

## AGENDA

November 8, 2016 at 8:30 a.m.  
Foster Conference Room – City Hall  
222 Lewis Street River Falls, WI 54022

### CALL TO ORDER

### APPROVAL OF AGENDA/MINUTES

### FINANCIAL REPORT

### NEW GRANT REQUESTS

1. Home Appliance – Door
2. Lori's Salon & Day Spa – Siding
3. 146 W. Division St (Steven Trebus) – Paint, Sign, Lighting

### OTHER BUSINESS

4. Business Updates
5. Other Updates – mural, postcard, City information

### ADJOURN

# City of River Falls Business Improvement District

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## MINUTES

October 11, 2016 at 8:30 a.m.

Foster Conference Room - City Hall

222 Lewis Street River Falls, WI 54022

**CALL TO ORDER**– Joleen Larson called the meeting to order at 8:34 a.m.

**Members present:** Joleen Larson, Lori Moran, Kerri Olson, Chris Blasius, Amy Halvorson and Mike Pepin.

**Members Absent:** Mike Miller, Shari Frisbee and Terry McKay.

**Others present:** Melissa – possible new business owner, David Hovel, Building Inspector.

### Meeting Minutes

The September 13, 2016 meeting minutes were reviewed. Motion Blasius, second Halvorson to approve; motion carried.

### Financial Report

Financial reports were reviewed.

### Grant requests

The Swinging Bridge Brewing Company grant request for a sign was reviewed and discussed. The contractor's bid amount was \$6120 and the BID request was the \$1000 maximum. Hovel stated that the Downtown Design Review Committee (DRC) approved the sign. Motion by Halvorson, second by Blasius to approve the \$1000 sign grant for Swinging Bridge Brewing Company; motion carried.

### Other Business

- The Draft Grant Application was reviewed, which included an example grant amount calculation and a list of grant limits. Motion Halvorson, second Pepin to approve the revised application; motion carried.
- Business Updates – Melissa would like to start a Cookie & Ice Cream Shop on Main Street, preferably near the university. She would need a commercial kitchen and 1100 square feet.
- Treasurers From the Heart will be in for a new sign grant soon.
- Lori's Massage and Day Spa will be in for a grant for new siding.

### Other Updates

- Song Garden's project is underway.
- The apartments at 123½ S. Main are being cleaned up and updated a bit.
- The cigarette butt container in front of Broz is broken.
- No updates on the mural.
- Larson will be presenting the budget to the Council again this year.

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BID Board Chair:  
BID Staff:

Joleen Larson  
Amy Peterson, AICP

715-426-7776  
715-426-3425

joleenlarson@hotmail.com  
apeterson@rfcity.org

**Next Meeting**

Next meeting is November 8, 2016 at 8:30 a.m. in the Foster Room, City Hall.

**ADJOURNMENT**

Motion Blasius, second Moran to adjourn, motion carried at 9:10 a.m.

