonable assurances, prior to disclosure, from the person to whom the information will be disclosed that it will remain confidential and be Used or further Disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.

Section 3.05 Data Aggregation. Except as otherwise limited in this BAA, Business Associate may Use PHI to provide Data Aggregation services related to the Health Care Operations of Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B) if so requested by Covered Entity.

Section 3.06 De-Identification. Business Associate may de-identify Covered Entity's PHI in accordance with 45 CFR § 164.514(b) and use and disclose such de-identified information without restriction.

#### **Article IV. Obligations of Covered Entity**

Section 4.01 Notification to Business Associate. Covered Entity shall notify Business Associate of: (i) any limitation(s) in its Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's Use or Disclosure of PHI; (ii) any changes in, or revocation of, permission by Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI; and (iii) any restriction to the Use or Disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI.

Section 4.02 Requests. Covered Entity shall not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

#### **Article V. Term and Termination**

Section 5.01 Term and Termination. This BAA shall remain in effect until terminated in accordance with the terms of this Article, provided, however, that termination shall not affect the respective obligations or rights of the parties arising under this BAA prior to the effective date of termination, all of which shall continue in accordance with their terms. For compliance reasons, any termination of this BAA may result in a reduction of service or product offerings available under the Paralign programs or other agreements that depend upon this BAA for regulatory compliance.

Section 5.02 Automatic Termination Without Cause. This BAA will automatically terminate when Covered Entity's participation in all Paralign programs involving Business Associate's services to Covered Entity has ended.

Section 5.03 Termination with Cause. Either Covered Entity or Business Associate may terminate this BAA if the other fails to cure a breach of this BAA after ten (10) days' written notice thereof. However, Covered Entity may terminate this BAA by written notice to Business Associate if Covered Entity makes a reasonable determination that the Business Associate has breached a material term of this BAA or has violated any provision of the HIPAA Rules or other applicable federal or state privacy law relating to the obligations of Business Associate under this BAA.

Section 5.04 Return or Destruction of Information. Upon termination of this BAA for any reason, Business Associate agrees either to return to Covered Entity or to destroy all PHI received from Covered Entity, or otherwise through the performance of services for Covered Entity that is in the possession or control of Business Associate or any third party that has received such information from Business Associate or in connection with the performance of services under this BAA. Business Associate shall certify such return or destruction in writing to Covered Entity. In the case of PHI which is not feasible to “return or destroy,” Business Associate shall provide written notice to Covered Entity of the PHI retained and extend the protections of this BAA to such PHI, including, without limitation, Business Associate’s reporting obligations under Section 2.05 of this BAA, and limit further Uses and Disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. Business Associate further agrees to comply with other applicable state or federal law, which may require a specific period of retention, redaction or other treatment of such PHI.

## **Article VI. Miscellaneous**

Section 6.01 Injunctive Relief. The Parties acknowledge that the remedy at law for any breach of the terms of this BAA are inadequate and that the damages resulting from such breach are not readily susceptible to being measured in monetary terms. Accordingly, in the event of a breach or threatened breach of this BAA by Business Associate, or any of its Subcontractors, Covered Entity shall be entitled to immediate injunctive relief and may obtain a temporary order restraining any threatened or further Breach.

Section 6.02 Regulatory References. A reference in this BAA to a section in the HIPAA Rules means the section as in effect or as amended.

Section 6.03 Amendment. No oral modification of any of the provisions of this BAA shall be binding on either Party, provided, however, that upon the effective date of any amendment or enactment of any law, regulation, court decision or relevant government publication and/or interpretive guidance or policy that either Party believes in good faith will adversely impact the Use or Disclosure of PHI under this BAA or the compliance of this BAA, such Party may amend this BAA to comply with such law, regulation, court decision or government publication, guidance or policy by delivering a written amendment to the other Party, which shall be effective thirty (30) days after receipt, or sooner, if required by law.

Section 6.04 Survival. Article I and Sections 5.04 (Return or Destruction of Information) and 6.01 (Injunctive Relief) of this BAA and all other terms necessary to their interpretation or enforcement shall survive the termination of this BAA and all Program Agreements, together with such Paralign General Terms as are specified therein as surviving.

Section 6.05 Interpretation. Any ambiguity in this BAA shall be resolved to permit compliance with the HIPAA Rules.

Section 6.06 Incorporation of Paralign General Terms. The Paralign General Terms are incorporated in this BAA, except where expressly contradicted by the terms of this BAA.

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 **2025**

## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Paula Schafer"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="414-329-5283"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 300px;" type="text" value="Paula.Schafer@greenfieldwi.gov"/></p>													
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2025"/></p> <p>● 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CFWP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p>● Yes (0 points)</p> <p>○ No (40 points)</p>	0												
<p>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</p>													
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 100px;" type="text" value="2025"/></p> <p>● 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 150px;" type="text" value="488,643.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="488,643.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 150px;" type="text" value="178,592.00"/></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="488,643.00"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 150px;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="488,643.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="178,592.00"/>	
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 150px;" type="text" value="488,643.00"/>											
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 150px;" type="text" value="0.00"/>											
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 150px;" type="text" value="488,643.00"/>											
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 150px;" type="text" value="178,592.00"/>											

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 **2025**

3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below\*) -

\$ 62,907.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 604,328.00

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

Purchase of sanitary sewer support truck

3.3 What amount should be in your Replacement Fund?

\$ 604,328.00

0

Please note: If you had a CFWP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

## 4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Cold Spring sanitary sewer repair (2024 #09). Relay of approximately 150 LF of 30" sanitary sewer to remove a bridge H-pile obstruction. Project design started in 2024, with construction originally anticipated in early 2025. Due to high bid prices, we are looking at a project re-design with construction now anticipated in 2027.	\$1,100,000	2027
2	Sanitary sewer installation project (92nd St bypass sewer). While originally conceptualized as a developer led project as part of development work that was initially planned for 2025, this became a City project (2025 #10) that was bid in the summer of 2025. Construction began in September 2025 and was substantially completed in the spring of 2026.	\$1,800,000	2026
3	Sanitary sewer cleaning (2024 #18). A City project to contract out sewer cleaning for some of our hard to reach, and larger diameter sewers that City crews are not able to clean. This project was completed in 2025.	\$205,000	2025
4	68th St siphon reroute (2024 #10). Rather than replace an aging sanitary sewer siphon that runs under I-894, the City is proposing to reroute sewer flows and remove/abandon the siphon. Project has been split into two phases. Phase 1 (2024 #13) started and is expected to be completed in 2026.	\$400,000	2026
5	68th St siphon reroute (2024 #10). Rather than replace an aging sanitary sewer siphon that runs under I-894, the City is proposing to reroute sewer flows and remove/abandon the siphon. Project has been split into two phases. Phase 2 (2024 #10) is anticipated to start in 2027. Phase 2 required land acquisition and easement items which required additional time to coordinate before we could start construction.	\$1,100,000	2027

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

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6	Sanitary sewer installation project (2024 #19) at the City's TURF skatepark for approximate 235 LF of 8" sewer and 2 manholes. Project is anticipated to be installed in 2026.	\$30,000	2026
7	PPII Investigation (2025 #9). A City project that was being designed to perform property investigation, dyewater flooding and sanitary lateral inspection for up to 112 properties in an area that as part of previous PPII metering efforts in basin GF1004. Funding for this project was going to utilize MMSD PPII program funding.	\$150,000	2026

## 5. Financial Management General Comments

None

## ENERGY EFFICIENCY AND USE

### 6. Collection System

#### 6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:

	<b>Electricity Consumed (kWh)</b>	<b>Natural Gas Consumed (therms)</b>
<b>January</b>	0	0
<b>February</b>	0	0
<b>March</b>	0	0
<b>April</b>	0	0
<b>May</b>	0	0
<b>June</b>	0	0
<b>July</b>	0	0
<b>August</b>	0	0
<b>September</b>	0	0
<b>October</b>	0	0
<b>November</b>	0	0
<b>December</b>	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Average</b>	<b>0</b>	<b>0</b>

#### 6.1.2 Comments:

N/A

### 6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 **2025**

Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?  
 No  
 Yes  
 Year:   
 By Whom:   
 Describe and Comment:

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 2025

## Sanitary Sewer Collection Systems

### 1. Capacity, Management, Operation, and Maintenance (CMOM) Program

#### 1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

#### 1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

#### 1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

- Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

- 1) Comply with WPDES permit containing SSO's
- 2) Minimize the occurrence of preventable overflows
- 3) Minimize the life cycle ownership costs of the collection system
- 4) Improve or maintain system reliability
- 5) Reduce the potential threat to human health from SSO's
- 6) Provide adequate capacity to convey peak flow and manage I/I
- 7) Protect collection system worker health and safety
- 8) Operate a continuous CMOM program

Did you accomplish them?

