



City of Clintonville
Redevelopment Authority Meeting
At Clintonville City Hall
50 10th Street
5:00 PM – Tuesday, March 24, 2026

Brad Rokus
Branden Schirpke
Rick Goodell
Todd Taylor

Brandon Braden
Mike Morse
Philip Wais

Agenda

1. Call to Order; Roll Call
2. Approval of Agenda
3. Approval of Minutes
 - a. Minutes
4. Citizens Forum – This is a chance for citizens to make comments. No action or lengthy discussions can take place as a result of comments made at this time.
5. Discussion/Possible Action
 - a. 2026 Business Improvement Grant (BIGP) Application-Edward Jones Financial Advisor, 136 S. Main St.
 - b. 2026 Business Improvement Grant (BIGP) Application-South Main Studios, 153 S. Main St.
6. Adjournment

This is to notify the public that a majority of the Council members may be present, however, no actual City Council action will be taken.

Posted: Clintonville City Hall - Clintonville Public Library - Community Center

Please note, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact City Hall at 715-823-7600

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REDEVELOPMENT AUTHORITY COMMITTEE MINUTES
July 29, 2025

Brad Rokus called the regular meeting of the Redevelopment Authority Committee to order at 4:30 p.m. Members Present: Brad Rokus, Branden Schirpke, Rick Goodell, Todd Taylor and Mike Morse. Absent: Brandon Braden and Philip Wais Also present: City Administrator Caz Muske, Tom Lederer, and Recording Secretary Ryan Rockey.

Schirpke/Goodell m/s/c to approve the agenda as presented.

Goodell/Schirpke m/s/c to approve the minutes from April 9, 2025.

2025 Business Improvement Grant: The Vault: The Committee reviewed an amended request from The Vault for lighting of the existing sign.

Schirpke/Morse m/s/c/ u roll to approve the request for \$2,000 for The Vault.

Schirpke/Morse m/s/c to adjourn at 4:35 p.m.

Respectfully submitted,
Ryan Rockey, Recording Secretary

February 18, 2026

Dear City Administrator Muske, Clintonville Redevelopment Authority, and Clintonville Common Council Members,

I am writing to submit this Letter of Intent for consideration for the 2026 Building Improvement Grant Program.

I am in the process of remodeling the property located at 136 S. Main Street, which will become the future office of Edward Jones Financial Advisor Mandy Kriesel. This project represents a meaningful investment in the Clintonville community and aims to restore and enhance a prominent Main Street building for long-term professional use.

This remodel must be completed in coordination with the Edward Jones Real Estate team, which requires adherence to corporate design standards, formal approvals, and a competitive bid process. Because of these requirements, final timelines and official quotes are not yet available. However, I have been working locally with a contractor on preliminary demolition and initial planning. Tentative blueprints have been created, which will be adjusted and finalized once the corporate review and bidding process is completed.

Several components of the renovation fall directly within the eligible categories for this grant, including:

- Exterior painting
- Redesign and improvement of the building's facade
- Installation of new signage and exterior lighting
- Replacement of exterior doors and windows
- Restoration of the tall windows along Sixth Street to reflect the building's original historic character

Based on preliminary assessment, the local contractor has provided an initial estimate of approximately \$49,000 for these qualifying improvements. I will be able to provide formal quotes and additional details upon completion of the Edward Jones required bidding and approval process.

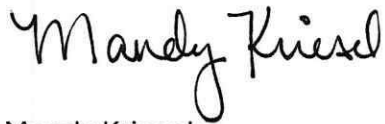
Regarding project timing, the schedule will depend heavily on Edward Jones' internal review and construction requirements. As a result, the entire project may extend beyond

the 90-day timeframe noted in the application materials. If necessary, I respectfully request consideration for an extension of the project timeline. I will provide updates as the project progresses to ensure transparency and alignment with grant expectations.

