



# VILLAGE OF TWIN LAKES

105 East Main Street P O Box 1024 Twin Lakes, Wisconsin 53181

Phone (262) 877-2858 Fax (262) 877-4019

## VILLAGE BOARD COMMITTEE OF THE WHOLE MEETING

**Monday, May 1, 2023 – 6:30 p.m.**

**Village Hall, 105 E. Main Street, Twin Lakes, WI**

### AGENDA

1. CALL TO ORDER
2. PLEDGE OF ALLEGIANCE
3. ROLL CALL: TRUSTEES ANDRES, BOWER, FITZGERALD, KAROW, KASKIN, PERL, PRESIDENT SKINNER
4. PUBLIC COMMENTS AND QUESTIONS
5. PRESIDENT AND TRUSTEE REPORTS
  - A. TRUSTEE SHARON BOWER - ADMINISTRATION, FINANCE, JUDICIARY, LICENSING
    1. Discussion regarding an Original Alcohol Beverage Retail License Application from Joe-Elaine Lightning 1926 LLC DBA “Blue Goose” at 1205 N. Lake Ave (Triangle Bar).
    2. Other?
  - B. TRUSTEE KEVIN FITZGERALD - STREETS & ROADS, EQUIPMENT, STREET LIGHTS, WEEDS, LAKE PLANNING AND PROTECTION
    1. Other?
  - C. TRUSTEE BILL KASKIN - CEMETERY, SANITATION, RECYCLING, SENIORS
    1. Other?
  - D. TRUSTEE AARON KAROW - BUILDING AND ZONING, PLAN COMMISSION, AND PUBLIC BUILDINGS
    1. Other?
  - E. TRUSTEE KEN PERL - POLICE, FIRE, LAKE CONTROL, PARKS AND BEACHES
    1. Discussion regarding the 2023 Movies in the Park season.
    2. Discussion regarding launch kiosks for Lance Park and Lake Elizabeth Marina.
    3. Other?
  - F. TRUSTEE BARB ANDRES - SEWER, HEALTH AND ENVIRONMENT, YOUTH, LIBRARY
    1. Other?

**G. VILLAGE PRESIDENT HOWARD SKINNER**

**1. Other?**

**6. ADJOURN**

**\*\*\*MATTERS MAY BE TAKEN IN ORDER OTHER THAN LISTED\*\*\***

*Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the Clerk Treasurer's office in advance so the appropriate accommodations can be made.*

S.) A.) 1.

456-1031294369-02

**Original Alcohol Beverage Retail License Application**

(Submit to municipal clerk.)

For the license period beginning: 05/30/2023 ending: 06/30/23  
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of  
☒ Village of } Twin Lakes  
☐ City ofCounty of Kenosha Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)Check one: ☐ Individual ☒ Limited Liability Company  
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>0-921-255-840</u>	
FEIN Number <u>92-3009759</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

Joe-Elaine Lightning 1926 LLC

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

President / Member Last Name <u>Pottinger</u>	(First) <u>Michael</u>	(Middle Name) <u>John</u>	Home Address (Street, City or Post Office, & Zip Code) <u>107 Richmond Rd Delavan WI 53115</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Londberg</u>	(First) <u>Amanda</u>	(Middle Name) <u>Violet-Roe</u>	Home Address (Street, City or Post Office, & Zip Code) <u>107 Richmond Rd Delavan WI 53115</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Blue Goose Business Phone Number \_\_\_\_\_2. Address of Premises 1205 W. Lake Ave Post Office & Zip Code 53181

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Alcohol will be stored and sold behind upstairs bar along with down stairs Bar. Alcohol will be stored in office, in storage area thru the garage first room to the east and west they are directly across from each other. Beer cooler upstairs and beer cooler downstairs.

