

A meeting of the City of Evansville Public Safety will be held on the date and time stated below. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608) 882-2266 with as much notice as possible. Copies of the packet and agenda are available at: www.ci.evansville.wi.gov/city_government/public_agendas_minutes/public_safety.php

Public Safety Committee
Regular Meeting
Wednesday, May 3, 2023 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

AGENDA

1. Call to Order.
2. Roll Call.
3. Motion to approve the Agenda.
4. Motion to approve the April 5, 2023 Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
 - A. **Discussion with possible motion to approve the Temporary Class “B” Retailer’s License Application for:**
 - 1) **Evansville Underground Music (EUM)**, 23 N. First St, Evansville, WI 53536 for the following dates:
 - Friday, May 5, 2023 – 26 W. Main Street (Weirdo Thrift)
 - Friday, June 2, 2023 – 23 N. First Street
7. New Business.
 - A. **Discussion on senior project – “Run the Lake” at Lake Leota Park:** Fundraiser for Cross County and Track program at the schools.
 - Saturday August 5th from 6 a.m. to 12 p.m., or
 - Saturday August 12th from 6 a.m. to 12 p.m.
 - B. **Motion to approve the Operator’s License Application(s) for:** (*recommended by Evansville Police Department unless otherwise noted*).
 - 1) Quinatia A Faherty
 - 2) Mallory Elizabeth Isbell
 - 3) Ann Marie Reeves
 - 4) Mary Catherine Rooney
 - 5) Hannah Marie Vanthoernoot
 - 6) Dorry A. Weigel
 - 7) Anthony Alejandro Aranda
 - 8) Jeanette L. Gulledge
 - 9) James Alan Brooks
 - 10) Jessica Elizabeth Golz

Please turn off all cell phones while the meeting is in session. Thank you.

- 11) Jeremy James Welter
- 12) Linda Dawn Orton
- 13) David Alan Knoll
- 14) Christal R. Helgesen
- 15) Gregory B. Helgesen
- 16) Forrest Palmer Johnson
- 17) Randy David Carlson
- 18) Erik J. Reines
- 19) Kari Ann Fehrenbacher
- 20) John Carlos Lara
- 21) Joshua Michael Blosser
- 22) Dean William Colstad
- 23) Adam E. Crook
- 24) Andrea Jean Hance (Provisional to expire May 9, 2023)

C. Discussion with possible motion to approve the Short Term Street Use License Application(s) for:

- 1) Evansville Tourism Commission at 228 W. Main St, Evansville, WI 53536. From Madison Street to the Railroad Tracks from 9 a.m. to 10 a.m.
 - Thursday, May 27, 2023

D. Discussion and motion to recommend to Common Council - Ordinance 2023-06, Amending Chapter 6 - Alcohol Beverages.

E. Motion to recommend to the Common Council approval of the Original Alcohol Beverage License Applications for a Class A Beer/Class A Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted)

- 1) Family Dollar Stores of Wisconsin, LLC, Priscilla Santos, Agent, 6627 33rd Avenue, Kenosha, WI 53142 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536

F. Motion to recommend to common council approval of the Original Alcohol Beverage License Application for Class B Beer/Class B Liquor License for:

- 1) Pete's Inn Inc., Bret Church, Agent, 555 S. Fifth Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.

G. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Applications for a Class A Beer/Class A Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted)

- 1) Casey's Marketing Company, Anthony W. Hawks, Agent, 538 Biese Street, Combined Locks, WI 54113, d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
- 2) Kopecky's Worldwide Foods, Inc., James Dean Kopecky, Agent, 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
- 3) Madison Street Express, Inc., Parminder K. Sekhon, Agent, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.
- 4) Olin Oil Co. Inc., Kristin Olin Olmedo, Agent, 603 E 2nd Avenue, Brodhead, WI 53520, d/b/a Evansville Gas N Go, 350 Union Street, Evansville, WI 53536.

Please turn off all cell phones while the meeting is in session. Thank you.

- 5) **Consumers Cooperative Oil Company, Eric Cantwell, Agent**, 1201 Jacob Dr. Prairie Du Sac, WI 53578 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
- 6) **Family Dollar Stores of Wisconsin, LLC, Priscilla Santos, Agent**, 6627 33rd Avenue, Kenosha, WI 53142 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536

H. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License applications for a Class B Beer/Class B Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted)

- 1) **Bessire Bowl, LLC, Joel Bessire, Agent**, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
- 2) **Creekside Place Inc., Nicholle L Wagner, Agent**, 14246 W Golf Air Drive, Evansville, WI 53536, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
- 3) **The Night Owl Food & Spirits Inc., Gregory P Ardisson, Agent**, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536.
- 4) **Trappers Bar & Grill LLC, Travis Schuh, Agent**, 3942 State Road 213, Footville, WI 53520, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.
- 5) **El Vallarta De Evansville LLC, Marco Antonio Lugo Valencia, Agent**, 438 Almeron St, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
- 6) **Evansville Memorial Post 6905 VFW, John L Schneider, Agent**, 15542 W. Francis Road, Evansville, WI 53536, d/b/a VFW Memorial Post, 179 E. Main Street, Evansville, WI 53536.
- 7) **Slice Golf, LLC, Andrew Tomlin, Agent**, 300 S. 1st Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
- 8) **Ceili, LLC, Shannon R. Arndt, Agent**, 414 Meadow Lane, Evansville, WI 53536, d/b/a Ceili Coffee and Wine, 16 W. Main Street, Evansville, WI 53536.