DH

## 2016 BID Receipts & Disbursements

Checking Account balance forward as of December 31, 2015: \$ 20,271.77

<u>Date</u>	<u>Type</u>	<u>Check #</u>	<u>Project or Charge/Use</u>	<u>Amount</u>	<u>Balance</u>
01/06/16	Debit	2806	Leitch Ins. Agency / BID liability insurance	- 600.00	\$ 19,671.77
02/08/16	Debit	e-check	Dept. of Financial Inst./annual report filing fee	- 10.00	\$ 19,661.77
02/17/16	Debit	2807	Gentz Family Barbershop / sign grant	- 825.00	\$ 18,836.77
02/24/16	Credit		Annual assessment / City of River Falls	+42,000.00	\$ 60,836.77
03/08/16	Debit	2808	RF CAB/gold sponsor Music in Park/Art Crawl	- 1,000.00	\$ 59,836.77
03/08/16	Debit	2809	Gentz Family Barbershop / sign grant (10% of Board approved amount – overage)	- 82.50	\$ 59,754.27
03/25/16	Debit	2810	PressEnter! / web hosting	- 59.85	\$ 59,694.42
04/21/16	Debit	2811	ACE hardware/garbage bags (Main St. sweep)	- 16.86	\$ 59,677.56
05/10/16	Debit	2812	RF Chamber of Commerce/River Dazzle spons.	- 6,000.00	\$ 53,677.56
05/11/16	Debit	2813	Eckert's Greenhouse/plugs-hanging baskets	- 71.99	\$ 53,605.57
06/06/16	Debit	2814	PressEnter! / web hosting	- 59.85	\$ 53,545.72
06/21/16	Debit	2815	Sandy Bowen/2 <sup>nd</sup> St gardens	- 1,243.50	\$ 52,302.22
07/06/16	Debit	2816	Crank Worx Bike Shop/sign grant	- 1,116.00	\$ 51,186.22
07/11/16	Debit	2817	Bo's N Mine / façade grant	- 4,778.20	\$ 46,408.02
07/25/16	Debit	2818	City of River Falls / cigarette receptacles	- 2,466.48	\$ 43,941.54
08/09/16	Debit	2819	Pearson's / hanging baskets	- 2,200.00	\$ 41,741.54
08/11/16	Debit	2820	Mit Shah-Best Western / sign grant	- 1,000.00	\$ 40,741.54
08/23/16	Debit	2821	Falls Family Eye Care / façade grant	- 2,596.82	\$ 38,144.72
09/07/16	Debit	2822	USPS / box rental	- 58.00	\$ 38,086.72
09/07/16	Debit	2823	PressEnter! / web hosting	- 59.85	\$ 38,026.87
09/07/16	Debit	2824	Cedar Hill Greenhouse / hanging baskets	- 1,485.00	\$ 36,541.87
09/14/16	Debit	2825	Falls Family Eye Care / façade grant (10% of Board approved amount-overage)	- 259.68	\$ 36,282.19
10/05/16	Debit	2826	VOIDED check – reissue of check #2824 determined to not be necessary		

**River Falls Main Street BID Board**  
**Facade & Sign Grant Application**

Owner's Name: JACK LINCHAN Phone #: 715 307 3664  
Applicant/Agent's Name: \_\_\_\_\_  
Business/Building: Home APPLIANCE  
Address of Project: 103 N main  
Daytime Phone: 715 307 3664 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

1. Project Description: REPLACE STEEL DOOR IN ALLEY
2. Goal of Project: \_\_\_\_\_
3. Project Time Frame: on order
4. Estimated Cost of Project: 803.00 + Labor
5. Grant Amount Requested: \_\_\_\_\_
6. Have you contacted the City of River Falls and received approval from the Community Development Department or Design Review Committee? YES NO N/A - see below.
7. Name of your Architect, Designer, and Contractor: (if applicable)  
GLASS EXPRESS
8. Certificate of Insurance must be obtained and submitted **before** the project is started, with a minimum liability limit of \$300,000.

**The application must be completed and signed. ALL related documentation must be submitted prior to consideration.**

I understand and agree to comply with all applicable codes, conditions of the Grant Agreement and conditions of approval. I certify that the above and attached information is accurate.

Applicant Signature Jack Linchan Date: 10-13-16

Print Name JACK LINCHAN

For City and BID use:

Date complete application received: 10/10/16  
City or DRC approval date: Replacement of same style, size door.  
BID Board approval date: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_  
Conditions of Grant Approval: \_\_\_\_\_



202 N. Main Street  
 River Falls, WI 54022  
 P: 715-425-8712  
 F: 715-425-8738  
 www.glassexpressinc.com

# Estimate

Date	Estimate #
10/12/2016	395

Name / Address
Home Appliance & TV 103 N. Main Street River Falls, WI 54022 W: 715-425-2342

Job
Replace Steel Door Alley Door

Description	Qty	Rate	Total
Steel Door Replacement 39 3/4" x 75" New Hinges Reuse Existing Lockset Reuse Existing Closer Reuse Existing Frame Primed Door  ***Labor not included and will be based on hours it takes to install to be fair to everyone***  *Does NOT Include any cleaning of glass or aluminum *Does NOT Include any replacement of glass broken by others *Does NOT Include any break metal for finishing (if needed)	1	761.70	761.70T