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☒ Yes ☐ No(b) If yes, under what name was license issued? Triangle



6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☒ Yes ☐ No  
Agent already holds a bartending license and has completed training course.
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 3/20/2023 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <u>Pottinger J Michael</u>	Title/Member <u>Owner</u>	Date <u>03/24/2023</u>
Signature <u>[Signature]</u>	Phone Number <u>[Blank]</u>	Email Address <u>bluegoose1926@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/4/2023</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☒ Village of Twin Lakes County of Kenosha  
☐ City

The undersigned duly authorized officer/member/manager of Joe-Elaine Lightning LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Blue Goose  
(Trade Name)

located at 1205 W. Lake Ave. Twin Lakes WI 53115

appoints Amanda Lundberg  
(Name of Appointed Agent)  
167 Richmond Rd Delavan WI 53141  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 2019

Place of residence last year 107 Richmond Rd Delavan WI 53115

For: Joe-Elaine Lightning LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, Amanda Lundberg, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

[Signature] 03/24/2023 Agent's age       
(Signature of Agent) (Date)  
107 Richmond Delavan WI 53115 Date of birth       
(Home Address of Agent)

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

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

Approved on 4-13-23 by [Signature] Title Police Chief  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Pottinger		Michael		John	
Home Address (street/route)	Post Office	City	State	Zip Code	
107 Richmond Rd.		Delavan	WI	53115	
Home Phone Number	Age	Date of Birth	Place of Birth		

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

- ☒ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ Michael Pottinger of Joe-Elaine Lightning 1926 LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 04/2019
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Tim Torkelson	408 <del>State</del> State Rd 50 Delavan	01/20	03/2022
Michael Deutsch	3601 W 1-67 Delavan WI	04/2022	Current

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

  
 (Signature of Named Individual)



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Londberg		Amanda		Violet-Rae	
Home Address (street/route)		Post Office	City	State	Zip Code
107 Richmond Rd			Delavan	WI	53115
Home Phone Number		Age	Date of Birth	Place of Birth	

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Amanda Londberg of Joe-Elaine Lightman 1926 LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

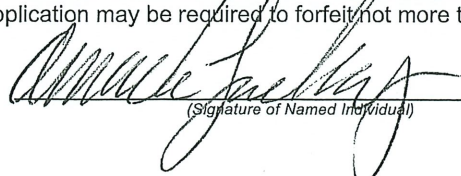
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 04/2019
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