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, June 7, 2023 at 6:00 p.m.

11. Motion to adjourn.

Erika Stuart, Chairperson

Public Safety Committee
 Regular Meeting
 Wednesday, April 5, 2023 6:00 p.m.
 City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

1. Call to Order. *by Chairperson Stuart at 6:00 p.m.*
2. Roll Call.

<u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Aldersperson Erika Stuart, Chair	P	Chris Jones, Lt.
Aldersperson Gene Lewis	P	Rittenhouse, Det. Sgt
Aldersperson Susan Becker	P	Jolene Klitzman, Deputy Clerk
		Steve Eager, 4 th of July Run
		Arlene Larson, Citizen
		Regina Macnaughton, Citizen
		Ted Gries, Citizen
		Jim Macnaughton, Citizen
		Jon Frey, Jays Baseball
		Jeff Rottier, EMU
		Joe Kaether, EMU

3. Motion to approve the Agenda. *by Stuart, Seconded Becker. Motion passed 3-0*
4. Motion to approve the March 1, 2023 Public Safety regular meeting minutes. *by Stuart, Seconded Becker Motion passed 3-0 – Becker questioned typing error on minutes and Jolene gave the corrected statement and will get them fixed.*
5. Citizen appearances other than agenda items listed.
 - A. Steve Eager presenting on Evansville 4th of July Run. *Run will be on the 4th of July, council and police have no issues with route and stated they like it on the 4th as the department has more officers on duty. Motion passed 3-0*
Citizens in attendance spoke about adjusting the leash law.
 1. *Arlene Larson spoke about a program in Boulder Colorado (voice & site) where citizens work with police to train and certify dogs and how the program has fees and fines for the owners should the owners dog be in the wrong. (Lewis asked for a copy)*
 2. *Regina Macnaughton gave stats on the animal calls in the city and most calls seem to be from dogs that escaped from there owners/homes. 106 (complaints) 71 (escaped dogs) Does the proposed ordinance solve this issue.*

3. *Ted Gries commented on the running at large and talked about code 14-52 human care of animals feels that there is repeated language, would like more comprehensive review of the entire section.*
4. *Jim Macnaughton wanted to know more about the complaints from citizens and committee is emailing him what they have.*

6. Old Business. - *none*

7. New Business.

- A. Motion to approve the Operator's License Application(s) for: *(recommended by Evansville Police Department unless otherwise noted).* **by Stuart, Seconded Lewis, Motion passes 3-0**
 - 1) Jacalyn M. Heiman
 - 2) Tina Marie Harnack
 - 3) Karah Nicole Flemke
- B. Discussion with possible motion to recommend to Common Council the Hope Kit Memorandum of Understanding Agreement - Rock County Public Health Department. – *Lt. Jones and Sgt. Rittenhouse explained the kits and the use of them. Kits are grant funded and both Police and EMS with have them. Becker asked how, would one get a kit and Lt. Jones said anyone can ask for one and if they responded to a home for this reason they would also ask if the homeowner would like one.* **by Stuart, Seconded Becker. Motion passed 3-0 to send to Common Council.**
- C. Discussion with possible motion to approve the Temporary Class "B" Retailer's License Application for:
 - 1) Evansville Home Talent Baseball Club Inc. (Evansville Jays) for the period beginning April through September 2023, per Exhibit C (rev 1) at Lake Leota Park, Upper Diamond. **by Stuart, Seconded Becker. Motion passed 3-0**
 - 2) Spring Mixer Evansville Chamber May 4, 2023, from 4:00 p.m. to 6:00 p.m. location 25 W. Main Street **by Stuart, Seconded Becker. Motion passes 3-0**
 - 3) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536 and 26 W. Main Street, Evansville, WI for the following dates in 2023:
 - Saturday, April 15, 2023 – **by Stuart, Seconded Lewis. Motion passed 3-0**
 - Friday, May 5, 2023 – **need more information from outside to retail space.**
 - Friday, June 2, 2023 - **need more information from outside to retail space.***Council would like the clerk to look into the transfer from outdoors to a retail space for rainouts and how two permits would work with two different locations.*
- D. Discussion with possible motion to approve the Long Term Street Use License Application(s) for:
 - 1) Creekside Place Cruise Night at 102 Maple Street, Evansville, WI 53536.
 - Thursday, May 4, 2023
 - Thursday, June 1, 2023
 - Thursday, July 6, 2023
 - Thursday, August 3, 2023
 - Thursday, September 7, 2023 – **by Stuart, Seconded by Becker. Motion passed 3-0**

Please turn off all cell phones while the meeting is in session. Thank you.

2) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536.

- Friday, May 5, 2023
- Friday June 2, 2023 – *by Stuart, Seconded by Becker. Motion passed 3-0*

8. Evansville Police Department Report. – *Lt. Jones reported for the police report as Chief Reese was at a training. Working with BASE and planning a drug take back day in April. Evidence lockers were installed. One was damaged and will be replaced in the coming weeks.*
9. Evansville Emergency Medical Services Report. – *Chief Kleisch, was at a training. Committee read through report. Committee had no questions.*
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 3, 2023 at 6:00 p.m.
11. Motion to adjourn. – *6:50 p.m. by Stuart, Seconded Becker*

Jolene Klitzman, Deputy Clerk



Evansville Underground Music
 104 Garfield Ave.
 Evansville, WI 53536-1113

March 20, 2023

City of Evansville – Public Safety Committee
 31 S. Madison Street, PO Box 76
 Evansville, WI 53536

Dear Public Safety Committee:

Evansville Underground Music, Inc. is applying for a Class “B” retailers license.

Please find enclosed:

Application Form AT-315
 Exhibit A-Evansville Underground Music info/officers
 Exhibit B-Location of Premises

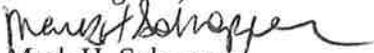
Our Season is still in the planning stages: but we would like to get the permits in order for first 3 shows. We will submit the rest of the dates in a separate application prior to the May Public Safety meeting.

I am unable to attend the next public safety committee meeting on April 5, 2023, but one of our board members will attendance to answer any questions the Public Safety Committee may have.

A check for \$10 will be provided for the 4/15/23 permit at Weirido Thrift, when picking up the licenses. A check for \$20 will be provided for the 5/5/2023 & 6/2/23 show, when picking up the license (1 for first Street and 1 for 26 W. Main St. - Weirido Thrift). Weirido Thrift will be our rain back up. Our experience has been it's too difficult to predict the weather: we often do not decide to move inside when rain is in the forecast, until hours before the show (when we decide the weather necessitates a move indoors). We would never actually use both licenses: it would be one or the other, depending on where we ultimately host the show (but we are happy to pay the extra \$10 for two permits for the 5/5/ & 6/2 shows, so we can accommodate our musical artists and our beer sales can proceed as planned).

If you questions regarding this application, before the next Public Safety Committee Meeting: please call me at 608-213-0797.

Kind Regards,


 Mark H. Schnepfer

President -- Evansville Underground Music

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per DATE

Application Date: _____

Town Village City of Evansville

County of Rock

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club
- Church
- Lodge/Society
- Veteran's Organization
- Fair Association or Agricultural Society
- Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Evansville Underground Music

(b) Address 104 Garfield Ave, Evansville, WI 53536

(Street)

Town Village City

(c) Date organized March 11, 2022

(d) If corporation, give date of incorporation March 11, 2022

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box.

(f) Names and addresses of all officers:

President See exhibit A

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: _____

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Area Where Alcohol Beverage Records Will be Stored:

(a) Street number 23 N. First Street, Evansville, WI 53536

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Evansville Underground Music - 2023 Music Series

(b) Dates of event 5/5/23, 6/2/23

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

Mark H. Schaeffer 3-20-23
(Signature / Date)

Evansville Underground Music

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per DATE

Application Date: _____

Town Village City of Evansville

County of Rock

The named organization applies for: (check appropriate box(es))

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Evansville Underground Music

(b) Address 104 Garfield Ave, Evansville, WI 53536
(Street) Town Village City

(c) Date organized March 11, 2022

(d) If corporation, give date of incorporation March 11, 2022

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President See exhibit A

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: _____

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Served-26 W. Main St., Evansville Stored-23 N. 1st Street Evansville

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? ALL

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms. License is to cover: _____

3. Name of Event Evansville Underground Music 2023 Series

(a) List name of the event _____

(b) Dates of event 4/15/23, 5/5/23, 6/2/23

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Mark H. Scheggen 3-20-23 Evansville Undergrond Music
(Signature / Date) (Name of Organization)

Date Filed with Clerk _____ Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____



Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Backup Location for EUM shows

3 messages

Evansville Underground Music <evansvilleundergroundmusic@gmail.com>

Fri, Mar 10, 2023 at 12:28 PM

To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Leah,

Thank you for taking a few minutes to discuss 2023 permits with me today.

Let me know when you have additional information about a possible backup/rain location as far as moving to "Weirdo Thrift" from 1st street if we move inside due to rain.

Regards,

Mark Schnepfer
Evansville Underground Music - President

Evansville Underground Music <evansvilleundergroundmusic@gmail.com>

Wed, Mar 15, 2023 at 12:36

PM

To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Cc: Joe Kaether <joekaether@gmail.com>

Leah,

Just reaching out about upcoming shows: We would like to collaborate with Weirdo Thrift for a 4/15 show (beer license only).