- Yes
- No

If No, explain:

- Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

- Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Greenfield Municipal Code

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2019-09-17

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance

# Compliance Maintenance Annual Report

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Last Updated: Reporting For:  
5/20/2026 **2025**

Operation and Maintenance [NR 210.23 (4) (d)]  
Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map
- A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- A description of routine operation and maintenance activities (see question 2 below)
- Capacity assessment program
- Basement back assessment and correction
- Regular O&M training

Design and Performance Provisions [NR 210.23 (4) (e)]    
What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

- State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- Construction, Inspection, and Testing
- Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]    
Does your emergency response capability include:

- Responsible personnel communication procedures
- Response order, timing and clean-up
- Public notification protocols
- Training
- Emergency operation protocols and implementation procedures

Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]    
 Special Studies Last Year (check only those that apply):

- Infiltration/Inflow (I/I) Analysis
- Sewer System Evaluation Survey (SSES)
- Sewer Evaluation and Capacity Management Plan (SECAP)
- Lift Station Evaluation Report
- Others:

0

## 2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	34.1	% of system/year
Root removal	34.1	% of system/year
Flow monitoring	1.3	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	12.8	% of system/year
Manhole inspections	0.7	% of system/year
Lift station O&M	0	# per L.S./year
Manhole rehabilitation	0.7	% of manholes rehabbed
Mainline rehabilitation		

# Compliance Maintenance Annual Report

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Last Updated: Reporting For:  
5/20/2026 **2025**

Private sewer inspections	<input type="text" value="0.1"/>	% of sewer lines rehabbed
Private sewer I/I removal	<input type="text" value="0"/>	% of system/year
River or water crossings	<input type="text" value="0"/>	% of private services
	<input type="text" value="100"/>	% of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

None

### 3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

<input type="text" value="35.80"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.57"/>	Annual average precipitation (for your location)
<input type="text" value="149.5"/>	Miles of sanitary sewer
<input type="text" value="0"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="18"/>	Number of basement backup occurrences
<input type="text" value="45"/>	Number of complaints
<input type="text" value="4.8"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.12"/>	Basement backups (number/sewer mile)
<input type="text" value="0.30"/>	Complaints (number/sewer mile)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

### 4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **				
Date	Location	Cause	Estimated Volume	
None reported				

\*\* If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

### 5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
- No

If Yes, please describe:

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Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 **2025**

<p>5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?</p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>If Yes, please describe:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Significant rain event occurred on August 9th dropping approximately 9.5" of rain in a 24-hour period which led to areas of flooding and some basement backups.</p> </div>	
<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>The city continued to work to address I/I in our system in 2025. City residents are encouraged to participate in the MMSD PPII Pipe Check program. Since 2022, Greenfield no longer has any non-compliant sewersheds</p> </div>	
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>The city continues to follow standard, accepted practices and procedures for operating and maintaining its collection system.</p> <p>The city follows an 8/4-year cleaning and televising program where all mains are televised at least once every 8 years and cleaned at least once every 4 years. Sewer televising is our primarily means of rating pipes for structural and I/I deficiencies.</p> <p>Using sewer main assessment and rating data, the city has developed and is following an informal long-range sanitary sewer rehabilitation plan to address known needs in our system due to aging infrastructure.</p> <p>In 2025, the city rehabilitated 630 LF of sewer main. We are also working to replace a large diameter sewer (30") that has a hole in it from a bridge piling being driven through it. We are also working on rerouting sewers so that we can abandon an existing aging siphon sewer that runs under I-894. Following these major sewer repair/preplacement projects, we intend to continue with a grouting and lining program to address our older, aging sewers.</p> </div>	

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 **2025**

## Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
<b>TOTALS</b>			<b>4</b>	<b>16</b>
<b>GRADE POINT AVERAGE (GPA) = 4.00</b>				

### Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

# Compliance Maintenance Annual Report

Greenfield Sewage Collection System

Last Updated: Reporting For:  
5/20/2026 **2025**

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### **ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):**

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

### **ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS**

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

**G.P.A. = 4.00**

RESOLUTION NO.

RESOLUTION VERIFYING REVIEW AND AUTHORIZING SUBMITTAL OF THE  
2025 WISCONSIN DEPARTMENT OF NATURAL RESOURCES  
COMPLIANCE MAINTENANCE ANNUAL REPORT (CMAR)

WHEREAS, Public sanitary sewer collection is a basic responsibility of local, county and state governments; and

WHEREAS, It is the responsibility of local, county and state governments to properly operate and manage wastewater collection systems so as to protect public safety and health; and

WHEREAS, Proper inspection, rehabilitation, and operation and maintenance of the sanitary sewer collection system would promote cost-effective performance of the system over its design life; and

WHEREAS, Revisions to Chapter NR 208, Wisconsin Administrative Code became effective January 2006 requiring permitted wastewater collection systems to submit a Compliance Maintenance Annual Report (CMAR) with a resolution verifying Common Council review, statement of corrective actions if necessary and authorization of submittal.

NOW, THEREFORE, BE IT RESOLVED, that the Common Council of the City of Greenfield hereby verifies its review and authorizes the submittal of the 2025 Compliance Maintenance Annual Report (CMAR) for the City of Greenfield.

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to the Wisconsin Department of Natural Resources (DNR).

PASSED AND ADOPTED by the Common Council of the City of Greenfield on this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Pop Up Music Series event #1, to be located at 6221 W. Layton Ave., on June 20, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class “B” Retailer’s License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, June 20	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 6/20, 8:00 a.m.  
Breakdown: Saturday, 6/20, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Pop Up Music Series event #1, to be located at 6221 W. Layton Ave., on June 20, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Pop Up Music Series event #2, to be located at 6221 W. Layton Ave., on July 25, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class “B” Retailer’s License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, July 25	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 7/25, 8:00 a.m.

Breakdown: Saturday, 7/25, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Pop Up Music Series event #2, to be located at 6221 W. Layton Ave., on July 25, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Pop Up Music Series event #3, to be located at 6221 W. Layton Ave., on August 1, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class “B” Retailer’s License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, August 1	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 8/1, 8:00 a.m.  
Breakdown: Saturday, 8/1, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Pop Up Music Series event #3, to be located at 6221 W. Layton Ave., on August 1, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Pop Up Music Series event #4, to be located at 6221 W. Layton Ave., on August 8, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class “B” Retailer’s License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, August 8	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 8/8, 8:00 a.m.  
Breakdown: Saturday, 8/8, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Pop Up Music Series event #4, to be located at 6221 W. Layton Ave., on August 8, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Pop Up Music Series event #5, to be located at 6221 W. Layton Ave., on August 15, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class “B” Retailer’s License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, August 15	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 8/15, 8:00 a.m.  
Breakdown: Saturday, 8/15, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Pop Up Music Series event #5, to be located at 6221 W. Layton Ave., on August 15, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Firefighter Retiree Lunch event, to be located at 6221 W. Layton Ave., on August 19, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Wednesday, August 19	9:00 a.m.	5:00 p.m.

Set-up: Wednesday, 8/19, 8:00 a.m.

Breakdown: Wednesday, 8/19, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Firefighter Retiree Lunch event, to be located at 6221 W. Layton Ave., on August 19, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Veteran Suicide Awareness Ride event, to be located at 6221 W. Layton Ave., on August 22, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class “B” Retailer’s License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, August 22	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 8/22, 8:00 a.m.  
Breakdown: Saturday, 8/22, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Veteran Suicide Awareness event, to be located at 6221 W. Layton Ave., on August 22, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Gina Vlach, City Planner

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the House of Harley Oktoberfest event, to be located at 6221 W. Layton Ave., on September 19, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: OSE, Temporary Class "B" Retailer's License (beer), and Food.

All various dept. review/approval has occurred.

<u>Event Date</u>	<u>Start Time</u>	<u>End Time</u>
Saturday, September 19	9:00 a.m.	5:00 p.m.

Set-up: Saturday, 9/19, 8:00 a.m.

Breakdown: Saturday, 9/19, 7:00 p.m.

Live music 9:00 a.m. - 5:00 p.m. Alcohol sales 9:00 a.m. – 5:00 p.m. Event held on House of Harley premises.

**Recommendation:** Approve the Outdoor Special Event application for the House of Harley Oktoberfest event, to be located at 6221 W. Layton Ave., on September 19, 2026 and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Committee: Common Council

Item Number:

Introduced By: Neighborhood Services (Vlach)

Date Introduced: June 16, 2026

**RELATING TO:**

Outdoor Special Event application for the Corner Club Birthday Party event, to be located at 4309 W. Grange Ave., on July 12, 2026.

**SUMMARY:**

Application includes the following combination of licenses/permits: Outdoor Special Event and Temporary Extension of Premises.

All various dept. review/approval has occurred.

<u>Event Dates</u>		<u>Start Time</u>	<u>End Time</u>
Sunday, July 12	Music, dancing, band	10:00am	6:00pm

Set-up: 10:00am on July 12<sup>th</sup>

Breakdown: 6:00pm on July 12<sup>th</sup>

**Recommendation:** Approve an Outdoor Special Event application for Outdoor Special Event application for the Corner Club Birthday Party event, to be located at 4309 W. Grange Ave., on July 12, 2026, and all applicable licenses/permits.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_



Event Name: Armenian Fest 2026

**City of Greenfield  
Outdoor Special Event Application**

*PAID 5/14/26*

**Return to:** Neighborhood Services – Community Development  
7325 W. Forest Home Avenue – Rm. 203  
Greenfield, WI 53220

Phone: (414) 329-5341  
Fax: (414) 543-9615  
Email: gina.vlach@greenfieldwi.us

For Outdoor Special Events where licenses and/or permits are required in accordance with City of Greenfield Code 13.06, this application, any applicable payment, and any necessary attachments must be **submitted to the Department of Neighborhood Services.**

Application Deadline	Event Type
45 days Prior to the Event	Anticipated attendance is 200 people or less, and/or requires closing a minor neighborhood street.
90 days Prior to the Event	Anticipated attendance is over 200 people, and/or requires closure of a minor street with simple traffic control or traffic detour, and/or requires closure of a major roadway, intersection or network of streets

Event Type	Fee
Events of less than 200 attendance	\$50.00
Event of greater than 200 attendance, or which require street closure and traffic plan, or are held on public streets/sidewalks/right-of-ways requiring road closures	\$100.00
Event held in City Parks or City facilities:      Yes      No	Contact Park & Recreation (414) 329-5370

Index	Event Categories
P 2-3	Applicant and Event Information and Event Set-up
P 3	Alcohol / Operator's License
P 4	Temporary Entertainment / Vendors / Parade / Food
P 4-6	Emergency Planning – Police / Fire / DPW [[Info. regarding: Attendance / Public Safety Plan / Amplified Sound / Street Usage / Traffic Control / Inclement Weather / Security / Parking / Trash / Communication's. (contact respective Departmental representative per below)
P 6-7	Fireworks - Tents – Bleachers – Stages (contact Community Development Manager per below)
P 7-8	Power – Portable Restrooms & Lavatories – ADA Requirements, Insurance (contact Community Development Manager per below)
P 8	Signatures – Certification & Release – Listing of Applicable License & Permit Forms
Separate attachment	Fee Schedule

City Department Contact Information				OFFICE USE ONLY	
Department	Contact	Phone	Email	Submittal Approved	Date
Police	Matthew Borchardt	761-5342	matthew.borchardt@gfpd.org	<input type="checkbox"/>	
Fire	Brian Krueger	545-7946 x6	brian.krueger@gffd.us	<input type="checkbox"/>	
City Clerk	Any Staff	329-5219	clerkdept@greenfieldwi.us	<input type="checkbox"/>	
Health Department	Public Health Staff	329-5275	health@greenfieldwi.us	<input checked="" type="checkbox"/>	
Public Works	Randy Esch	761-5374	randy.esch@greenfieldwi.us	<input type="checkbox"/>	
Community Development	Gina Vlach	329-5341	gina.vlach@greenfieldwi.us	<input type="checkbox"/>	

Applicant Information			
Full Legal Name of Sponsoring/Producing Organization: St. John the Baptist Armenian Orthodox Church		Is the organization a non-profit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide designation _____ (Proof of certificate required)	
Street Address: 7825 W. Layton Avenue			
City, State, Zip Greenfield, WI 53220			
Billing Address: (If different from above)			
City, State, Zip			
<b>Applicant Contact:</b>		<b>Secondary Contact:</b>	
Name: Lyle Dadian		Name:	
Title: Parish Council Chairman		Title:	
Phone: 414.588.9181	On-site Cell:	Phone:	On-site Cell:
Email: LyleDadian@outlook.com		Email:	
<b>Organization/Event Website:</b> http://www.stjohnarmenianchurch.org			

Event Information				
Event Name: Armenian Fest				
Event Location: 7825 W. Layton Avenue, Greenfield, WI 53220				
Total Expected Daily Attendance: Please include participants and spectators in the total. <input type="checkbox"/> 0 – 200 <input type="checkbox"/> 200 – 500 <input checked="" type="checkbox"/> 500 – 1,000 <input checked="" type="checkbox"/> 1,000+				
Event Dates(s)	Setup Time	Start Time	End Time	Breakdown Time
07/19/2025	8 AM to 11 AM	11 AM	5 PM	5 PM to 7 PM

Rain Date Plan:

Type of Event: Check all that apply.