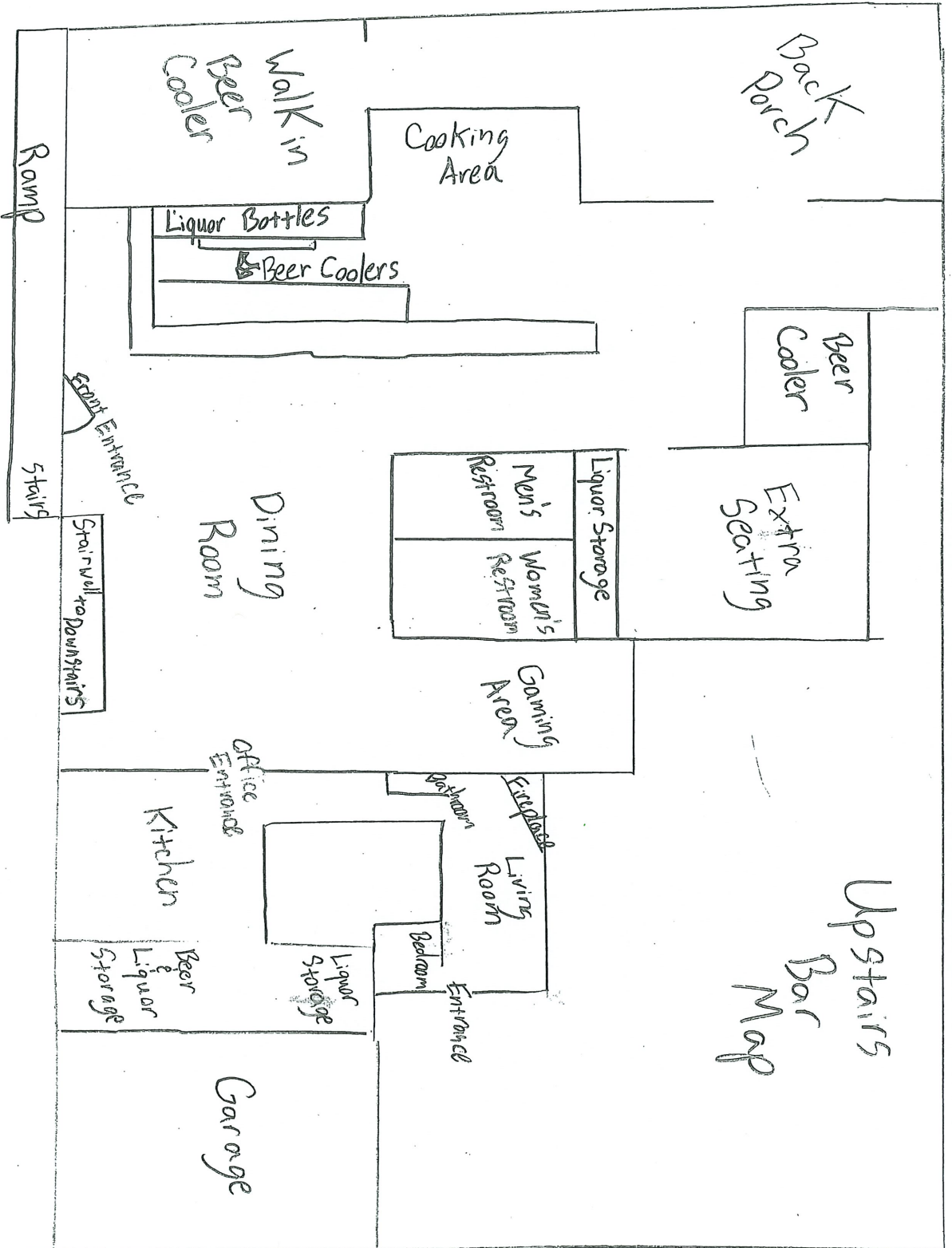
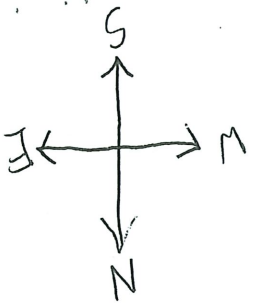
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Mannuel Valerin	404 SLAKE AVE TWN LAKE	09/2019	Current
Jackie Johnson	3101 E Lakeshore Dr TWN LAKE	04/2022	Current