		<b>Subtotal</b>	\$761.70
Signature _____ Contractor		<b>Sales Tax (5.5%)</b>	\$41.89
Signature _____ Glass Express		<b>Total</b>	\$803.59



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> County Line Agency 107 South Main St  River Falls WI 54022		<b>CONTACT NAME:</b> Linda ZZHuppert <b>PHONE (A/C, No, Ext):</b> (715) 425-8219 <b>E-MAIL ADDRESS:</b> lhuppert@countylineins.com <b>FAX (A/C, No):</b> (715) 425-2939	
<b>INSURED</b> John Linehan 632 DUNDEE AVE  RIVER FALLS WI 54022		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acuity <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 14184	

**COVERAGES** **CERTIFICATE NUMBER:** CL16101312422 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
A	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		456181	7/22/2016	7/22/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  M Danielson/EMILY

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## Pending BID Obligations

### Grants approved by BID

<u>Date approved</u>	<u>Entity receiving grant</u>	<u>Use of grant money</u>	<u>Amount granted</u>
09/13/2016	Song Garden	façade grant	\$ 6,000.00
10/11/2016	Swinging Bridge Brewery	sign grant	\$ 1,000.00
		<b>Total to date:</b>	<b>\$ 7,000.00</b>

### Special Projects as outlined in "BID Board 2016 Budget"

<u>Explanation of special project</u>	<u>Estimated amount BID will contribute to project</u>	
Main Street flowers/hanging baskets	\$ 1,315.00	
Main Street banners/partnership with CAB	\$ 3,000.00	
Building mural project (continuing & maintenance)	\$ 5,000.00	
Heritage Park sign (maintenance)	\$ 200.00	
	<b>Total to date:</b>	<b>\$ 9,515.00</b>

### Summary

Pending Grants approved by BID:	\$ 7,000.00
Pending Special Projects BID participates in:	<u>\$ 9,515.00</u>
Total pending BID obligations:	\$ 16,515.00
<b>Balance in checking account as of 10/05/16:</b>	<b>\$ 36,282.19</b>
<b>2016 pending obligations:</b>	<b><u>\$ 16,515.00</u></b>
	<b>\$ 19,767.19</b>

**River Falls Main Street BID Board**  
**Facade & Sign Grant Application**

Owner's Name: Lori Moran Phone #: 715-222-5522  
Applicant/Agent's Name: \_\_\_\_\_  
Business/Building: 303 N 2nd St. RF  
Address of Project: Lori's Salon + Day Spa  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: spagirrf@gmail.com

1. Project Description:
2. Goal of Project:
3. Project Time Frame:
4. Estimated Cost of Project: 21,449
5. Grant Amount Requested: 7000.00
6. Have you contacted the City of River Falls and received approval from the Community Development Department or Design Review Committee? (YES)/ NO
7. Name of your Architect, Designer, and Contractor: (if applicable)  
Lindus Construction
8. Certificate of Insurance must be obtained and submitted before the project is started, with a minimum liability limit of \$300,000.

**The application must be completed and signed. ALL related documentation must be submitted prior to consideration.**

I understand and agree to comply with all applicable codes, conditions of the Grant Agreement and conditions of approval. I certify that the above and attached information is accurate.