<input type="checkbox"/> Athletic / Sporting Event or Contest	<input type="checkbox"/> Rally
<input type="checkbox"/> Bicycle Race / Ride	<input type="checkbox"/> Recreational Event
<input type="checkbox"/> Carnival	<input type="checkbox"/> Run Walk
<input type="checkbox"/> Car Show	<input type="checkbox"/> Triathlon / Marathon
<input type="checkbox"/> Ceremony	<input type="checkbox"/> Other _____
<input type="checkbox"/> Charity Event	
<input type="checkbox"/> Circus	
<input type="checkbox"/> Concert / Performance	
<input type="checkbox"/> Exhibition	
<input checked="" type="checkbox"/> Festival / Fair	
<input type="checkbox"/> Parade / Procession (Parade Permit Required)	
<input type="checkbox"/> Play / Show	

CONTINUED ON NEXT PAGE

**Event Admission or Entry Fee Information**

Will there be event admission, parking or entry fee?  Yes  No  
 Please describe:

**Event Map & Set-up Information**

A site map is required. Attach a legible drawing outlining your event plan/route on an 8.5" x 11" piece of paper. Include all equipment set up and measurements. If alcohol service area is part of your layout, attach an additional map that depicts fencing, area dimensions, entrances, exits, and maximum intended capacities. Include as applicable street names, fencing, barriers, barricades, 20' fire lane, fire extinguishers, staging, bleachers, cooking tents, sponsor tents, general assembly tents, cooking areas, generators, vehicles, first aid facilities, portable restrooms, routes with directional arrows, start and finish lines, a directional north arrow, etc.

**Alcohol – City Clerk (Temporary Class "B"/"Class B" Retailer's License)**

**Fee: \$10/day**

Will alcohol be served:  Yes  No

Does the licensee/establishment have a beer and/or liquor license issued for the current license period:  Yes  No

- If you answered yes, that you have a current beer and/or liquor license, then it is not necessary to complete a Temporary Class "B"/"Class B" Retailer's License application; however, the attached *Application to Extend Licensed Premises* must be completed, as well as the remainder of this section pertaining to alcohol.
- If you answered no, that you do not have a current beer and/or liquor license, then a Temporary Class "B"/"Class B" Retailer's License application must be completed (attached), as well as the remainder of this section.

An Operator's/Bartender License is also required, as explained in the following section below.

Is a non-profit organization providing the alcohol services?  Yes  No

If yes, name of non-profit organization: St. John the Baptist Armenian Orthodox Church

If no, indicate name of the entity/business/provider:

**Alcohol sales/service dates and times.** List the dates and times of alcohol sales/service. A separate application must be filed for non-consecutive days and/or separate events.

Date: 07/19/2025	Start Time: 11 AM	Finish Time: 5 PM
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:

**Operator's (Bartender) License**

**Fees: Temporary-\$10 / Original-\$50 plus \$10 for background check fee.**

Any person 18 or older who is serving or selling alcohol beverages in a licensed establishment must obtain an operator's (bartender) license, unless the person is under the "immediate supervision" of another licensed operator. With regard to "immediate supervision" it is not enough for the person supervising merely to be on the premises—the licensee must be able to see at all times the activities of those persons serving alcohol beverages. Wis. Stats. 125.

Select the type of license(s) you are applying for, and complete the corresponding license application(s) enclosed:

- Temporary operator's license – Issued to persons employed by or donating their services to nonprofit corporations. A person is limited to two such licenses in a year. The license is valid for any period from one to 14 days.
- Original operator's license – Issued to the applicant for one year and valid in the municipality where issued.

<b>Temporary Entertainment – City Clerk and Health Department</b>		<b>No Fee</b>
Will there be entertainment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
No license or fee is required for temporary entertainment associated with your outdoor special event. However, a certificate of insurance is required per 13.07(4)(c), Greenfield Municipal Code, for certain types of entertainment as indicated with an asterisk.*		
Advance permission from the Health Department is required for events involving animals.		
Type of Entertainment: Check all that apply. <input type="checkbox"/> Animals (Health Department) <input type="checkbox"/> Athletic Sporting Event or Contest <input type="checkbox"/> Carnival / Rides & Amusements* <input type="checkbox"/> Car Show* <input type="checkbox"/> Circus* <input checked="" type="checkbox"/> Concert / DJ / Live Music <input type="checkbox"/> Dance <input type="checkbox"/> Exhibition* <input type="checkbox"/> Inflatables* <input type="checkbox"/> Performance <input type="checkbox"/> Play / Show <input type="checkbox"/> Speech / Presentation <input type="checkbox"/> Recreational Activities <input type="checkbox"/> Other: _____	List the date(s), and start and end times for each type of entertainment: Ent. Type <u>Live Music</u> Date <u>07/10/202</u> Start <u>11 AM</u> End <u>5 PM</u> Ent. Type _____ Date _____ Start _____ End _____ Ent. Type _____ Date _____ Start _____ End _____ Ent. Type _____ Date _____ Start _____ End _____ Ent. Type _____ Date _____ Start _____ End _____ Provide a detailed description of the entertainment to be provided: <u>4 piece music band</u> _____ _____ _____	
<b>Vendors selling goods or services – City Clerk</b>		<b>No Fee</b>
Will there be vendors selling goods and/or services: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If you answered yes:		
1. Your temporary vendors are limited to temporary sales during your outdoor special event. 2. Vendors must meet WI Seller's Permit requirements. Contact the WI Dept. of Revenue at 608-266-2776 and ask for a business specialist to determine if a permit is required. Or check online at <a href="http://www.revenue.wi.gov">www.revenue.wi.gov</a> , search WI Seller's Permit, choose DOR Event Sellers. 3. Event organizers are responsible for gathering their vendors' information and submitting an S-240 report form to the WI Department of Revenue. Visit <a href="http://www.revenue.wi.gov">www.revenue.wi.gov</a> , search S-240.		
<b>Vendors for Food &amp; Beverages – Health Department</b>		<b>Fee: Varies</b>
Will there be vendors preparing and/or selling food? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please list vendors. Each vendor must contact the Health Department and complete the Application for Temporary Food and Drink Establishments. Please contact the Health Department with questions ( <a href="mailto:MZohn@swshdwi.gov">MZohn@swshdwi.gov</a> ). Vendors will pay a separate inspection fee to the Health Department. Vendors: _____		
<b>Parade – Police Department</b>		<b>Fee: \$25</b>
Will there be a parade: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If you answered yes, a Parade License application must be completed (attached). Any parade, march, ceremony, show, exhibition, pageant, motorcade, or procession of any kind, or similar display in or upon any street, sidewalk, or other public place in the City requires a parade license.		
<b>Emergency Planning - Police and Fire Department</b>		
<b>Total Expected Daily Attendance:</b> Please include participants and spectators in the total.		
<input checked="" type="checkbox"/> 0 – 200 <input type="checkbox"/> 200 – 500 <input type="checkbox"/> 500 – 1,000 <input type="checkbox"/> 1,000+		

**For Events with attendance under 500 people, please answer the following questions:**

How will event attendees safely exit the event site? *(Example: open gates, openings in fence, or event has no perimeter barriers)*

Attendees will have 5 exit points within the cultural hall.

How will emergency vehicles enter and exit the event site? *(Describe appropriate route into the event site)*

Driveway on W. Layton Avenue

What employees must remain on-site to operate critical equipment before evacuating? *(Example: cooking staff, fireworks staff)*

the Parish Council.

What procedures will be done to assist with the rescue of persons unable to use the general means of egress? *(Example: event staff will assist, event security will assist, dedicated volunteers will assist)*

Dedicated staff will assist.

How will event attendees be notified to relocate or evacuate? *(Example: stage announcements, word of mouth, announcements utilizing amplified sound)*

Announcement over sound system.

How will the Fire Department or designated emergency response organization be alerted? *(Example: call 911 from cell phone, radios, public safety personnel is on-site)*

A call to 911.

Provide a list of fire hazards associated with the event. *(Example cooking, fuel, fireworks,)*

None

**Events with attendance over 500 people require a written Public Safety and Inclement Weather Emergency Plan.**

Police, Fire, and Private Security may be required. Provide a Public Safety Plan as a separate attachment. Describe in detail, a plan that will address items including, emergency vehicle ingress and egress, fire protection, emergency medical services, public assembly areas, the directing of both attendees and vehicles (including the parking of vehicles), and the need for the presence of law enforcement, Fire and EMS personnel at the event.

In the event of Inclement Weather Emergencies in the area of the event (Example Severe Thunderstorm Warning, Tornado Warning or other Hazardous Weather Warning) any outdoor event must activate an emergency plan. This plan must clearly identify person(s) and contact information for event staff that will be on-site and is authorized to make command decisions related to emergencies. The event must always have a person on-site who can make command decisions about the delay, postponement or cancelation of the event.