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

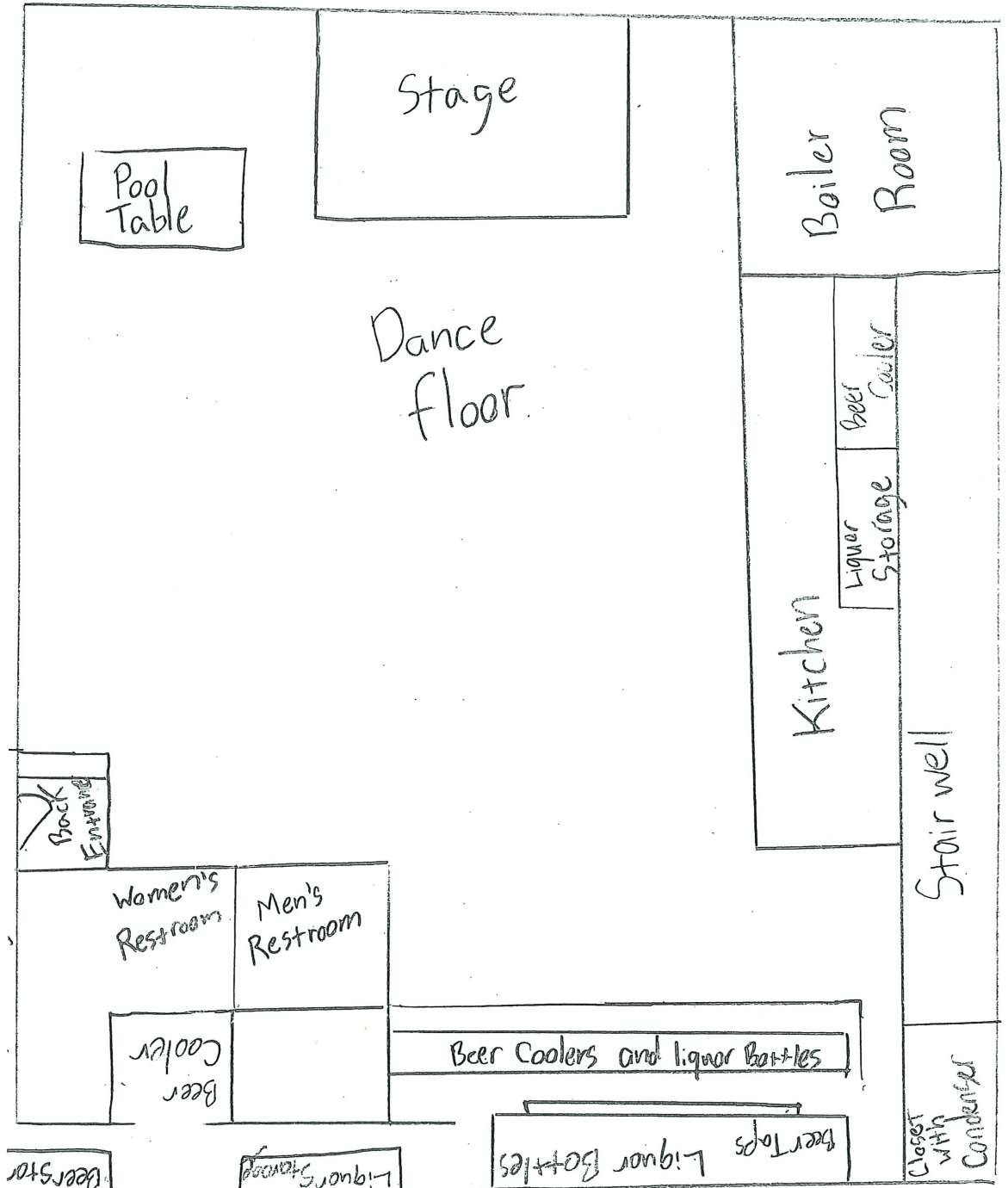
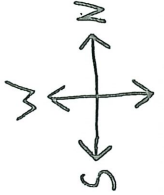
  
(Signature of Named Individual)





Upstairs  
Bar  
Map

Downstairs  
Bar  
Map







Brought to you by the  
Village of Twin Lakes

FREE



June 2

Encanto

June 23

Minions  
The Rise of the GRU

July 7

Sonic the Hedgehog 2

July 21

DC League of  
Superpets

LIMITED  
TIME ONLY  
UNLEASH THE FUN

All movies are held at the Lance Park Amphitheater and start at dusk.  
For more information, visit [www.villageoftwinlakes.net](http://www.villageoftwinlakes.net) or call 262-877-2858.

S.)E.)1.



5.)E.)1.