Applicant Signature Lori Moran Date: 10.3.16  
Print Name Lori Moran

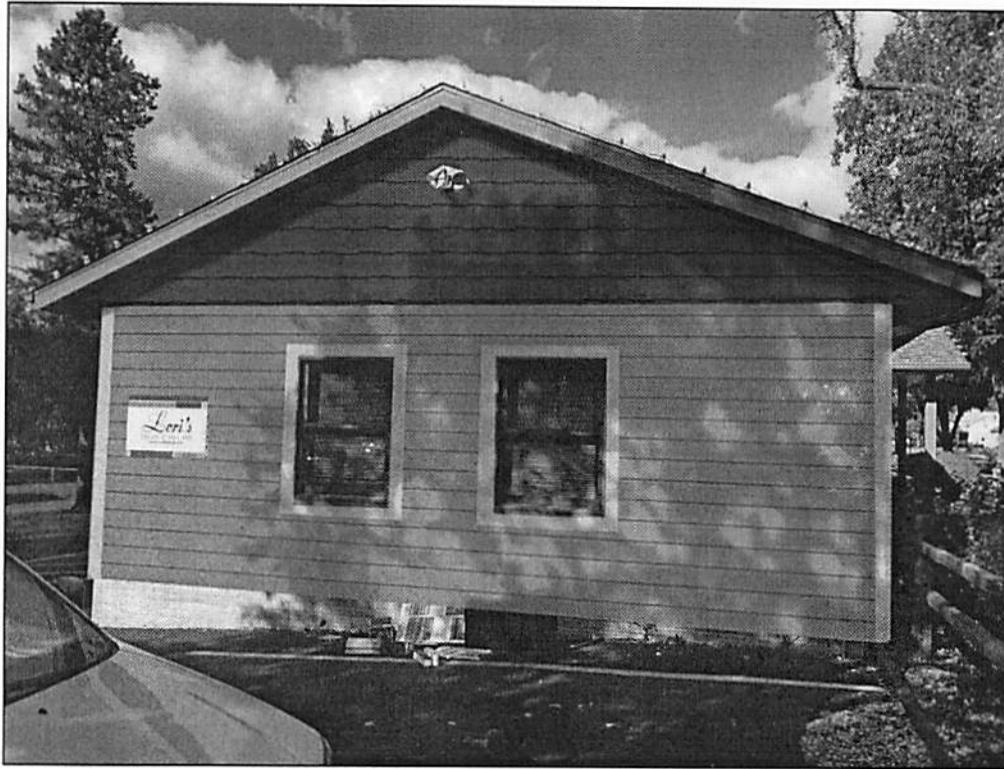
For City and BID use:

Date complete application received: \_\_\_\_\_  
City or DRC approval date: \_\_\_\_\_  
BID Board approval date: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_  
Conditions of Grant Approval: \_\_\_\_\_



# Lindus Construction Visualizer

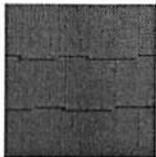
After



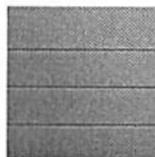
Before



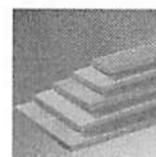
## Products Used



**Siding 1**  
 Brand: Shake  
 Type: Siding  
 Look: Cedar Shakes Panel  
 Color: Walnut



**Siding 2**  
 Brand: 12" MultiLap  
 Type: Siding  
 Look: Double 8"  
 Color: Khaki



**Trim 2**  
 Brand: Cedar Grain  
 Type: Trim  
 Look: Trim  
 Color: Almond



**Trim 3**  
 Brand: Cedar Grain  
 Type: Trim  
 Look: Trim  
 Color: Almond



**Trim 4**  
 Brand: Cedar Grain  
 Type: Trim  
 Look: Trim  
 Color: Almond



**Trim 5**  
 Brand: Cedar Grain  
 Type: Trim  
 Look: Trim  
 Color: Almond



**Wisconsin License No. 8602**  
**879 U.S. Hwy 63 Baldwin, WI 54002**  
**1-800-873-1451 Ph. 651-967-0366**  
**Fax: 715-684-3859**

PROPOSAL SUBMITTED TO (BUYER) Lori Moran		PROJECT NAME	DATE OF PROPOSAL September 27, 2016
BILLING STREET 303 2nd Street		PROJECT STREET 303 2nd Street	
BILLING CITY, STATE AND ZIP CODE River Falls, WI 54022		PROJECT CITY, STATE AND ZIP CODE River Falls, Wisconsin 54022	
PHONE #	FAX #	EMAIL ADDRESS spagirf@gmail.com	

We Propose hereby to furnish all material and labor, skill and equipment ("Work") to complete the Scope of Work identified below in exchange for the sum ("Contract Price") of:

	Total	\$21,441.49
Payment shall be made as follows:		
1/3 Down, 1/3 at Project Start, Balance Upon Substantial Completion	1/3 Down	\$2,100.00
Upon substantial completion Buyer may withhold 150% of the cost of any incomplete Work until the Work is finally completed.	Balance	\$19,341.49