If you need assistance with the plan, please contact the Police and Fire Departments.

**Security Planning for Events Serving Alcohol – Police Department**

**Events serving alcohol require a written Security Plan.**

Provide as a separate attachment a detailed Security Plan describing how you will be providing security, including the number of personnel, shift times, where they will be located, and the name and contact information for the company or individual responsible during the event.

**Street Use and Traffic Control - Police Department and Public Works**

**Events with attendance over 500 people, or any event impacting streets require a written Traffic Control Plan.**

Provide as a separate attachment a detailed description of your street use. List days, hours, street names, etc. However, if closures vary by date/time & location, describe in detail. (See Event Map and Set-Up above for map requirements)

Barricades, barrels, cones, signs, and message boards, may be required by Public Works as part of the Traffic Control Plan. Required materials are at the expense of the applicant and are not included in any Permit Fees. Special events may require the use of police officers for crowd and/or traffic control.

Do you plan to use street parking?  Yes  No

Does your event affect any MCTS bus routes?  Yes  No

Applicant must notify MCTS of bus routes that may be affected by your event. Include route locations on your site map.

**Parking and Transportation - Police Department and Public Works**

How will people get to / from your event?

- Personal Vehicles
- Shuttle
- Other: \_\_\_\_\_

Where will event attendees park?

- On site paved lot
- Lawn
- Private Property (Proof of written permission from property owner Required)
- Other: \_\_\_\_\_

Is on-site parking coordination required?  Yes  No

If so, who will be directing parking? 3 parking lot attendees

**Trash & Recycling - Public Works**

Applicant shall remove all litter caused by the event. The City of Greenfield encourages vendors and organizers for festivals, special events, and official gatherings to provide recycling containers at events.

Will you be managing your own waste and recycling?  Yes  No

Will you be hiring an outside vendor?  Yes  No

If Yes, indicate name of the vendor:

GFL Enviromental

**Communication Plan – Police Department**

**Events with attendance over 500 people, or any event impacting streets require a written Communication Plan.**

Applicant is responsible for coordinating all neighborhood communications efforts to include residents, civic associations, and businesses affected by the event. Plan may include mailed or hand delivered flyers, signage, and email. Please describe your Communication Plan.

**Amplified Sound – Police Department**

Will there be amplified sound?  Yes  No

If yes, what times are you requesting amplified sound and for what types of activities?:

Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:
Date:	Start Time:	Finish Time:

**Fireworks**

Will there be fireworks:  Yes  No

See sections 10.03 and 10.04 of the Greenfield Municipal Code.

**Tents/Bleachers/Stages – Inspection Services**

Will there be tents:  Yes  No

A Commercial Building Permit will need to be applied for (for tents, bleachers or stages) at least 40 days in advance of the event and approved by the Building Inspector. Permit submittal will need to include information about the wind-load capabilities and fire-proofing certification from the tent manufacturer. Also required will be information about when the tent(s)/bleacher(s)/stage(s) are to be erected on-site and then when it is to be removed from the site. Specific and related plan must be provided under Event Set-up.

All tents must be fire retardant (NFPA 701) designated by the flame resistance label on the tent fabric or a certificate from the manufacturer. If a tent is used for food preparation, effective screening is required. In addition, food grade hoses with back flow preventers (which require a plumbing permit) and fire extinguishers are required.

Tent/Bleacher/Stage Provider: Area Renal and Sales

Provider Contact:	Tent/Bleacher/Stage Installer:
Address: 1700 W. Cleveland Avenue	Installer Contact:
City, State, Zip: New Berlin, WI 53151	Address:
Phone: 2628271444	City, State, Zip:
	Phone:   Email:

**Power – Inspection Services**

Will there be temporary power:  Yes  No

**Events with temporary electrical require a Power Plan.**  
Provide as a separate attachment a detailed Power Plan describing how you will be providing power. Specific and related plan must be provided under Event Set-up. An Electrical Permit will need to be applied for at least 40 days in advance of the event and approved by the Electrical Inspector.

**Portable Rest Rooms and Hand Washing – Inspection Services**

Will there be portable rest rooms and hand washing:  Yes  No

Applicant is required to provide portable restrooms and hand washing if sufficient public facilities are not available. State Plumbing Code requires the following:

- Female: 1 restroom ('water closet') per 40 persons for the first 1,520 in attendance, and 1 per 60 persons for the remainder exceeding 1,520.
- Male: 1 restroom ('water closet') per 75 persons for the first 1,500 and 1 per 120 persons for the remainder exceeding 1,500.
- Hand washing ('sink'): Female = 1 per 150 persons; and Male = 1 per 200 persons.
- 10% should be ADA accessible.

Number of non-ADA portable restrooms:	Provider: United Rentals
Number of ADA accessible portable restrooms:	Provider Contact:
Number of portable hand washing sinks:	Address: 4025 W. Mill Road
Frequency of servicing by Contractor/Provider:	City, State, Zip: Milwaukee, WI 53209
Other restrooms available for use: <i>Rest Rooms in building</i>	Phone: 414.209.0516   Email:

**Temporary Signs/Banners – Inspection Services**

Will there be temporary signs/banners:  Yes  No

**Events with temporary signs/banners require Sign Permits.**  
All temporary signs/banners require a Sign Permit to be submitted to the Community Development Division for review and approval. Sign Permit fees will be determined at the time of application. A Sign Permit can be found on the Inspections Services page of [www.greenfieldwi.us](http://www.greenfieldwi.us).

**Insurance**

Is the event being held on public property:  Yes  No

**If your event is held on public property, proof of insurance is required.**  
If your special event is held on public property, applicant shall at its own cost and expense pay all required premiums and fees required to furnish the City with an insurance policy or policies for property damage and bodily injury consistent with Municipal Code requirements. The applicant shall have attached a Certificate of Insurance of public liability insurance in the amounts of \$100,000/\$300,000/\$10,000 with an endorsement to the effect that the City shall be indemnified and held harmless from any and all claims, damages or judgments, arising from the granting of the permit or the operation of the Outdoor Special Event. Additionally, if alcohol is to be served, host liquor coverage will be required. Failure to provide a Certificate of Insurance to the City, may result in the cancelation of the Outdoor Special Event. Please fax or email your proof of insurance to the Community Development Division per the contact information on page 1 of this form. The Community Development Division will forward a copy of the same to the City Clerk to fulfill insurance requirements necessary prior to the issuance of certain licenses per the Greenfield Municipal Code.

**SIGNATURE, CERTIFICATION & RELEASE**

I certify that I am an authorized representative of the applicant, and the information that I have provided on this application and any attachments is true and accurate to the best of my knowledge. If this application is submitted electronically, I will submit any necessary attachments electronically or by hardcopy to the Community Development Manager using the Contact information on page 1 of this form. If the event plans change, I will submit a revised application or additional information accordingly.

Applicant shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of applicant's operation. Applicant hereby expressly agrees to defend and save the City, its officers, agents, employees, and representatives harmless from any penalties for violation of any law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activities or conduct of its operation or resulting from the negligence or intentional acts or omissions of Applicant or its officers, agents, and employees, including Applicant invitees.

I acknowledge that all information contained in this application is subject to public disclosure and that the City has the right to cancel any event when it is necessary to protect the health and safety of the general public.

Printed Name of Person Signing on Behalf of Applicant: Lyle Dadian

Signature:  Date: 5-14-25

All documents received by the City of Greenfield are public documents and subject to public disclosure in accordance with the Wisconsin Freedom of Information Act.



7325 W. Forest Home Ave., Room 102  
Greenfield, WI 53220  
Telephone: (414) 329-5219  
Fax: (414) 543-0591

License Fee: \$10.00  
Background Check Fee: \$10

**TEMPORARY  
APPLICATION FOR AN OPERATOR'S LICENSE**

I hereby make application to the City Clerk of the City of Greenfield for a license to serve fermented malt beverages and intoxicating liquors, subject to all the limitations imposed by Sections 125.17, 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted me. **Said license shall be valid from one day to fourteen days.**

In applying for licensing within the City of Greenfield, I understand that I am required to provide my full name, address and other information necessary to conduct a background check.

ANSWER THE FOLLOWING QUESTIONS COMPLETELY: (PLEASE PRINT) (All questions **must** be answered or your application **will not** be processed.)

Complete Legal Name of applicant Lyle Dadian  
(FULL First Name) (FULL Middle Name) (Last Name)

List all names (maiden and/or previous) used in the last 15 years Lyle N. Dadian

Home address 2095 S. Woodshire Drive Apt. # \_\_\_\_\_

City New Berlin State WI Zip 53151 Telephone # 414.588.9181

Email LyleDadian@outlook.com

Date of birth 06/14/2067 City and State of birth Milwaukee, WI

List all states in which you have previously lived Wisconsin

Give name and address of licensed location at which you expect to be employed, or are employed, if granted a temporary operator's license St. John the Baptist Armenian Orthodox Church, 7825 W. Layton Ave., Greenfield, WI 53220

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?

No  Yes \_\_\_\_\_

If yes, answer the following:

Trial Date \_\_\_\_\_ Trial court \_\_\_\_\_ Penalty imposed \_\_\_\_\_

Law or ordinance violated \_\_\_\_\_

and/or date, description and status of charges pending \_\_\_\_\_

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?

No  Yes  If yes, describe status of charges pending \_\_\_\_\_

---

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Signature of applicant

**RESTRICTIONS:**

1. No person may hold more than two licenses of this kind per year.
2. This license may be issued only to operators employed by, or donating their services to, nonprofit corporations.



7325 W. Forest Home Ave., Room 102  
Greenfield, WI 53220  
Telephone: (414) 329-5219  
Fax: (414) 543-0591

License Fee: \$50.00  
Background Check Fee: \$10

**ORIGINAL**  
**APPLICATION FOR AN OPERATOR'S LICENSE**

I hereby make application to the Common Council of the City of Greenfield for a license to serve fermented malt beverages and intoxicating liquors, subject to all the limitations imposed by Sections 125.17, 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted me. **Said license to expire June 30, 2022.**

In applying for licensing within the City of Greenfield, I understand that I am required to provide my full name, address and other information necessary to conduct a background check.

ANSWER THE FOLLOWING QUESTIONS COMPLETELY: (PLEASE PRINT) (Note: All questions **must** be answered or your application **will not** be processed.)