**SWANK**  
**MOTION PICTURES, INC.**  
10795 Watson Road • St Louis, MO 63127  
Phone: 800-876-5445 • Fax: 314-966-3472

ORIGINAL INVOICE

Order Number: RG 2039168  
Order Date: 04/19/23

Bill-To Customer: 0274515-001

Ship-To Customer: 0274515-001

Laura Roesslein

Laura Roesslein

Village of Twin Lakes  
105 East Main Street  
Twin Lakes, WI 53181-1024

Village of Twin Lakes  
105 East Main Street  
Twin Lakes, WI 53181-1024

Order: 2039168 Cust PO: AUTOCHARGE

Terms: DUE UPON RECEIPT

--Line--

#	Typ	Qty	Ship Date	Product Description	Unit Price	Total Price
1	RT	1	05/23/23	ENCANTO Widescreen DVD Show Dates: 06/02/23 to 06/02/23	.00	.00
2	RT	1	06/13/23	MINIONS THE RISE OF GRU Widescreen DVD Show Dates: 06/23/23 to 06/23/23	480.00	480.00
3	RT	1	06/27/23	SONIC THE HEDGEHOG 2 Widescreen DVD Show Dates: 07/07/23 to 07/07/23	480.00	480.00
4	RT	1	07/12/23	DC LEAGUE OF SUPER-PETS Widescreen DVD Show Dates: 07/21/23 to 07/21/23	480.00	480.00

For further information, please contact  
Bianca Feather  
at 1-800-876-5577

Item Subtotal: 1,440.00  
Est. Shipping/Handling: 120.00  
BALANCE DUE: \$1,560.00

Please remit payment to: 2844 Paysphere Circle, Chicago, Illinois 60674



# Quotation



5.)E.)2.

Project Village of Twin Lakes Wisconsin  
Client  
Address  
Contact Victoria Iacovetto  
Email [victoria@ventek-intl.com](mailto:victoria@ventek-intl.com)

Date 18-Apr-2023  
Client Phone 262-877-2858 x3  
Client Email [DEPUTYCLERK@TWINLAKESWI.GOV](mailto:DEPUTYCLERK@TWINLAKESWI.GOV)  
Validity 90 days  
Phone 415-246-3138

Thank You for Choosing VenTek

## Part I - Capital Costs - Hardware, Installation, Setup & Services

AUTOMATED FEE MACHINE				
Item	Description	Quantity	Unit Price	Extended Price
E1	M600 Pay and Display or Pay in Lane Includes 1 year Warranty Power Configuration: AC Connectivity: Cellular Payment Mode: Credit Card Acceptance	2	\$8,990	\$17,980
OPT 1	Bill Acceptance w/ Spare Bill Locking Revenue Collection Unit	per unit	\$1,712.00	
OPT 2	Coin Acceptance - Potential for the future	per unit	\$1,526	
	Custom Wrap - Door Only	2	\$275	Included
	Heater for AC Systems only	2	\$350	Included
	Pedestal - 12", 18", 24", 30", 35" options	2	Varies	Included
	Shipping <sup>1</sup>	2	\$600	\$1,200
AFM REVENUE COLLECTION EQUIPMENT				\$19,180

INSTALLATION & TRAINING				
Item	Description	Quantity	Unit Price	Extended Price
INSTS1	Installation & Training - Base Fee for 1st day Installation & training - based on a standard installation. Training Conducted on site and unlimited while technician is available onsite	1		\$2,500
INSTALLATION & TRAINING				\$2,500

## Part II - Operating Costs - Software Subscription Fees

ANNUAL SOFTWARE SUBSCRIPTION FEES				
Item	Description	Quantity	Unit Price	Extended Price
SW	Cloud Based System Management - User credential for venVUE®, VenTek's web based management system, Secure PCI Level 1 Certified Server on Amazon Cloud for Data Storage & Payment Gateway, and Cellular Connectivity.	2	\$1,140	\$2,280
ANNUAL SOFTWARE SUBSCRIPTION FEES				\$2,280

Automated Fee Machine - Revenue Collection Equipment	\$19,180.00
Installation and Training	\$2,500.00
Annual Recurring Software Subscription	\$2,280.00
Total	\$23,960.00