Upon completion of the project, I will submit before and after photos, as well as all receipts and proof of payment for reimbursable work.

Thank you very much for your consideration. I truly appreciate the opportunity to partner with this grant program to revitalize an important Clintonville Main Street historic building and continue investing in the Clintonville community. Please feel free to reach out with any questions or if additional information is needed during the review process.

Sincerely,

A handwritten signature in black ink that reads "Mandy Kriesel". The signature is written in a cursive, flowing style.

Mandy Kriesel



CITY OF CLINTONVILLE
~ Building Improvement Grant Program ~ Downtown,
Main Street
\$2,000 Maximum Grant Funding

INTRODUCTION

The Building Improvement Grant Program has been established by the City of Clintonville and may be utilized alone, in conjunction with the Waupaca County Economic Development Corporation, Retail Revolving Loan Fund Program or with any other private financing.

PURPOSE/MISSION

- To improve the business climate in downtown Clintonville.
- To improve the front and rear façades and building conditions of existing businesses along North Main Street and South Main Street.
- To enhance the quality of life in the Clintonville Area.
- To encourage the development and maintenance of the buildings on North Main Street and South Main Street.

BUILDING IMPROVEMENT PROGRAM

Property owners and businesses along North and South Main Streets in downtown Clintonville are eligible for up to \$2,000.00 in matching grant funds for exterior facade improvements made to their building. As a matching grant program, the City will reimburse the property owner for up to 50% of the expense, up to a maximum of \$2,000 (\$2,000 grant funds matched by \$2,000 private funds). The City reserves the right under this program to exceed the maximum grant amount of \$2,000 on a case-by-case basis. Grants may be awarded to eligible applicants on a competitive basis while funds are available. Applicants are eligible for only one grant award within a five (5) year time frame unless otherwise approved by the City Administrator.

ELIGIBLE APPLICANTS

The Business Improvement Grant Program is available to any Clintonville property owner lying on either the east side or west side of North Main Street or South Main Street between 13th Street and Highway 45/East Madison Street. If applicant business is not located in the stated geographical location, they could still be considered depending on scope of project and number of overall submissions. The program is also available to tenants of such buildings given the property owners written consent. Members of the Clintonville Common Council or Redevelopment Authority are ineligible to apply for funds.

ELIGIBLE ACTIVITIES

- Exterior Façade renovations
- Signage
- Awnings
- Code Enforcement
- Structural Exterior Repair
- Exterior Building Infrastructure (e.g. plumbing, electrical, roofing, cabling, etc.)
- Exterior Lighting
- Leasehold Improvements (requires written consent of property owner)

PROCESS

- a. The City will issue a grant notice by January of every year. The grant notice will include all necessary application materials and other important grant information to include, but not be limited to, application due date, anticipated funds available, and estimated award notice date.
- b. Completed applications are reviewed by the City Administrator who has complete discretion over the program, to include adding additional requirements for applicants. The Redevelopment Authority may be asked by the City Administrator for clarification of matters regarding implementation of the program at his/her discretion.
- c. Projects must be approved and grant award agreements must be signed prior to any of the work taking place in order for the projects to be eligible for reimbursement.
- d. Appropriate documentation as determined by the City Administrator, such as invoices, must be submitted to the City for fund reimbursement upon completion of the project. Note that all projects must be completed within ninety (90) days of grant approval unless otherwise approved by the City.
- e. The City Administrator will provide a report to the Redevelopment Authority within thirty (30) days of the award notice date regarding applicants, proposed projects, and grant awardees.

APPLICATIONS

- a. Letter of Intent, addressed to the City of Clintonville, which should briefly outline the scope, size, intention, timeline, and objective of the project in question.
- b. Completed Building Improvement Grant Program application form (attached)
- c. Completed Release of Information Letter (attached)

DESIGN GUIDELINES

All applicants shall utilize the design standards set forth below as guidelines for designing improvements to buildings located in the City of Clintonville downtown area.