This proposal will expire if not accepted within \_\_\_\_ days.  
 Make all checks payable to Lindus Construction, Inc.      Authorized Signature      LINDUS CONSTRUCTION, INC  
 Mike Olson

The following Scope of Work, written warranties and disclosures are included:  
 1) See attached Scope of Work, Product List and Document No. - 000000000  
 2) Lindus Lifetime Workmanship Warranty  
 \*Cost of Permit to be added to final invoice to ensure accuracy

Approximate Start Date: 10-12 weeks      Approximate End Date: Spring install

Acceptance of Proposal – By signing this Proposal you are:  
 a) making a written contract with Lindus Construction, Inc.;;  
 b) authorizing Lindus to commence work immediately;  
 c) acknowledging oral notice of 3-day right to cancel; and  
 d) acknowledging receipt of Lindus Lifetime Warranty.  
 e) acknowledging receipt of right to cure law brochure

**Buyer may cancel this Contract at any time prior to midnight of the third business day after signing. See attached Notice of Cancellation.**

Date of Acceptance (transaction date): 10/19/16      Buyer's Signature [Signature]

Buyer Acknowledges and Accepts the Work as Satisfactory and Complete :  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRODUCT LIST**

<b>Product Name</b>	<b>Product Color</b>	<b>Product Description</b>
Production Fee - Construction - Reduced		
LeafGuard - Gutter - Inside Miter	Terratone -Aluminum (Englert LeafGuard-Downspout)	
Siding - LP Smartside - 1st story LP Smartside corner	Oyster Shell -Wood (LP Smartside)	Almond
Siding - LP Smartside - LP Trim - 1X4	Almond ( Lyman Pre Finish) (LP Smart Side Sherwin Williams)	
Siding - Wraps - Entry door		
Siding - Wraps - Entry door with sidelite		Terratone
Leafguard - Discount - Free Labor		
LeafGuard - Downspout - A Elbows	Tan -Aluminum (Englert LeafGuard-A)	
LeafGuard - Downspout - All Downspouts	Tan -Aluminum (Englert LeafGuard-Downspout)	
LeafGuard - Downspout - B Elbows	Tan -Aluminum (Englert LeafGuard-B)	
LeafGuard - Downspout - Hinge Kickers - A	Tan -Aluminum (Englert LeafGuard-Downspout)	
LeafGuard - Gutter - 1st or 2nd Story	Terratone -Aluminum (Englert LeafGuard-Gutter)	
Production Fee - LeafGuard - Reduced		
Siding - LP Smartside - LP Trim - 1X10	Almond ( Lyman Pre Finish) (LP Smart Side Sherwin Williams)	
Siding - LP Smartside - 30 year Diamond Kote - Shakes Straight		Grizzly
Siding - LP SmartSide - 30 year Diamond Kote - 7"	Oyster Shell -Wood (LP Smartside)	
Siding - Discount - Free Labor		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2016

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<b>PRODUCER</b> Dowd-Reliance Agency, Inc. 1383 Campus Drive P.O. Box 88 New Richmond WI 54017		<b>CONTACT NAME:</b> Brenda Beckman <b>PHONE (A/C. No. Ext):</b> (715) 246-6145 <b>FAX (A/C. No):</b> (715) 246-6229 <b>E-MAIL ADDRESS:</b> bbeckman@dowdreliance.com	
<b>INSURED</b> LINDUS CONSTRUCTION INC. 879 US HIGHWAY 63 BALDWIN WI 54002		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Acuity</b> NAIC # <b>14184</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

### COVERAGES

CERTIFICATE NUMBER: 2016-2017

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L22226	6/15/2016	6/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS 19			L22226	6/15/2016	6/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI split limit \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			L22226	6/15/2016	6/15/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	L22226	6/15/2016	6/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>BUILDERS RISK COVERAGE</b>			L22226	6/15/2016	6/15/2017	LIMIT \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

spagirlrf@gmail.com

Lori Moran  
303 2nd Street  
River Falls, WI 54022

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David Tate/MARYJ

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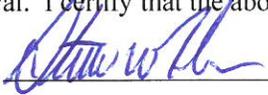
**River Falls Main Street BID Board**  
**Façade & Sign Grant Application**