Complete Legal Name of applicant Lyle Dadian  
(FULL First Name) (FULL Middle Name) (Last Name)

List all names (maiden and/or previous) used in the last 15 years Lyle N. Dadian

Home address 2095 S. Woodshire Drive Apt. #

City New Berlin State WI Zip 53151 Telephone # 414.588.9181

Email LyleDadian@outlook.com

Date of birth 06/14/2067 City and State of birth Milwaukee, WI

List all states in which you have previously lived Wisconsin

Give name and address of licensed location at which you expect to be employed, or are employed, if granted an operator's license St. John the Baptist Armenian Orthodox Church, 7825 W. Layton Ave., Greenfield, WI 53220

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?

No  Yes

If yes, answer the following:

Trial Date \_\_\_\_\_ Trial court \_\_\_\_\_ Penalty imposed \_\_\_\_\_

Law or ordinance violated \_\_\_\_\_

and/or date, description and status of charges pending \_\_\_\_\_

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?

No  Yes \_\_\_\_\_ If yes, describe status of charges pending \_\_\_\_\_

---

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Signature of applicant

**ONE OF THE FOLLOWING IS REQUIRED TO BE FILED WITH THIS APPLICATION:**

\_\_\_\_\_ Proof of successfully completing a responsible beverage server training course, per Wis. Stats. 125.17(6)

**OR**

\_\_\_\_\_ A certified copy of a valid license held within the past two years from another municipality, Wis. Stats. 125.17(6)

**OR**

\_\_\_\_\_ A valid Greenfield license held within the past two years

Temporary Alcohol Beverage License

Municipality  
Greenfield.

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

**Part A: Organization Information**

1. Organization Name  
St. John the Baptist Armenian Orthodox Church

2. Organization Permanent Address  
7825 W. Layton Avenue

3. City  
Greenfield

4. State  
WI

5. Zip Code  
53220

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation

9. State of Organization/Incorporation

10. Phone  
(414) 282-1670

11. Email

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

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

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


**Part B: Individual Information**

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.  
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Dadian	Lyle	Parish Council Chair	(414) 588-9181
Seabrook	Dr. Gary	Treasurer	(262) 789-8114

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Armenian Fest 2025			
2. Dates of Operation 7.19.25		3. Hours of Operation 11 AM to 5 PM	
4. Premises Address 7825 W. Layton Avenue			
5. City Greenfield		6. State WI	7. Zip Code 53220
8. County Milwaukee	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Greenfield</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website <a href="https://www.stjohnarmenianchurch.org">https://www.stjohnarmenianchurch.org</a>		14. Event Website <a href="https://www.stjohnarmenianchurch.org/arme">https://www.stjohnarmenianchurch.org/arme</a>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Last Name Dadian	First Name Lyle	M.I.
Title Parish Council Chairman	Email lyledadian@outlook.com	Phone (414) 588-9181
Signature 		Date 5-14-25

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



7325 W. Forest Home Ave., Room 102  
Greenfield, WI 53220  
Telephone: (414) 329-5219  
Fax: (414) 543-0591

ADDENDUM TO  
TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE APPLICATION:

1. Select from one of the following:

- Our organization, as licensee, **IS** the property owner of the licensed premises described in our Temporary Class "B"/"Class B" Retailer's License application.
- Our organization, as licensee, **IS NOT** the property owner of the licensed premises described in our Temporary Class "B"/"Class B" Retailer's License application. A letter from the property owner is attached granting our organization full control of the licensed premises for purposes of the Temporary Class "B"/"Class B" Retailer's License during the specified dates and times.

2. I am applying for (select all that apply):

- Only beer/fermented malt beverages – (Also complete question 3.)
- Only wine. *I understand that underage unaccompanied individuals are not permitted on the licensed wine premises.*
- Both beer and wine. *I understand that underage unaccompanied individuals are not permitted on the licensed wine premises. (Also complete questions 3 and 4.)*

3. I am requesting Common Council approval to allow underage unaccompanied individuals on the licensed beer premises as described in my Temporary Class "B" Retailer's License application:

- No
- Yes. Our organization, as licensee, permits underage unaccompanied individuals to be on the licensed beer premises, and hereby applies for authorization from the Common Council to allow underage unaccompanied individuals on the licensed beer premises as described in our Temporary Class "B" Retailer's License application, during the specified dates and times, pursuant to Sec. 125.07(3)(a)12, Wis. Stats.

4. Applicants applying for both beer/fermented malt beverages and wine, and applying for permission to have underage unaccompanied individuals present on the beer premises, read the following:

The wine premises must be contained separately from the beer-licensed premises because underage unaccompanied individuals are not permitted on licensed wine premises.

The wine-licensed premises could be established within the boundaries of the beer premises, but must be excluded from the premises description of the beer license. For example, application could be made for a wine garden/tent that is separately described and established separate from the broader beer premises.

The city may require specific measures to maintain the physical separation of the two licensed premises, such as: fencing, signage, monitoring access to the wine premises, security, etc., to prohibit the entrance of underage unaccompanied persons on the wine premises.

The premises description written on my license application meets this requirement:

Yes

No

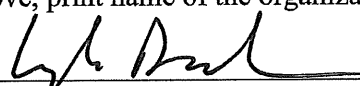
Sample Premise Descriptions for Combination Beer/Wine Applications:

Licensed premises for beer: A 100 X 75 square foot parking lot located on the south side of My Favorite Bar, 1234 Main Street, excluding the 30 X 30 square foot area licensed for wine on the southwest corner.

Licensed premises for wine: A 30 x 30 square foot area for a sales counter for wine sales that includes tables and seating, fenced and monitored to exclude underage unaccompanied individuals, on the southwest corner of the parking lot at 1234 Main Street.

St. John the Baptist Armenian Orthodox Church

(Above, print name of the organization)

  
Signature of applicant

Lyle Dadian  
Print name of applicant

5-14-25  
Date

PERMIT NO. \_\_\_\_\_



Office Use Only	
<input type="checkbox"/>	Site plan or building elevation
<input type="checkbox"/>	Fee paid
<input type="checkbox"/>	Occupancy Permit
<input type="checkbox"/>	Electrical Permit if applicable
Approval Initials/Date: _____	

# SIGN PERMIT APPLICATION

## ONE APPLICATION PER SIGN

Reference Municipal Code Chapter 19: [https://library.municode.com/wi/greenfield/codes/code\\_of\\_ordinances](https://library.municode.com/wi/greenfield/codes/code_of_ordinances)

**\*Applications will be returned if sections are left blank\***

Property Address: \_\_\_\_\_ Property Tax Key No. \_\_\_\_\_

Sign Contractor Name/Business: St. John Armenian Church Phone: \_\_\_\_\_

Address: 7825 W. Layton Ave Email: \_\_\_\_\_

Business Representative Contact: Lyle Dadian Phone: 414-282-1670

Address: \_\_\_\_\_ Email: 414-588-9181

Property Owner Contact (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Sign Details:** For Permanent and Temporary - Attach a Color Photo and Drawing with the Site Plan; Must convey dimensions to scale, colors, materials and location in relation to the properties lot lines.

### PERMANENT SIGN

Is Sign Internally Illuminated:  Yes  No (Note that all illuminated signs must have an Opaque Background)

Name of manufacturer and approved testing agency and listing number: \_\_\_\_\_

**Must submit an electrical permit signed by a licensed electrician with all illuminated sign permit applications.**

Sign Type:

- Canopy
- Wall
- Ground/Monument
- Directional

Size:

Height 3 ft  
 Width 2 ft  
 Total sq. ft. 6  
 Sign Height 6 ft (from grade)

Change in Signage:

Existing Signage Removed: \_\_\_\_\_ Sq. Ft.

New Signage Added: \_\_\_\_\_ Sq. Ft.

### TEMPORARY SIGN / BANNER

Size: Height 3 Width 2 Total sq. ft. 6

This temporary sign will be installed on June 19 and removed on July 20 TOTAL of 31 Days.

### PERMIT FEES (check one)

- Permanent wall, awning/canopy or monument sign, 50 sf or less  \$100
- Permanent wall, awning/canopy or monument sign, 51 sf to 100 sf  \$150
- Permanent wall, awning/canopy or monument sign, 101 sf to 200 sf  \$200
- Permanent wall, awning/canopy or monument sign, more than 200 sf  \$250
- Temporary sign/banner  \$60

Permit Copy will be mailed to the Sign Contractor address

(Fees are non-refundable)

**NOTE:** Failure to obtain a permit before sign installation has started may result in the total fee assessed at quadruple the standard fees.

By my signature, I state and agree, that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the City of Greenfield, and the Laws of the State of Wisconsin pertaining to the work described herein.

Applicant Name (Print): Lyle Dadian

Applicant Signature: [Signature] Date: 5-14-26



Board of Public Works Meeting

Item Number:

Introduced By: Department of Neighborhood Services (Katz)

Date Introduced: May 26, 2026

**RELATING TO:**

Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code regarding a parking restriction on the west side of S. 84<sup>th</sup> Street, south of W. Forest Home Avenue.

**SUMMARY:**

“No parking, at any time, on the west side of S. 84th Street, from West Forest Home Avenue, southerly to a point 615 feet north of West Holmes Avenue.”

**FINANCIAL:**

None

**RECOMMENDATION:**

Adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code regarding a parking restriction on the west side of S. 84<sup>th</sup> Street, south of W. Forest Home Avenue.

**ATTACHMENTS:** KEY ISSUES  BACKGROUND  RESOLUTION  FISCAL NOTE   
MOTION  OTHER

ORDINANCE NO. #####

AN ORDINANCE AMENDING SECTION 8.04 OF THE  
MUNICIPAL CODE OF THE CITY OF GREENFIELD

The Common Council of the City of Greenfield do ordain as follows:

PART I. Section 8.04 of the Greenfield Municipal Code is hereby amended as follows:

“No parking, at any time, on the west side of S. 84<sup>th</sup> Street, from West Forest Home Avenue, southerly to a point 615 feet north of West Holmes Avenue.”

City staff is hereby directed to modify the City’s official traffic map accordingly and add or modify signage as necessary to effectuate this ordinance.

PART II. The terms and provisions of this ordinance are severable. Should any term or provision of this ordinance be found to be invalid by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

PART III. All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

PART IV. This ordinance shall take effect and be in force from and after its passage and publication.