We also would like to host a show on 1st Street on 5/5 & 6/2 (street closure permit and beer permit with a backup beer permit at Weirdo Thrift in the event the weather doesn't cooperate). I know you weren't sure on having a backup permit for an alternate location: so am following up on it to see if you have any additional information so I can get the paper work to you well ahead of the upcoming election (hopefully Friday, but Monday at the latest if I have all the information to proceed). We are okay with paying \$10 extra to keep our options open (our experience has been it's really hard to predict the weather with the multiple forecasting models: we often don't make the final call until the afternoon of the show). May might be easy if the forecast several days out is snow and 30 degrees, but June will likely be tricky if the weather is warm and rainy (as far as deciding a few days prior to the show, which permit to act on).

Any advice you can provide us in navigating the paperwork/our options for a "backup insurance policy," for bad weather would be greatly appreciated.

Kind Regards,

Mark Schnepfer
Evansville Underground Music-President

[Quoted text hidden]

Evansville Underground Music <evansvilleundergroundmusic@gmail.com>

Wed, Mar 15, 2023 at 12:42 PM

To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>

Cc: Joe Kaether <joekaether@gmail.com>

P.S. We would like to get these early dates squared away: but our calendar is coming together (although not quite there yet), but we would like to turn in the rest of the dates/permit applications in the next 2-4 weeks to cover the entire summer.

Mark

[Quoted text hidden]



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Quinatia A Faherty</u> <small>First Last</small>		DATE OF BIRTH: _____	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>5 months</u>		Former Name(s): <u>Quinatia A Crider</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			
<u>5503 W Fair St #7</u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u> From _____ To <u>Nov 2022</u>

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: [Signature] Email: _____
 Printed Name: Quinatia A. Faherty Date: 4-6-2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____
		Date: _____	
		Clerk's Office Signature _____	Date _____
Approved: <u>[Signature]</u>	Denied: _____	Receipt # <u>Reet. 1152573</u>	
Police Chief's Signature	Date <u>4/11/23</u>		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00
 Renewal Operator's License: \$35.00
 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Ann Marie Reeves
First Last

DATE OF BIRTH:

ADDRESS:

PHONE:

CITY: Beloit **STATE:** WI **ZIP:** 53511

GENDER: Male Female

Driver's License No.: **Issuing State:** WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1 year

Former Name(s): Ann Walters

Prior Street Address if Above Address is Less Than 5 Years					
State	Zip	From	To	City	State
WI	53536	2016	2022	Evansville	WI
302 E. Main St.					

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
--	---

6. **CERTIFICATION:** I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: [Signature] **Email:** [Redacted]
Printed Name: Ann Reeves **Date:** 4/5/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Approved: <u>[Signature]</u> Denied: <u> </u>	Public Safety Committee: Approved: <u> </u> Denied: <u>City of Evansville</u> Date: <u> </u> Clerk's Office Signature: <u> </u> Date: <u> </u> Receipt # <u> </u> Receipt: 1.152773 140.00 CASEYS EMPLOYEES Apr 6, 2023 02:20PM
Police Chief's Signature: <u>[Signature]</u> Date: <u>4/11/23</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/caserecord.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Hannah</u> <u>Mosie</u> <u>Vandhoeven</u> <small>First Middle Last</small>			DATE OF BIRTH: _____		
ADDRESS: _____			PHONE: _____		
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>		
Driver's License No.: _____			Issuing State: <u>Wisconsin</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?			Former Name(s): _____		
Prior Street Address if Above Address Is Less Than 5 Years	State	Zip	From	To	

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Underage drinking</u>	<u>July/2020</u>	<u>Madison</u>	<u>WI</u>

Within the last two (2) years, did you have and/or complete one of the following:

- Successfully completed a Responsible Alcohol Servers Course
- Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

- An alcohol agent for a retail alcohol license
- The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>Hannah Vandhoeven</u>	Email: _____
Printed Name: <u>Hannah Vandhoeven</u>	Date: <u>4/14/23</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature	Date
Approved: _____	Denied: _____	Receipt # <u>Ret. 1.152573</u>	
<u>[Signature]</u> Police Chief's Signature	<u>4/11/23</u> Date		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Dorru A. Weigel DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female

Driver's License No.: _____ Issuing State: Wisconsin

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 4 year Former Name(s): _____

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
██████████	██████████	██████████	██████████	2015	2019

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input checked="" type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Nancy A. Weigel Email: _____
 Printed Name: Doreen Weigel Date: 03/27/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____
		Date: _____	
		Clerk's Office Signature _____	Date _____
Approved: <u>[Signature]</u>	Denied: _____	Receipt # <u>Rec. 1.152573</u>	
Police Chief's Signature	Date <u>4/11/23</u>		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <http://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