1. PURPOSE & INTENT

It is the general intent of the City to renovate, preserve and maintain properties in the City of Clintonville through a process of design review in order to:

- Encourage urban design excellence
- Integrate urban design and preservation of Clintonville's heritage into the process of redevelopment.
- Enhance the character of the Clintonville business community.
- Improve the appearance of the downtown City properties.

2. APPLICABILITY

- *Context:* The facility is designed in a manner that is mindful of and complementary to the existing building and natural environment.
- *Harmony:* The facility uses materials, forms and colors that serve as unifying elements with the surrounding buildings and natural environment.
- *Compatibility:* The facility should be compatible with nearby buildings' architectural scale, color, rhythm and proportions.
- *Building Design:* All buildings shall be designed with attention and sensitivity to the historical, architectural and physical context in which they are located.
- *Facades:* Facades should exhibit rhythms similar to those found in adjacent structures.
- *Colors:* Color selection of exterior surfaces, materials and equipment should not detract from the surrounding area. Neon and fluorescent tones are discouraged.
- *Awnings:* If provided, they should be designed as an integral component of the building façade.
- *Signage:* Placement of signs shall not unduly obscure or interfere with sight lines to other properties. Signs should comply with City regulations, be architecturally compatible and contribute to the character of the area through the incorporation of tasteful presentations.
- *Historic preservation:* Preservation of unique historic or architectural landmarks is encouraged.

Note: All improvements, including signage, awnings, and lighting, must comply with all zoning and building code requirements of the City of Clintonville.

City of Clintonville
Improvement Grant Program – Reimbursement Request ~
APPLICATION FORM

Applicant Name: Mandy Kriesel
Applicant Address: W11034 Riverside Road, Marion, WI 54950
Phone: 715-460-1286 Fax: _____ Email: mandy.kriesel@gmail.com
Name of Business/Property: Sixth & Main Holdings LLC (Future location of Edward Jones-Mandy Kriesel)
Property Address: 136 S. Main Street, Clintonville, WI 54929
Property owner, if different than applicant: _____
Owner address: _____ Owner Phone: 715-460-1286

Request Summary:

Brief Project Summary of work completed: See Letter of Intent.

Total Project Cost: \$ 49,000 - See Letter of Intent.

Total Reimbursement Request: \$ 2,000

(50% of the Total, \$2,000 Maximum Grant)

Required Checklist:

- The Application Form and Program Consent Form
- Text BEFORE & AFTER photo(s) of work/project area to 715-250-0220
- Completed W9 (can be found here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Documentation of paid receipt(s)/proof of payment(s)

Submit reimbursement form and attachments via:

- Email (cmuske@clintonvillewi.org) or
- Drop-off at City Hall - 50 10th Street, Clintonville WI 54929

By signing this form, I acknowledge that until the checklist above is completed, my request will not be submitted for a reimbursement. Additionally, I acknowledge my reimbursement must be approved by Council at the earliest Council Meeting for the reimbursement check to be issued. I can receive the check via mail or arrange pick-up at City Hall.

Mandy Kriesel
Applicant Signature

2/18/2026
Date

For Office Use Only

Date Received: _____
Account: _____

**Improvement Grant Program – Reimbursement Request ~
PROGRAM CONSENT FORM**

Date: 2/18/2026

To: City of Clintonville Administrator's
Office 50 10th Street, Clintonville, WI
54961

To Whom It May Concern:

I hereby authorize the City of Clintonville to share all application materials with members of the Redevelopment Authority and/or Clintonville Common Council members who may be reviewing my application. I acknowledge that information provided to the City may be released upon request in compliance with open record laws.