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the 16th day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk



Board of Public Works Meeting

Item Number:

Introduced By: Department of Neighborhood Services (Katz)

Date Introduced: May 26, 2026

**RELATING TO:**

Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code regarding stop signs on Midland Avenue and 47th Street and on Ohio Avenue and 45th Street.

**SUMMARY:**

At the intersection of W. Midland Avenue and S. 47th Street, all eastbound and westbound traffic must stop before entering the intersection.

At the intersection of W. Ohio Avenue and S. 45th Street, all traffic in all directions must stop before entering the intersection.

**FINANCIAL:**

None.

**RECOMMENDATION:**

Adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code regarding stop signs on Midland Avenue and 47th Street and on Ohio Avenue and 45th Street.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_

ORDINANCE NO. #####

AN ORDINANCE AMENDING SECTION 8.04 OF THE  
MUNICIPAL CODE OF THE CITY OF GREENFIELD

The Common Council of the City of Greenfield do ordain as follows:

PART I. Section 8.04 of the Greenfield Municipal Code is hereby amended as follows:

At the intersection of W. Midland Avenue and S. 47<sup>th</sup> Street, all eastbound and westbound traffic must stop before entering the intersection.

At the intersection of W. Ohio Avenue and S. 45<sup>th</sup> Street, all traffic in all directions must stop before entering the intersection.

City staff is hereby directed to modify the City's official traffic map accordingly and add or modify signage as necessary to effectuate this ordinance.

PART II. The terms and provisions of this ordinance are severable. Should any term or provision of this ordinance be found to be invalid by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

PART III. All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

PART IV. This ordinance shall take effect and be in force from and after its passage and publication.

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the 16th day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk



Board of Public Works Meeting

Item Number:

Introduced By: Department of Neighborhood Services (Katz)

Date Introduced: May 26, 2026

**RELATING TO:**

Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 647 regarding parking restrictions on South 68<sup>th</sup> Street.

**SUMMARY:**

Ordinance 647 created a no parking zone in front of the properties at 4136 South 68<sup>th</sup> Street and 4140 South 68<sup>th</sup> Street.

The no parking zone is no longer needed.

**FINANCIAL:**

None.

**RECOMMENDATION:**

Adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 647 regarding parking restrictions on South 68<sup>th</sup> Street.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_

ORDINANCE NO. #####

AN ORDINANCE AMENDING SECTION 8.04 OF THE  
MUNICIPAL CODE OF THE CITY OF GREENFIELD

The Common Council of the City of Greenfield do ordain as follows:

PART I. Section 8.04 of the Greenfield Municipal Code is hereby amended by repealing Ordinance 647 which reads as follows:

“Parking is hereby prohibited at 4136 South 68<sup>th</sup> Street and 4140 South 68<sup>th</sup> Street.”

City staff is hereby directed to modify the City’s official traffic map accordingly, and remove or modify signage as necessary to effectuate this ordinance.

PART II. The terms and provisions of this ordinance are severable. Should any term or provision of this ordinance be found to be invalid by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

PART III. All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

PART IV. This ordinance shall take effect and be in force from and after its passage and publication.

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the 16th day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk



Board of Public Works Meeting

Item Number:

Introduced By: Department of Neighborhood Services (Katz)

Date Introduced: May 26, 2026

**RELATING TO:**

Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 1084 regarding U-turns on South 68<sup>th</sup> Street.

**SUMMARY:**

Ordinance 1084 restricted U-turns on S. 68<sup>th</sup> Street at the north end of the median in the 4100 block of S. 68<sup>th</sup> Street. There are no U-turn issues here and it has not been signed for many years.

**FINANCIAL:**

None.

**RECOMMENDATION:**

Adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 1084 regarding U-turns on South 68<sup>th</sup> Street.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_

ORDINANCE NO. #####

AN ORDINANCE AMENDING SECTION 8.04 OF THE  
MUNICIPAL CODE OF THE CITY OF GREENFIELD

The Common Council of the City of Greenfield do ordain as follows:

PART I. Section 8.04 of the Greenfield Municipal Code is hereby amended by repealing Ordinance 1084 which reads as follows:

“No U-turns on S. 68<sup>th</sup> Street at the north end of the median in the 4100 block of S. 68<sup>th</sup> Street.”

City staff is hereby directed to modify the City’s official traffic map accordingly, and remove or modify signage as necessary to effectuate this ordinance.

PART II. The terms and provisions of this ordinance are severable. Should any term or provision of this ordinance be found to be invalid by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

PART III. All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

PART IV. This ordinance shall take effect and be in force from and after its passage and publication.

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the 16th day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk



Board of Public Works Meeting

Item Number:

Introduced By: Department of Neighborhood Services (Katz)

Date Introduced: May 26, 2026

**RELATING TO:**

Discussion and decision to adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 1104 regarding U-turns on South 68<sup>th</sup> Street.

**SUMMARY:**

Ordinance 1104 restricted U-turns on S. 68<sup>th</sup> Street at the south end of the median in the 4100 block of S. 68<sup>th</sup> Street. There are no U-turn issues here and it has not been signed for many years.

**FINANCIAL:**

None.

**RECOMMENDATION:**

Adopt an ordinance amending Section 8.04 of the Greenfield Municipal Code by repealing Ordinance 1104 regarding U-turns on South 68<sup>th</sup> Street.

**ATTACHMENTS:** KEY ISSUES \_\_\_ BACKGROUND \_\_\_ RESOLUTION \_\_\_ FISCAL NOTE \_\_\_  
MOTION \_\_\_ OTHER \_\_\_

ORDINANCE NO. #####

AN ORDINANCE AMENDING SECTION 8.04 OF THE  
MUNICIPAL CODE OF THE CITY OF GREENFIELD

The Common Council of the City of Greenfield do ordain as follows:

PART I. Section 8.04 of the Greenfield Municipal Code is hereby amended by repealing Ordinance 1104 which reads as follows:

“No U-Turn at the south end of the median in the 4100 block of S. 68<sup>th</sup> Street.”

City staff is hereby directed to modify the City’s official traffic map accordingly, and remove or modify signage as necessary to effectuate this ordinance.

PART II. The terms and provisions of this ordinance are severable. Should any term or provision of this ordinance be found to be invalid by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

PART III. All ordinances or parts of ordinances contravening the provisions of this ordinance are hereby repealed.

PART IV. This ordinance shall take effect and be in force from and after its passage and publication.

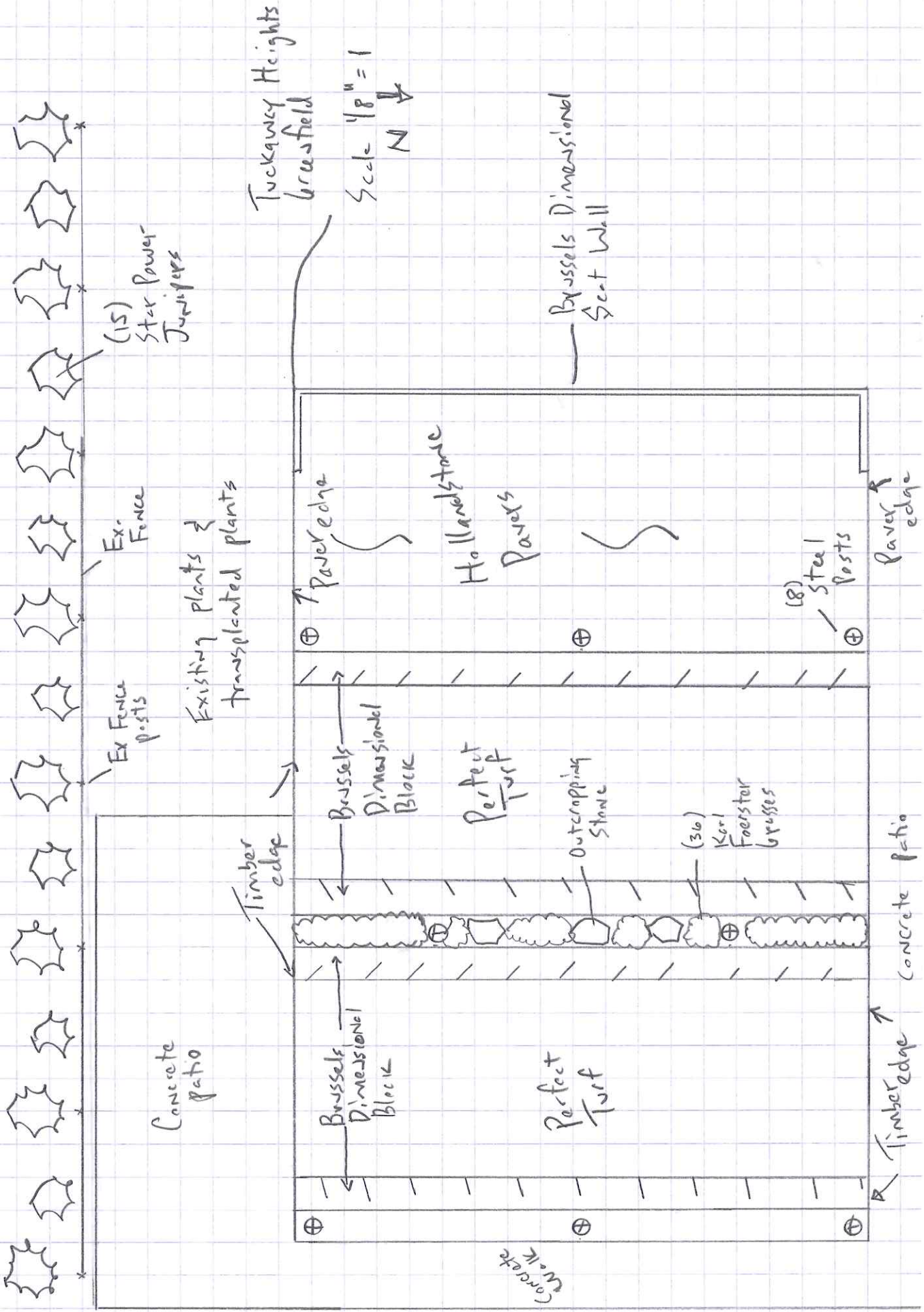
PASSED AND ADOPTED by the Common Council of the City of Greenfield on the 16th day of June, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk



RESOLUTION NO. \_\_\_\_\_

Special Use Permit for Mezcalero Food Truck, a proposed food truck business, located at 6869 W. Forest Home Ave., submitted by Juanita Campos, d/b/a Mezcalero Restaurant and Bar (Tax Key No. 571-8957-002)

WHEREAS, Juanita Campos, d/b/a Mezcalero Restaurant and Bar, duly filed with the City Clerk an application for a Special Use Permit, pursuant to Sec. 21.04.0603, Sec. 21.04.0700 and Sec. 21.08.0103 of the Municipal Code, to establish Mezcalero Food Truck, a proposed food truck business, to be located at 6869 W. Forest Home Ave.; and,

WHEREAS, after due notice, a public hearing was held by the Common Council on June 16, 2026, at 7:00 p.m. or soon thereafter, in the Common Council Chambers, to consider the application; and,

WHEREAS, the Common Council, having carefully considered the evidence presented at the public hearing and the following pertinent facts noted:

1. The applicant, Juanita Campos, d/b/a Mezcalero Restaurant and Bar, is based out of 6869 W. Forest Home Ave., Greenfield WI 53220.
2. The property is owned by Rosales Products and Services LLC, located at 6869 W. Forest Home Ave., Greenfield WI 53220.
3. The Mezcalero Restaurant and Bar currently occupies the entirety of the commercial building located at 6869 W. Forest Home Ave., Greenfield, Milwaukee County, Wisconsin, more particularly described as follows:

That part of the Northwest ¼ Section of 22, Township 6 North, Range 21 East, in the City of Greenfield, Milwaukee County, Wisconsin which is bounded and described as follows: Commencing at a point located 1,062.93 feet North of the Southeast corner and 175.38 feet West of the East line of said ¼ Section; thence South 168.28 feet; thence Southwesterly 136.80 feet; thence Northwesterly 267.20 feet; thence Northeasterly 115.80 feet; thence East 51.70 feet; thence Southeasterly 90.80 feet; thence East 98.39 feet to the point of beginning. Excepting therefrom those parts taken for public street purposes.

Tax Key No. 571-8957-002.

Said land being located at 6869 W. Forest Home Ave.

4. The applicant is proposing to increase the previously approved number of food trucks from two (2) trucks to three (3) trucks utilizing the existing commercial building as a home base.
5. The aforesaid premise is zoned C-2 Community Commercial District under the Zoning Ordinance of the City of Greenfield, which permits mobile food services as a Special Use, pursuant to Sec. 21.04.0603, Sec. 21.04.0700 and Sec. 21.08.0103 of the Municipal Code.

6. The subject property is part of the W. Forest Home Ave. commercial corridor. Properties to the north are developed for utility and park & recreational uses. Properties to the west and east are developed for residential uses. Properties to the south are developed for commercial uses.

7. The proposed development should not adversely contribute to traffic volumes or traffic flow in the area.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Greenfield that the application of Juanita Campos, d/b/a Mezcalero Restaurant and Bar to establish Mezcalero Food Truck, a proposed food truck home base, to be located at 6869 W. Forest Home Ave., be, and is hereby granted on the following grounds:

That the establishment, maintenance and operation of the proposed use, with the imposition of certain conditions hereinafter set forth, reasonably satisfies the standards set forth in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code, so as to permit the issuance of a special use permit as therein provided.

BE IT FURTHER RESOLVED that said Special Use Permit is granted subject to the following conditions:

1. Site and Landscaping Plans. The grant of this Special Use Permit is subject to and conditioned upon the Site Plan and all other applicable conditions approved by the Plan Commission on June 9, 2026 and by the Common Council on June 16, 2026. No alteration or modification of the approved plan shall be permitted without approval by the Common Council.
2. Building Plans and Fire Codes. The grant of this Special Use is subject to building plans being submitted to and approved by the Inspection Services Division and by the Fire Department.
3. Hours of Operation. The allowable hours of operation for Mezcalero Food Truck will be 10:00am to 10:00pm, daily.
4. Off-Street Parking. A total of 95 off-street parking stalls are required for the property. The property will provide 47 off-street parking stalls, 5 (five) of which will be occupied by the food trucks. The Common Council may waive the shortage.
5. Signage. Signage shall be in compliance with the City's Signage Ordinance. Any building window signage shall not exceed twenty (20) percent of the net glazed front window area per business premises. Rope/LED trim lighting shall not be allowed.
6. Public Nuisance. In accordance with Chapter 11 of the Municipal Code, Public Nuisances are prohibited. Public Nuisances include blighted properties due to an accumulation thereon of junk or other unsightly debris. Enforcement and abatement of public nuisances, including revocation of the Special Use Permit, may take place after three (3) or more nuisance activities have occurred at a premise on separate days during a one hundred and eighty (180) day period.

7. Marketing Displays. The use of pennants, special lighting, flags, streamers or other signage typically temporary in nature, hanging, floating or attached to a structure or vehicle shall not be permitted.

8. Outdoor Lighting. All outdoor lighting fixtures shall be shielded in such a manner that no light splays from the property boundaries. Full-cut off fixtures and or house side shields must be utilized to minimize light splay. Rope/LED trim lighting is not permitted.

9. Litter. Employees shall inspect the area and the immediate vicinity and pick up litter on a daily basis.

10. Refuse Collection. All refuse to be provided by a commercial hauler. All refuse, recyclables and other waste material shall be screened from by a four-sided board-on-board refuse enclosure provided on site.

11. Pest Control. Exterior pest control shall be maintained at all times and pest control problems shall be addressed immediately.

12. Pagers, Intercoms. The use of outdoor pagers, intercoms, or speakers shall not be permitted on site as surrounding land use consists of residential uses.

13. Noxious Odors, Etc. The use shall not emit foul, offensive, noxious or disagreeable odors, gases, or effluvia into the air. Mechanical systems shall be maintained to efficiently remove noxious odors.

14. Pollution. The use shall not cause any noxious or unwholesome liquid or substance or any dirt, mud, sand, gravel, or stone refuse or other materials to be deposited upon any public right of way or flow into any sanitary sewer, storm sewer, or water supply system, or onto adjacent properties.

15. Deliveries and Refuse Pickup. The property will be required to abide by the City of Greenfield health/public nuisance rules per Chapter 12 of the Municipal Code. Because there is a residential neighborhood adjacent to the site, delivery operations and refuse pick up shall only be permitted during daytime hours. These functions shall not be permitted between the hours of 9:00 p.m. and 7:00 a.m.

16. Expiration of Special Use Permit. Any special use approved by the Common Council shall lapse and become null and void one (1) year from and after that approval if the use has not commenced, construction is not underway, or the owner has not obtained a valid building permit. An extension of these time limitations may be granted without a public hearing by the Common Council by resolution reauthorizing the special use in accordance with the following criteria:

A. The applicant requesting the extension shall complete a planning application available from the Community Development Division and shall submit a \$350.00 special use permit review/amendment fee.

B. A written explanation for the extension of time shall accompany the planning application along with a timeline/schedule for obtaining necessary permits, zoning, state and municipal approvals and a target date for construction start;

C. The request for extension shall be submitted within sixty (60) days of the expiration of the special use permit;

D. The extension, if granted, shall be valid for a period of six (6) months. If no building permit has been issued and construction has not commenced within six (6) months from and after the extension has been granted, the special use shall become null and void.

17. Miscellaneous.

A. Applicants are advised that the foregoing conditions are reasonably necessary to protect the public interest and to secure compliance with the standards and requirements specified in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code; that the issuance of the special use is expressly subject to compliance with said conditions.

B. The use, as granted herein, is subject to applicants' compliance with all other state and local laws and regulations which may be applicable to the proposed use of the real estate in question.

C. The special use, as granted herein, shall run with the land and benefit and restrict all future owners and occupants of the property, unless the use shall lapse or be terminated and the use will not be altered or extended (including structural alterations and/or additions) without the approval of the Common Council, following public hearing, all as provided in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code.

18. Lapse. If the applicant does not meet all of the terms and conditions set forth in this grant of a special use within one year of the granting thereof, then the Special Use Permit shall lapse and become null and void and the applicant shall forfeit any right to use the property as conferred by the Special Use Permit. The failure of the applicant to meet the terms and conditions of the Special Use Permit shall subject the permit to being declared void by the Common Council after notice to the applicant and a hearing before the Common Council. Upon a finding by the Common Council on the matter, the applicant and/or any interested person may make comments regarding the matter to the Common Council prior to the Common Council's next regular meeting following the hearing recommendation. Upon the Common Council's finding that the Special Use Permit has lapsed and become void, the applicant shall cease all operations at the property.

19. Termination of Special Use. If the person or entity granted the special use violates, allows or suffers the violation of the ordinances of the City of Greenfield, the State of Wisconsin or the United States on the premises covered by the special use, then the special use may be terminated.

20. Acknowledgement. That the applicants sign an acknowledgment that he/she/they has/have received these terms and conditions and will abide by them.

The undersigned applicant agrees to the terms and conditions and has agreed that the grant of the Special Use Permit is conditioned on meeting the terms and conditions of this resolution.

\_\_\_\_\_  
Juanita Campos, d/b/a Mezcalero Restaurant and Bar

Provided to applicant on the  
\_\_\_\_\_ day of \_\_\_\_\_, 2026

\_\_\_\_\_  
City Planner

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the \_\_\_\_\_  
day of \_\_\_\_\_, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk

RESOLUTION NO. \_\_\_\_\_

Special Use Permit for an expansion of Game Together MKE, an existing used merchandise store, to be located at 4635 S. 108th St., submitted by Steven Barron d/b/a Game Together MKE. (Tax Key No. 609-0033-001)

WHEREAS, Steven Barron d/b/a Game Together MKE, duly filed with the City Clerk an application for a Special Use Permit, pursuant to Sec. 21.04.0603, Sec. 21.04.0700 and Sec. 21.08.0103 of the Municipal Code, to expand Game Together MKE, an existing used merchandise store, located at 4635 S. 108th St.; and,

WHEREAS, after due notice, this item was reviewed by the Common Council on June 16, 2026, at 7:00 p.m. or soon thereafter, in the Common Council Chambers, and,

WHEREAS, the Common Council, having carefully considered the evidence presented at the meeting and the following pertinent facts noted:

1. The applicant, Steven Barron d/b/a Game Together MKE, is based out of 4635 S. 108<sup>th</sup> St., Greenfield WI 53228.
2. The property is owned by Forest Park Real Estate Co., located at 2765 S. 27<sup>th</sup> St., Milwaukee WI 53215.
3. Game Together MKE will occupy the entirety of the two (2) approximately 1,500 sq. ft. tenant spaces in the multi-tenant commercial building located at 4633-35 S. 108<sup>th</sup> St., Greenfield, Milwaukee County, Wisconsin, more particularly described as follows:

Lots 2, 3, 4 and 5 of Block 1 of Valley View Heights, a recorded subdivision, plus the East 1/2 of a vacated alley adjacent on the West, all being a part of the Southeast 1/4 of Section 19, Township 6 North, Range 21 East, in the City of Greenfield, Milwaukee County, Wisconsin.