Owner's Name: STEVEN W. TREBUS Phone #: 715-222-9600  
Applicant/Agent's Name: STEVEN W. TREBUS  
Business/Building: 146 W. DIVISION ST.  
Address of Project: \_\_\_\_\_  
Daytime Phone: 715-222-9600 Fax: 832-426-5708  
Email: stevetrebust@falconsappraisal.com

1. Project Description: \* ENHANCE BUILDING APPEAL WITH EXTERIOR PAINTING;
2. Goal of Project: \* BUILD SIGN (4'x8') WITH LIGHTING.  
\* INSTALL POWER TO BUILDING EXTERIOR FOR ADDITIONAL LIGHTING.
3. Project Time Frame: COMPLETED FALL 2016 (OCTOBER)
4. Estimated Cost of Project: \$6,068.33
5. Grant Amount Requested: \$2,123.80
6. Have you contacted the City of River Falls and received approval from the Community Development Department or Design Review Committee? - YES / NO
7. Name of your Architect, Designer, and Contractor: (if applicable)
8. Certificate of Insurance must be obtained and submitted **before** the project is started, with a minimum liability limit of \$300,000.

**The application must be completed and signed. ALL related documentation must be submitted prior to consideration.**

I understand and agree to comply with all applicable codes, conditions of the Grant Agreement and conditions of approval. I certify that the above and attached information is accurate.

Applicant Signature  Date: 10/27/16

Print Name STEVEN W. TREBUS

For City and BID use:  
Date complete application received: 10/27/16  
City or DRC approval date: \_\_\_\_\_  
BID Board approval date: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_  
Conditions of Grant Approval: \_\_\_\_\_

## BID Board Façade and Grant Expenses

Building location : 146 West Division St. River Falls Wisconsin

The purpose of exterior paint of building and installation of marquee signage along division Street is to improve appearance and visibility of location to enhance business visibility.

Work completed : October 2016

Description of work completed:

\$2,098.00 Prestige Electric LLC. Feed electricity from the building's interior to the exterior for enhanced lighting. Trench electrical power from building to the marquee signage along division Street. Install two lighting posts which directly relating to signage.

\$1,198.36 applied sign and designs Inc. Construct and install a 4' x 8' double-sided sign with Cedar posts.

\$1,075.00 Pro's Touch Landscaping Inc. Construction of concrete block retaining wall around marquee sign.

\$1,240 (75% of \$1,654.00) Two Bears Painting pressure wash, prepare exterior for paint. Apply two coats finish paint. (Subtracted 25% for priming two office ceilings and rooms)

\$456.97 Purchase of exterior paint from Sherwin Williams paint supply which was paid separately by Trebus Investments LLC. Using commercial accounts for discounted pricing.

\$6,068.33 Total expenditure of sign and façade project.

Thank You,

Steve Trebus

05/25/2016

Two Bears Painting  
726 South Main Street  
River Falls, WI 54022  
715-426-6618

Steve Trebus  
146 W Division St, River Falls, WI 54022  
(Commercial building )

- Pressure wash exterior of Commercial building
- Apply one full coat of primer to exterior of Commercial building
- Apply two full coats of finish paint to exterior of Commercial building
- Prime and two coats of finish paint to south window assembly
- Spay out to office ceilings
- Prime two offices rooms and various walls a dry wall patches throughout interior of commercial building....