LEGAL NAME: Anthony Alejandro Aranda DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Evansville STATE: Wisconsin ZIP: 53536 GENDER: Male Female

Driver's License No.: _____ Issuing State: Wisconsin

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Former Name(s):

Street Address	City	State	Zip	From	To
_____	_____	_____	_____	<u>2013</u>	<u>2014</u>

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

Have you ever been cited and/or convicted of a felony?	Yes	<u>No</u>
Have you ever been cited and/or convicted of a misdemeanor?	Yes	<u>No</u>
Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<u>No</u>
b) Operating a motor vehicle while intoxicated?	Yes	<u>No</u>
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<u>No</u>
d) Permitting underage person on licensed premises?	Yes	<u>No</u>
e) Allowing persons on licensed premises after closing?	Yes	<u>No</u>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<u>No</u>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<u>No</u>
h) Fighting, disorderly conduct, assault, or battery?	Yes	<u>No</u>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<u>No</u>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<u>No</u>

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course

Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license

Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Anthony Aranda Email: _____
Printed Name: Anthony Aranda Date: 04/04/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: [Signature] Receipt # _____

Police Chief's Signature Date: _____ Date: _____



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 **Renewal Operator's License: \$35.00** **Provisional License: \$15.00**

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Jeanette L Gulledge DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female

Driver's License No.: _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 4 years Former Name(s): Logsdon

Prior Street Address If Above Address Is Less Than 5 Years State Zip From To

City	State	Zip	From	To
			<u>2006</u>	<u>2019</u>

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony? Yes No

3. Have you ever been cited and/or convicted of a misdemeanor? Yes No

4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:

Question	Yes	No
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:

Attach certificate of completion for Responsible Alcohol Servers Course

- Successfully completed a Responsible Alcohol Servers Course
- Held an Operator's License issued in Wisconsin
- An alcohol agent for a retail alcohol license
- The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Jeanette Gulledge Email: _____

Printed Name: Jeanette Gulledge Date: 4/7/2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Paid to: _____
 Approved: _____ Denied: _____ City of Evansville Date: _____

Clerk's Office Signature _____ Date _____

Approved: [Signature] Denied: _____ Receipt # _____

Police Chief's Signature _____ Date: 4/11/23 Receipts: 1.152593 35.00
 GULLEDGE JEANETTE
 Apr 7, 2023 03:13PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Jessica</u> <u>Elizabeth</u> <u>Golz</u> <small>First Middle Last</small>			DATE OF BIRTH: _____		
ADDRESS: _____			PHONE: _____		
CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Driver's License No.: _____			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>7yrs</u>			Former Name(s): <u>N/A</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:

<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Attach certificate of completion for Responsible Alcohol Servers Course
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> An alcohol agent for a retail alcohol license
	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>Jessica E. Golz</u>	Email: _____
Printed Name: <u>Jessica E. Golz</u>	Date: <u>04/04/23</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
		Receipt # _____	
Approved: <u>[Signature]</u> Police Chief's Signature	Denied: <u>4/11/23</u> Date		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>James Welter</u> First Middle Last		DATE OF BIRTH: <u>6/1/22</u>	
ADDRESS: <u>Beldit</u>		PHONE: <u>2011</u>	
CITY: <u>Beldit</u>	STATE: <u>WI</u>	ZIP: <u>53511</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.:		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>6 months</u>		Former Name(s): <u>NA</u>	
Prior Street Address if Above Address is Less Than 5 Years		State	Zip
[REDACTED]		From: <u>6/1/22</u>	To: <u>10/22</u>
[REDACTED]		From: <u>2012</u>	To: <u>5/22</u>

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

2. Have you ever been cited and/or convicted of a felony?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Battery</u>	<u>06/26/19</u>	<u>Evansville</u>	<u>WI</u>
<u>Stragulation</u>	<u>09/26/19</u>	<u>Evansville</u>	<u>WI</u>
<u>Disorderly</u>	<u>08/26/19</u>	<u>Evansville</u>	<u>WI</u>

Within the last two (2) years, did you have and/or complete one of the following:

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Jeremy Welter Email: [REDACTED]

Printed Name: Jeremy Welter Date: 4/6/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
		Receipt # _____	
Approved: <u>[Signature]</u> Police Chief's Signature	Denied: <u>4/11/23</u> Date		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Linda Dawn Orton</u> First Middle Last			DATE OF BIRTH: _____		
ADDRESS: _____			PHONE: _____		
CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Driver's License No.: _____			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>18</u>			Former Name(s): _____		
Prior Street Address If Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
---	---

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>Linda D Orton</u>	Email: _____
Printed Name: <u>Linda Orton</u>	Date: <u>04.10.23</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Approved: <u>[Signature]</u> Denied: <u>5/11/23</u>	Public Safety Committee: Approved: _____ Denied: _____ Date: _____ Clerk's Office Signature: _____ Date: _____ Receipt # _____
Police Chief's Signature <u>[Signature]</u>	Date <u>5/11/23</u>