Tax Key No. 609-0033-001

Said land being located at 4629-4663 S. 108<sup>th</sup> St.

4. The applicant is proposing to expand their existing used merchandise business to a neighboring tenant space within the existing multi-tenant commercial building.
5. The aforesaid premise is zoned C-4 Regional Business District under the Zoning Ordinance of the City of Greenfield, which permits used merchandise stores as a Special Use, pursuant to Sec. 21.04.0603, Sec. 21.04.0700 and Sec. 21.08.0103 of the Municipal Code.
6. The subject property is part of an area along the S. 108th St. commercial corridor. Properties to the north, south, and east are developed as commercial. Properties to the west are developed as residential.

7. The proposed development should not adversely contribute to traffic volumes or traffic flow in the area.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Greenfield that the application of Steven Barron d/b/a Game Together MKE, to expand Game Together MKE, an existing used merchandise store, located at 4635 S. 108th St., be, and is hereby granted on the following grounds:

That the establishment, maintenance and operation of the proposed use, with the imposition of certain conditions hereinafter set forth, reasonably satisfies the standards set forth in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code, so as to permit the issuance of a special use permit as therein provided.

BE IT FURTHER RESOLVED that said Special Use Permit is granted subject to the following conditions:

1. Site and Landscaping Plans. The grant of this Special Use Permit is subject to and conditioned upon the Site Plan and all other applicable conditions approved by the Plan Commission on June 9, 2026, and by the Common Council on June 16, 2026. No alteration or modification of the approved plan shall be permitted without approval by the Common Council.
2. Building Plans and Fire Codes. The grant of this Special Use is subject to building plans being submitted to and approved by the Inspection Services Division and by the Fire Department.
3. Hours of Operation. The allowable hours of operation for Game Together MKE are 11:00am to 7:00pm Sunday through Thursday, and 11:00am to 12:00pm (noon) Friday and Saturday.
4. Off-Street Parking. Game Together MKE will require fifteen (15) parking stalls. A total of 78 off-street parking stalls are required for the entire multi-tenant building. The property will provide 69 off-street parking stalls. Common Council may waive the shortage.
5. Signage. Signage shall be in compliance with the City's Signage Ordinance. Any building window signage shall not exceed twenty (20) percent of the net glazed front window area per business premises. Rope/LED trim lighting shall not be allowed.
6. Public Nuisance. In accordance with Chapter 11 of the Municipal Code, Public Nuisances are prohibited. Public Nuisances include blighted properties due to an accumulation thereon of junk or other unsightly debris. Enforcement and abatement of public nuisances, including revocation of the Special Use Permit, may take place after three (3) or more nuisance activities have occurred at a premise on separate days during a one hundred and eighty (180) day period.

7. Marketing Displays. The use of pennants, special lighting, flags, streamers or other signage typically temporary in nature, hanging, floating or attached to a structure or vehicle shall not be permitted.

8. Outdoor Lighting. All outdoor lighting fixtures shall be shielded in such a manner that no light splays from the property boundaries. Full-cut off fixtures and or house side shields must be utilized to minimize light splay. Rope/LED trim lighting is not permitted.

9. Litter. Employees shall inspect the area and the immediate vicinity and pick up litter on a daily basis.

10. Refuse Collection. All refuse to be provided by a commercial hauler. All refuse, recyclables and other waste material shall be screened from by a four-sided board-on-board refuse enclosure provided on site.

11. Pest Control. Exterior pest control shall be maintained at all times and pest control problems shall be addressed immediately.

12. Pagers, Intercoms. The use of outdoor pagers, intercoms, or speakers shall not be permitted on site as surrounding land use consists of residential uses.

13. Noxious Odors, Etc. The use shall not emit foul, offensive, noxious or disagreeable odors, gases, or effluvia into the air. Mechanical systems shall be maintained to efficiently remove noxious odors.

14. Pollution. The use shall not cause any noxious or unwholesome liquid or substance or any dirt, mud, sand, gravel, or stone refuse or other materials to be deposited upon any public right of way or flow into any sanitary sewer, storm sewer, or water supply system, or onto adjacent properties.

15. Deliveries and Refuse Pickup. The property will be required to abide by the City of Greenfield health/public nuisance rules per Chapter 12 of the Municipal Code. Because there is a residential neighborhood adjacent to the site, delivery operations and refuse pick up shall only be permitted during daytime hours. These functions shall not be permitted between the hours of 9:00 p.m. and 7:00 a.m.

16. Expiration of Special Use Permit. Any special use approved by the Common Council shall lapse and become null and void one (1) year from and after that approval if the use has not commenced, construction is not underway, or the owner has not obtained a valid building permit. An extension of these time limitations may be granted without a public hearing by the Common Council by resolution reauthorizing the special use in accordance with the following criteria:

A. The applicant requesting the extension shall complete a planning application available from the Community Development Division and shall submit a \$350.00 special use permit review/amendment fee.

B. A written explanation for the extension of time shall accompany the planning application along with a timeline/schedule for obtaining necessary permits, zoning, state and municipal approvals and a target date for construction start;

C. The request for extension shall be submitted within sixty (60) days of the expiration of the special use permit;

D. The extension, if granted, shall be valid for a period of six (6) months. If no building permit has been issued and construction has not commenced within six (6) months from and after the extension has been granted, the special use shall become null and void.

17. Miscellaneous.

A. Applicants are advised that the foregoing conditions are reasonably necessary to protect the public interest and to secure compliance with the standards and requirements specified in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code; that the issuance of the special use is expressly subject to compliance with said conditions.

B. The use, as granted herein, is subject to applicants' compliance with all other state and local laws and regulations which may be applicable to the proposed use of the real estate in question.

C. The special use, as granted herein, shall run with the land and benefit and restrict all future owners and occupants of the property, unless the use shall lapse or be terminated and the use will not be altered or extended (including structural alterations and/or additions) without the approval of the Common Council, following public hearing, all as provided in Sec. 21.04.0603 and Sec. 21.08.0103 of the Municipal Code.

18. Lapse. If the applicant does not meet all of the terms and conditions set forth in this grant of a special use within one year of the granting thereof, then the Special Use Permit shall lapse and become null and void and the applicant shall forfeit any right to use the property as conferred by the Special Use Permit. The failure of the applicant to meet the terms and conditions of the Special Use Permit shall subject the permit to being declared void by the Common Council after notice to the applicant and a hearing before the Common Council. Upon a finding by the Common Council on the matter, the applicant and/or any interested person may make comments regarding the matter to the Common Council prior to the Common Council's next regular meeting following the hearing recommendation. Upon the Common Council's finding that the Special Use Permit has lapsed and become void, the applicant shall cease all operations at the property.

19. Termination of Special Use. If the person or entity granted the special use violates, allows or suffers the violation of the ordinances of the City of Greenfield, the State of Wisconsin or the United States on the premises covered by the special use, then the special use may be terminated.

20. Acknowledgement. That the applicants sign an acknowledgment that he/she/they has/have received these terms and conditions and will abide by them.

The undersigned applicant agrees to the terms and conditions and has agreed that the grant of the Special Use Permit is conditioned on meeting the terms and conditions of this resolution.

\_\_\_\_\_  
Steven Barron d/b/a Game Together MKE

Provided to applicant on the \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Gina Vlach, City Planner

PASSED AND ADOPTED by the Common Council of the City of Greenfield on the \_\_\_\_\_ day of \_\_\_\_\_, 2026.

APPROVED:

\_\_\_\_\_  
Michael J. Neitzke, Mayor

ATTEST:

\_\_\_\_\_  
Jennifer Goergen, City Clerk

PACKETS FOR WEDNESDAY, 6 / 10 / 2026 FINANCE MEETING

AP DISBURSEMENT SCHEDULES:

AP CHECKS	5/15/2026	\$	767,703.16
AP CHECKS - Manual Check	5/15/2026	\$	10,000.00
AP CHECKS	5/22/2026	\$	236,981.75
AP CHECKS	5/29/2026	\$	742,604.76
AP CHECKS	6/5/2026	\$	1,665,793.04
WIRE TRANSFERS - MAY 2026		\$	7,214,143.26
P-CARDS - APRIL 2026		\$	335,430.49
		TOTAL \$	10,972,656.46

CC: PAULA

CC: FINANCE FOLDER

LOCAL GOVERNMENT INVESTMENT POOL

**April 2026 Statement**

March Ending Balance	\$	42,448,173.47
2 Deposit (s) in April		8,175,645.32
0 Withdrawal(s) in April		-
April Earnings @ 3.69%		152,403.21
	TOTAL	\$ 50,776,222.00

APRIL 2026  
INVESTMENTS

Institution	Princ Amt Invested	Investment Date	Maturity Date	Yield	Interest Earned	ID #
Money Mkt/Tri-City Bank	\$2,026,154.04	12/31/2001	variable		\$83.27	21901270
Ehlers Investment Partners X-2055705 GRD GEN INV	\$7,536,224.82	12/9/2014	variable			
Ehlers Investment Partners X- GRD 2021A INV	\$0.00					
Ehlers Investment Partners X- GRD 2021B	\$0.00	7/1/2021	variable			
Ehlers Investment Partnes X - ARPA	\$211,396.81					
Ehlers Investment Partnes X - 2022A X-3025	\$78,802.41					
Associated Bank Investments	\$7,102,433.99	3/15/2022	variable			
<b>Totals</b>	<b>\$16,955,012.07</b>				<b>\$83.27</b>	