Total due..... \$1.654.00

# SHERWIN-WILLIAMS

HUDSON Store 3244

2208 WEBSTER ST  
 HUDSON WI 54016 7220  
 (715)377-7782  
 Fax (715) 377-7784  
 www.sherwin-williams.com

SALE 1:12pm  
 Tran # 6270-0 05/10/16  
 E33/14895 10  
 PAMELA PO# 146 DIVISION

GALLOP SOLUTIONS INC  
 Account XXXX-9729-6  
 Job 1 GALLOP SOLUTIONS INC

Bill To:  
 GALLOP SOLUTIONS INC  
 300 BATES AVE STE 200  
 SAINT PAUL, MN 55106 5286  
 (651)501-0000

6508-68243 GALLON A78W53  
 SPR EXT LL DEEP  
 3.00 @ 39.19 117.57  
 Color: Custom CLAY LYNCH ALUMINUM

CCE*Color Cast	OZ	32	64	128
W1 White	-	55	1	-
B1 Black	-	34	1	-
R2 Maroon	-	4	-	-
Y3 Deep Gold	-	34	-	-

Custom Sher-Color Formula Match

6508-68276 5 GAL A78W53  
 SPR EXT LL DEEP  
 5.00 @ 38.19 190.95  
 Color: Custom CLAY LYNCH ALUMINUM

CCE*Color Cast	OZ	32	64	128
W1 White	8	21	1	-
B1 Black	4	44	1	-
R2 Maroon	-	20	-	-
Y3 Deep Gold	4	42	-	-

Custom Manual Formula Match

972-6605 00203 EACH  
 STRESS CRK TAPE  
 2.00 @ 5.89 11.78  
 Discount (%15.00) -1.77

Order # DE0139868A3244  
 SUBTOTAL BEFORE TAX 318.53

5.500% SALES TAX:1-505401600 17.52  
 TOTAL \$336.05

VISA -336.05

primer to exterior  
 finish paint to  
 finish paint to  
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# SHERWIN-WILLIAMS.

HUDSON Store 3244  
2208 WEBSTER ST  
HUDSON WI 54016 7220  
(715)377-7782  
Fax (715) 377-7784  
www.sherwin-williams.com

SALE  
Tran # 6709-7  
E42/14895  
BRANDON  
11:03am  
05/18/16  
10  
PO# 146 DIVISION

Order # DE0140175A3244

TWO BEARS  
Account XXXX-5523-1  
Job 1 TWO BEARS  
Tax Record Card 400154

Bill To:  
TWO BEARS  
633 WASHINGTON ST  
RIVER FALLS, WI 54022 3140  
(715)426-6618

Ship To:  
(715)307-0547

6508-68243 GALLON A78W53  
SPR EXT LL DEEP  
No Tax 4.00 @ 30.23 120.92  
Color: Custom CLAY LYNCH ALUMINUM

CCE*Color Cast	02	32	64	128
W1 White	-	55	1	-
B1 Black	-	34	1	-
R2 Maroon	-	4	-	-
Y3 Deep Gold	-	34	-	-

Custom Sher-Color Formula Match

SUBTOTAL BEFORE TAX 120.92

5.500% SALES TAX:1-505401600 0.00  
TOTAL \$120.92

VISA -120.92

C/C# XXXXXXXXXXXX1995  
Auth # 03138G

Customer Signature

Date

STORE HOURS  
SUNDAY 10:00 AM - 6:00 PM  
MONDAY - FRIDAY 7:00 AM - 8:00 PM  
SATURDAY 8:00 AM - 6:00 PM

Thank You  
receipt required for refund

C/C# ^  
Auth #



primer to exterior of Comm  
finish paint to exterior of C  
inish paint to south windo  
3S  
and various walls a dry w

**Applied Designs & Signs, INC.**  
**151 Hwy 35**  
**River Falls, WI 54022**  
**715-425-8444**

**SHIP TO: Steve Trebus**

**Invoice Number: 28926**

**PO#**

**Date of Order: 9/2/16**  
**Date order Shipped: 9/14/16**  
**Invoice Date: 9/12/16**

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	<b>AMOUNT</b>
<b>Site Sign (Alum. Panel Beige Doublesided, Cedar Posts, Brackets,Paint,Install)</b>	<b>\$1,135.89</b>

**Sub Total: \$1,135.89**  
**Tax: \$62.47**

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**Total: \$1,198.36**

**Prestige Electric, LLC**

P.O. Box 54  
RIVER FALLS, WI 54022  
651-775-2381

109939

Pg 1 of 2

NAME Trebue Investments	SHIP TO Steve Trebue's
ADDRESS 146 W. Division St	ADDRESS
CITY, STATE, ZIP River Falls, WI 54022	CITY, STATE, ZIP