### Notes:

- Shipping is an Estimate Only - Actual Costs will be billed upon shipment
- Payment Gateway - As a Level 1 PCI Service Provider VenTek offers a Secure Electronic Gateway. This allow VenTek's customers to establish a direct connection between the VenTek System and their Payment Card Processor. VenTek warrants that our Payment Gateway will remain PCI-compliant for the duration of service delivery and that our pricing will be lower than comparable products. Includes Cyber Insurance.
- venVUE System Management, venSTATION Data Hosting and CDMA Cellular Connectivity are billed Annually
- (1) year factory warranty included
- Installation Includes securing the unit to a surface prepared per installation drawing, connecting existing electrical inside the unit, installing software, network programming and configuration, and installation of all parts and peripherals necessary for unit operation.
- Installation Quote does not include Site Prep: Concrete or Conduit Work, Pulling Electrical or Communication Cables or Removal of Existing Equipment
- Installation Quote is an estimate based on standard installation. Additional fees billed at time and Material +10%
- Onsite Training is conducted during and/or after installation. If VenTek must come back onsite, time will be billed at \$150/hr Including travel and expenses.
- venVUE System Management training conducted remotely via WebEx
- ADA Compliant for height, control and reach
- All funds due are in U.S. dollars. Terms Net 30 from date of delivery. 1.25% finance charge (15% per annum) applied to balances over 30 days past



**Laura Roesslein**

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**From:** Deputy Clerk  
**Sent:** Wednesday, April 19, 2023 3:52 PM  
**To:** Laura Roesslein  
**Subject:** Fw: VM from Twin Lakes Village Office at (262) 877-2858

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**From:** Victoria Iacovetto <victoria@ventek-intl.com>  
**Sent:** Wednesday, April 19, 2023 3:46 PM  
**To:** Deputy Clerk <DEPUTYCLERK@TWINLAKESWI.GOV>; Kenperl@hotmail.com <Kenperl@hotmail.com>  
**Subject:** FW: VM from Twin Lakes Village Office at (262) 877-2858

Hi Julie and Ken,

I got a call from Laura earlier today asking about how our Credit Card processing works. I also got a call from Ken and I am thinking it may be the same question. I am going to try and call Laura now, but could you please forward this email to her.

To make is very short and simple, we have a direct link to the credit card processors listed below. The Pay stations are online and during the day they are continuously talking with the processor and acquiring bank to get authorizations for each credit card transaction.

We collect all the transactions through out the day and store them in your own dedicated PCI Certified server on the Amazon Cloud. Every night we send all transactions to the credit card processor and they process the transactions get the funding and deposit all associated revenue into your bank account.

VenTek has gateways/software (meaning we "talk" directly to) with the following credit card processors:

1. Chase Paymentech
2. Elavon
3. EVO Payments Inc.
4. First Data (Fiserv)
5. TSYS (Sierra & Summit)
6. Vantiv (FIS/WorldPay)