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>DAVID</u> <u>ALAN</u> <u>KNOLL</u> First Middle Last			DATE OF BIRTH:		
ADDRESS:					
CITY: <u>EVANSVILLE</u>		STATE: <u>WI</u>		ZIP: <u>53536</u>	
Driver's License No.:			Issuing State: <u>WISCONSIN</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10 YEARS</u>			Former Name(s):		
Prior Street Address If Above Address is Less Than 5 Years State Zip From To		City	State	Zip	To

ARREST AND CONVICTION RECORD
(Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	(No)
3. Have you ever been cited and/or convicted of a misdemeanor?	(Yes)	No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	(No)
b) Operating a motor vehicle while intoxicated?	Yes	(No)
c) Selling or furnishing alcoholic beverages to underage person?	Yes	(No)
d) Permitting underage person on licensed premises?	Yes	(No)
e) Allowing persons on licensed premises after closing?	Yes	(No)
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	(No)
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	(No)
h) Fighting, disorderly conduct, assault, or battery?	Yes	(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	(No)
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	(No)

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>POSSESSION OF CONTROLLED SUBSTANCE</u>	?	<u>STONINGTON</u>	<u>WI</u>

Within the last two (2) years, did you have and/or complete one of the following:

- Successfully completed a Responsible Alcohol Servers Course
- Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

- An alcohol agent for a retail alcohol license
- The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: David A Knoll
Printed Name: DAVID A KNOLL

Email: [REDACTED]
Date: 3/28/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature _____	Date _____
Approved: <u>[Signature]</u>	Denied: <u>4/11/23</u>	Receipt # _____	
Police Chief's Signature	Date		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Crystal R. Helgesen
First Middle Last
 DATE OF BIRTH: 11/13/1981
 ADDRESS: 1117 1st St
 PHONE: 715 835 0100
 CITY: Evansville STATE: Wisconsin ZIP: 53536 GENDER: Male Female
 Driver's License No.: _____ Issuing State: Wisconsin
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 24 years Former Name(s): _____
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To

ARREST AND CONVICTION RECORD
(Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony? Yes No

3. Have you ever been cited and/or convicted of a misdemeanor? Yes No

4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:

a) Any underage alcohol violation?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
b) Operating a motor vehicle while intoxicated?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
d) Permitting underage person on licensed premises?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
e) Allowing persons on licensed premises after closing?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes <input type="checkbox"/>	No <input checked="" type="radio"/>

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:

<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Attach certificate of completion for Responsible Alcohol Servers Course
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> An alcohol agent for a retail alcohol license
	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Crystal R. Helgesen Email: [REDACTED]
 Printed Name: Crystal R. Helgesen Date: March 31, 2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
Approved: <u>[Signature]</u> Denied: <u>4/13/23</u>	Receipt # _____ Receipt: 1.152670 70.00 HELGESSEN, CRISTAL & GR Apr 12, 2023 03:36PM
Police Chief's Signature	Date



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00
 Renewal Operator's License: \$35.00
 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Gregory B. Helgesen</u> <small>First Last</small>		DATE OF BIRTH: _____																					
ADDRESS: _____		PHONE: _____																					
CITY: <u>Evansville</u>	STATE: <u>Wisconsin</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female																				
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>																					
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>24 years</u>		Former Name(s): _____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Street Address If Above Address is Less Than 5 Years</th> <th>State</th> <th>Zip</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Prior Street Address If Above Address is Less Than 5 Years	State	Zip	From	To															
Prior Street Address If Above Address is Less Than 5 Years	State	Zip	From	To																			

ARREST AND CONVICTION RECORD
(Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input type="radio"/> Yes <input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:

Successfully completed a Responsible Alcohol Servers Course
 Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license
 The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Gregory B. Helgesen Email: _____
 Printed Name: Gregory B. Helgesen Date: 4-10-23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: _____ <u>[Signature]</u> Police Chief's Signature	Denied: _____ <u>4/13/23</u> Date	Receipt # <u>Rct # 1.152670</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00
 Renewal Operator's License: \$35.00
 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/caserearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Forrest Palmer Johnson</u>		DATE OF BIRTH: _____	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>W. I.</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female
Driver's License No.: _____		Issuing State: <u>W. I.</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>22 years</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
		Zip	From
			To

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> NO
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> NO
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> NO
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> NO
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> NO
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> NO
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> NO
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> NO
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> NO
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> NO
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> NO
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> NO

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
--	---

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>Forrest Palmer Johnson</u>	Email: _____
Printed Name: <u>Forrest Palmer Johnson</u>	Date: <u>4/09/23</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: <u>City of Evansville</u>
	Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
	Receipt # _____
Approved: <u>[Signature]</u>	Denial: <u>4/13/23</u>
Police Chief's Signature	Date

Receipt: 1,152,662 Date: 25.00
 ALL IN ONE
 Apr 12, 2023 11:58AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 **Renewal Operator's License: \$35.00** **Provisional License: \$15.00**