ORDER NUMBER	DEPARTMENT	SALESPERSON Tommy	WHEN SHIP	TERMS	HOW SHIP	DATE 10/21/16
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
10/05	Rent Trencher & Dig up at Bldg and Sign for 3/4 PVC		
	Run conduit & back fill	Labor 5 Hrs x \$60/Hr	\$300.00
		5 Hrs x \$40/Hr	\$200.00
	Trencher		\$150.00
	Parts		\$27.00
10/10	Install 2 Bronze Decorative posts		
	Pull wires from Bldg to Posts		
	P+I Deep Weatherproof box at Bldg		
	P+I 2 - Flood Lts for signs		
	P+I 20 Amp Self-testing - TR/WR GFCI + Fuse at planter		
	P+I 2 - Par 380 Halogen Bulbs		
		Labor 2.5 Hrs x \$60	\$150.00
		2.5 x \$40	\$100.00
	Parts		\$193.00
10/11	Remove Handybox inside where sign will be fed from		
	Provide + Install 2 - 4" Square Metal Boxes		
	P+I 12/3 MC to feed power from inside to outside		
	P+I Photocell	Labor 1.25 Hrs x \$60	\$75.00
	Temp in Lts	1.75 Hrs x \$40	\$70.00
	Parts		\$28.00

BUYER:

adams 8100

KEEP THIS SLIP FOR REFERENCE

Subtotal \$1,273.00

**Prestige Electric, LLC**

P.O. Box 54  
 RIVER FALLS, WI 54022  
 651-775-2381

109943

Pg 2 of 2

NAME Trebous Investments	SHIP TO Steve Trebus
ADDRESS 146 Division St	ADDRESS
CITY, STATE, ZIP River Falls, WI 54022	CITY, STATE, ZIP

ORDER NUMBER	DEPARTMENT	SALESPERSON	WHEN SHIP	TERMS	HOW SHIP	DATE 10/21/16
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
10/11	Pg 1 Continued subtotal	\$	1,273. <sup>00</sup>
10/12	Find circuit with small load to carry exterior light load  P+I 20A Self Testing GFCI + In use at Bldg		
	Labor 1.25 x \$60	\$	75. <sup>00</sup>
	1.75 x \$40	\$	70. <sup>00</sup>
	Parts	\$	37. <sup>00</sup>
10/14	Provide + Install w/p Box by soffit to be switched by door  Check for ckt with not much load to feed  Run 12-2 mc in ceiling Add Ext Ring to fit wires Run 12-3 mc in ceiling to feed out <sup>side</sup> future light outlets		
	Labor 5.5 hrs x \$60	\$	330. <sup>00</sup>
	Parts	\$	71. <sup>00</sup>
10/17	P+I 2nd Switched GFCI kit for future outlets Remove Handy box for Switch P+I 4 Sep Metal Box + New RS Cover Relo J Boxes Pull wire & Complete		
	Labor 2.5 x \$60	\$	150. <sup>00</sup>
	Parts	\$	92. <sup>00</sup>

BUYER:

KEEP THIS SLIP FOR REFERENCE

Total \$2,098.<sup>00</sup>

Pro's Touch Landscaping, Inc.  
W12445 655th Ave  
Prescott, WI 54021  
(651)335-7144  
john@prostouchinc.com  
www.prostouchinc.com

# Invoice 1399



**BILL TO**

WI Falcon Appraisals

DATE  
10/10/2016

PLEASE PAY  
**\$1,075.00**

DUE DATE  
11/09/2016

ACTIVITY	QTY	RATE	AMOUNT
<b>Retaining Wall</b>	16	52.00	832.00
Sign area. Labor			
<b>Material</b>	1	243.00	243.00
Block, cap, etc			

Payment To:  
Pro's Touch Landscaping, Inc.  
W12445 655th Ave  
Prescott, WI 54021

TOTAL DUE **\$1,075.00**

THANK YOU.

We appreciate your business!  
Pro's Touch Celebrates 16 years of service.  
2000-2016