Signed,

Name (print): Mandy Kriesel, on behalf of Sixth & Main Holdings LLC

Signature: 

Date: 2/18/2026

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | |
|--|-----------|--|---|
| Print or type. See Specific Instructions on page 3. | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Mandy Kriesel | |
| | 2 | Business name/disregarded entity name, if different from above. Sixth & Main Holdings LLC | |
| | 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| | 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 | Address (number, street, and apt. or suite no.). See instructions. W11034 Riverside Road | Requester's name and address (optional) City of Clintonville 50 10th Street Clintonville, WI 54929 |
| | 6 | City, state, and ZIP code Marion, WI 54950 | |
| | 7 | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | | | | | | | |
|---------------------------------------|---|--|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | | |
| | | | | | | | | | | |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| 3 | 9 | | - | 3 | 7 | 3 | 5 | 9 | 2 | 9 |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|---|-----------------------|
| Sign Here | Signature of U.S. person <i>Mandy Kriesel</i> | Date <i>2/18/2026</i> |
|------------------|---|-----------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

City of Clintonville
Improvement Grant Program – Reimbursement Request ~
APPLICATION FORM

Applicant Name: Cody + Heather Bessette
Applicant Address: N8744 Bell Corners Rd Bear Creek, WI 54928
Phone: 920-659-2108 Fax: n/a Email: hbessette90@gmail.com
Name of Business/Property: Choice Holdings LLC DBA: South Main Studios
Property Address: 153 S. Main Street Clintonville
Property owner, if different than applicant: _____
Owner address: _____ Owner Phone: _____

Request Summary:

Brief Project Summary of work completed: RENOVATING FACADE (NEW DOORS/WINDOWS, REPLACE AWNING, AND REPAIR & PAINT MASONRY ETC.)
BEDS FOR MORE TENANT SPACE. NEW FLOORING/PAINT/CEILINGS THROUGH-OUT.
RENOVATE INTERIOR - REMOVING TANNING

Total Project Cost: \$ 97,900.00

Total Reimbursement Request: \$ 2,000.00

(50% of the Total, \$2,000 Maximum Grant)

Required Checklist:

- The Application Form and Program Consent Form
- Text BEFORE & AFTER photo(s) of work/project area to 715-250-0220
- Completed W9 (can be found here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Documentation of paid receipt(s)/proof of payment(s)

- Submit reimbursement form and attachments via:**
- Email (cmuske@clintonvillewi.org) or
 - Drop-off at City Hall - 50 10th Street, Clintonville WI 54929

By signing this form, I acknowledge that until the checklist above is completed, my request will not be submitted for a reimbursement. Additionally, I acknowledge my reimbursement must be approved by Council at the earliest Council Meeting for the reimbursement check to be issued. I can receive the check via mail or arrange pick-up at City Hall.

Heather Bessette
Applicant Signature

12-15-25
Date

For Office Use Only

Date Received: _____
Account: _____

Improvement Grant Program – Reimbursement Request ~
PROGRAM CONSENT FORM

Date: 12-15-25

To: City of Clintonville Administrator's
Office 50 10th Street, Clintonville, WI
54961

To Whom It May Concern:

I hereby authorize the City of Clintonville to share all application materials with members of the Redevelopment Authority and/or Clintonville Common Council members who may be reviewing my application. I acknowledge that information provided to the City may be released upon request in compliance with open record laws.

Signed,

Name (print): Heather Bessette

Signature: Heather Bessette

Date: 12-15-25

**Request for Taxpayer
 Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
 Cody Bessette

2 Business name/disregarded entity name, if different from above.
 Choice Holdings LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
 (Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

5 Address (number, street, and apt. or suite no.). See instructions.
 N8744 Bell Corners Rd

6 City, state, and ZIP code
 Bear Creek, WI 54922

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| | | | - | | | | |
|--|--|--|---|--|--|--|--|

or

Employer identification number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 6 | - | 2 | 8 | 2 | 8 | 8 | 3 | 3 |
|---|---|---|---|---|---|---|---|---|---|

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person _____ Date 12-15-25

General Instructions

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