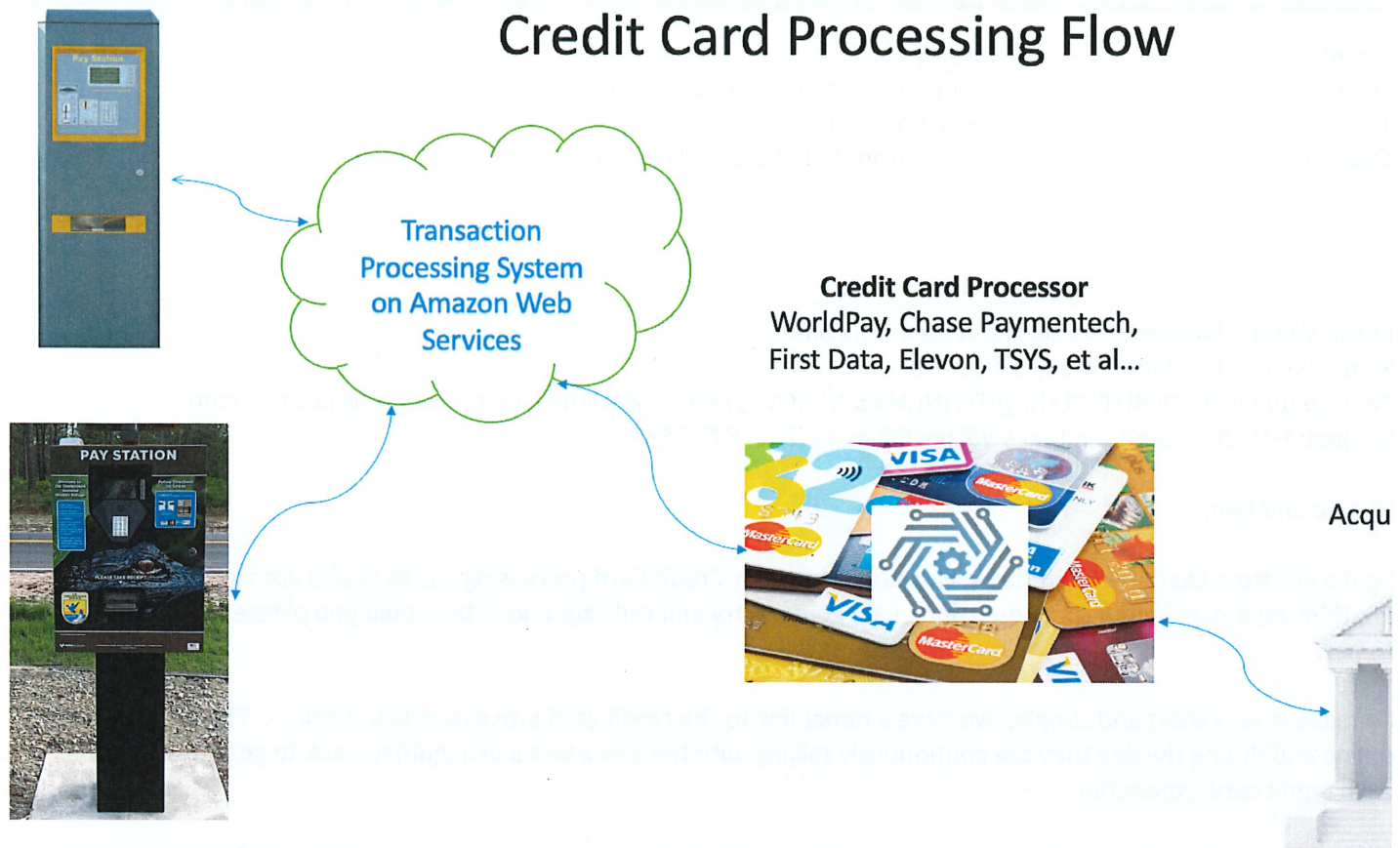
If you have a bank or an acquirer for credit card processing service, you can just tell us which company they work with and their relationship manager's contact information so that we can determine if that company uses a processor that VenTek has a direct interface to.

Examples of credit card processing services below, you :

- Kitsap Bank (a bank) sells processing services, provided by TSYS (the processor), to their customers
- TransFirst (an acquirer) sells processing services, provided by TSYS (the processor), to their customers
- Bank of America (a bank) sells processing services provided by First Data (the processor), to their customers
- Chase (a bank) sells processing services provided by Chase Paymentech (the processor), to their customers
- Paymentech ( a solution provider) sells processing services provided by Chase Paymentech (the processor), to their customers
- TSYS is the processor and sells their own processing services directly to their customers



# Credit Card Processing Flow



Respectfully,

**Victoria Iacovetto, BSEE**

*Director National Sales*

1260 Holm Road, Suite A | Petaluma, CA 94954

M: (415) 246-3138

W: (707) 773-3373 x 128



**VenTek International**  
*engineering the future of automated payment systems*

*Engineering the future of automated payment systems*

*My current work schedule in Monday – Wednesday.*

**From:** "Twin Lakes Village Office (YouMail)" <voicemail@youmail.com>

**Reply-To:** "noreply@youmail.com" <noreply@youmail.com>

**Date:** Wednesday, April 19, 2023 at 10:46 AM

**To:** Victoria Iacovetto <victoria@ventek-intl.com>

**Cc:** Victoria Iacovetto <victoria@ventek-intl.com>

**Subject:** VM from Twin Lakes Village Office at (262) 877-2858