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Erik J Reines <small>First Middle Last</small>			DATE OF BIRTH:		
ADDRESS:			PHONE: 608-208-2922		
CITY: Evansville	STATE: WI	ZIP: 53536	GENDER: Male <input checked="" type="checkbox"/> Female		
Driver's License No.:			Issuing State: WI		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 years			Former Name(s):		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To
[REDACTED]		Brooklyn	WI	53521	2003 2020

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
---	---

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>Erik Reines</u>	Email: [REDACTED]
Printed Name: <u>Erik Reines</u>	Date: <u>4/12/2023</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Approved: <u>[Signature]</u> Denied: <u>4/15/23</u> Police Chief's Signature: _____ Date: _____	Public Safety Committee: Approved: _____ Denied: _____ Date: _____ Paid to: City of Evansville Clerk's Office Signature: _____ Date: _____ Receipt # _____ Receipt: L-152666 35.00 REINES ERIK Apr 12, 2023 02:54PM
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APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00
 Renewal Operator's License: \$35.00
 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/caserearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Kari Ann Fehrenbacher
First Middle Last

DATE OF BIRTH: _____
PHONE: _____

ADDRESS: _____
CITY: Evansville **STATE:** WI **ZIP:** 53536

DRIVER'S LICENSE NO.: _____ **ISSUING STATE:** WI
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 **FORMER NAME(S):** _____

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To

ARREST AND CONVICTION RECORD
(Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<u>No</u>
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<u>No</u>
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<u>No</u>
b) Operating a motor vehicle while intoxicated?	Yes	<u>No</u>
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<u>No</u>
d) Permitting underage person on licensed premises?	Yes	<u>No</u>
e) Allowing persons on licensed premises after closing?	Yes	<u>No</u>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<u>No</u>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<u>No</u>
h) Fighting, disorderly conduct, assault, or battery?	Yes	<u>No</u>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<u>No</u>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<u>No</u>

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
---	--

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Kari Fehrenbacher **Email:** _____
Printed Name: Kari Fehrenbacher **Date:** 3/30/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: 	Public Safety Committee: Approved: _____ Denied: _____ Paid to: _____ City of Evansville Date: _____
Approved: _____ _____ Police Chief's Signature	Denied: _____ _____ Date
Receipt # Receipt: 1.152724 35.00 FEHRENBACHER, KARI Apr 17, 2023 10:10AM	Clerk's Office Signature _____ Date _____



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Joshua</u> <u>Michael</u> <u>Blosser</u>			DATE OF BIRTH: _____		
First Middle Last					
ADDRESS: _____					
CITY: <u>Evansville</u>		STATE: <u>WI</u>		ZIP: <u>53536</u>	
GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female					
Driver's License No.: _____ ing State: <u>WI</u>					
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>7 years</u> Former Name(s): _____					
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City		State	

ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:	Attach certificate of completion for Responsible Alcohol Servers Course
<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>Joshua M Blosser</u> Printed Name: <u>Joshua M Blosser</u>	Email: _____ Date: <u>4-18-23</u>
---	--------------------------------------

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Approved: _____ Denied: _____	Public Safety Committee: <u>City of Evansville</u> Approved: _____ Denied: _____ Date: _____ Clerk's Office Signature _____ Date _____ Receipt # _____ Received: <u>1, 15 2018</u> <u>BLOSSER JOSHUA</u> <u>Apr 20, 2023 03:59PM</u>
Police Chief's Signature: <u>[Signature]</u> Date: <u>4/18/23</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 **Renewal Operator's License: \$35.00** **Provisional License: \$15.00**

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>Dean William Colstad</u>			DATE OF BIRTH: <u>11/11/1956</u>		
First <u>Dean</u> Middle <u>William</u> Last <u>Colstad</u>			PHONE: _____		
ADDRESS: _____		CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: _____			ISSUING STATE: <u>Wisconsin</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10 years</u>			Former Name(s): _____		
Prior Street Address if Above Address is Less Than 5 Years State		Zip	From	To	To

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

2. Have you ever been cited and/or convicted of a felony?	Yes	<input type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:

- Successfully completed a Responsible Alcohol Servers Course
- Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

- An alcohol agent for a retail alcohol license
- The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: <u>[Signature]</u>	Email: _____
Printed Name: <u>Dean Colstad</u>	Date: <u>03-22-2023</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ _____ _____	Public Safety Committee: Paid To: _____ Approved: _____ Denied: <u>City of Evansville</u> Date: _____
	Clerk's Office Signature: _____ Date: _____ Receipt # _____
Approved: <u>[Signature]</u> Police Chief's Signature	Denied: <u>4/26/23</u> Date

Receipts 1152879 35.00
COLSTAD DEAN WILLIAM
Apr 24, 2023 01:23PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00

Renewal Operator's License: \$35.00

Provisional License: \$15.00

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

LEGAL NAME: Adam E Crook DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Stoughton STATE: WI ZIP: 53589 GENDER: Male Female

Driver's License No.: _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 4 years Former Name(s): _____

Street Address If Above Address Is Less Than 5 Years	State	Zip	From	To
████████████████████	<u>WI</u>	<u>53586</u>	<u>09/11</u>	<u>07/19</u>

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

Within the last two (2) years, did you have and/or complete one of the following:

Attach certificate of completion for Responsible Alcohol Servers Course
<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course
<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Adam E. Crook Email: _____
 Printed Name: Adam E. Crook Date: 04/20/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ _____ _____	Public Safety Committee: Approved: _____ Denied: _____	Paid To: City of <u>Evansville</u>
	Clerk's Office Signature: _____ Date: _____	Receipt # _____ Receipt: 14.007957 35.00 CROOK ADAM E Apr 25, 2023 09:06AM
Approved: <u>[Signature]</u> Police Chief's Signature	Denied: <u>4/20/23</u> Date	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

2-9-23

New Operator's License: \$35.00 **Renewal Operator's License: \$35.00** **Provisional License: \$15.00**

NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Andrea Jean Hance
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Evansville **STATE:** WI **ZIP:** 53536

PHONE: _____

Driver's License No.: _____ **Issuing State:** WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 years

Former Name(s): _____

Prior Street Address If Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To

ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

2. Have you ever been cited and/or convicted of a felony? Yes No

3. Have you ever been cited and/or convicted of a misdemeanor? Yes No

4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:

Question	Yes	No
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	<input checked="" type="radio"/> Yes	No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	<input checked="" type="radio"/> Yes	No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	<input checked="" type="radio"/> Yes	No

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
946.41(1), 946.203(2) (dismissed)	April 2019	Madison	WI
346.163(1)(a)	December 2019	Evansville	WI
346.163(1)(a)	March 2021	Madison	WI

Within the last two (2) years, did you have and/or complete one of the following:

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Attach certificate of completion for Responsible Alcohol Servers Course
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> An alcohol agent for a retail alcohol license
	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Andrea Hance **Email:** _____

Printed Name: Andrea Hance **Date:** 1/15/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>OWI 2019 convicted 8/18/21 (noted above)</u> <u>OWI convicted 6/12/20 (noted above)</u>		Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
Approved: <u>[Signature]</u> Denied: <u>X</u>		Clerk's Office Signature: _____ Date: _____	
Police Chief's Signature: _____ Date: <u>1/24/23</u>		Receipt # <u>\$35.00</u> <u>Rec # 1.151560</u>	



APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536
(608) 882-2266 – Fax (608) 882-2282

Application Fee:
\$25.00 per Event

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Short Term (4 hours or less) Street Closure

Long Term (More than 4 hours) Street Closure
(The attached Petition must be included with at least 2/3 signatures)

This permit shall license the closure of a City Street for the purpose of business, celebration or other event that would require the full or partial closure of a road for a set period of time.

Name of Organization: Evansville Tourism Commission Phone: Abbey 218-209-8510

Organization address: City hall

Responsible Person: Abbey M Barnes
First Middle Last

Home Address: 228 W main

City Evansville State: WI Zip: 53536

Phone No: 218-209-8510 Email Address: abbeymbarnes@hotmail.com

Date(s) of Event(s): Saturday May 27th, 2023

Hours of Operation: 9-10 am

Location of Event: We need main street closed (east main) from the railroad tracks to Madison St. Cars can park but not drive during that hour. Barriers placed at any side streets + Alleys too.

Please attach a copy of map, showing where you wish to have the road blocked off.

Hold Harmless- The applicant agrees to indemnify, defend and hold the city and its employees and agents harmless against all claims, liability, loss, damage or expense asserted against or incurred by the city on account of any injury or death of any person or damage to any property caused by or resulting from the activities for which the license is granted. As evidence of the applicant's ability to perform the conditions of the license, the public safety committee may require the applicant to furnish a certificate of comprehensive general liability insurance with the city and its employees and agents as an additional insured. The insurance shall include coverage for a contractual liability with minimum limits in an amount as required by the public safety committee. The certificate of insurance shall provide 30 days written notice to the city upon cancellation, non-renewal or material change in policy.

Cancellation- The city, through its police department or other agents, may terminate, without prior notice, any use authorized by a street use license if the health, safety or welfare of the public appears to be endangered by activities generated by or associated with the use or if there are activities that violate any condition specified by the public safety committee when authorizing the issuance of the street use license.

For Long Term Street Closures Only

Public Hearing and/or Petition- The applicant further agrees to pay the fee for holding a public hearing; or completing the petition attached to this permit. The applicant has been honest and truthful to his or her best ability in following the instructions on the attached petition.

Abbey Barnes

Signature of Applicant

4/7/2023
Date

• FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Police Chief's Signature

Date

Municipal Services Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Municipal Services Signature

Date

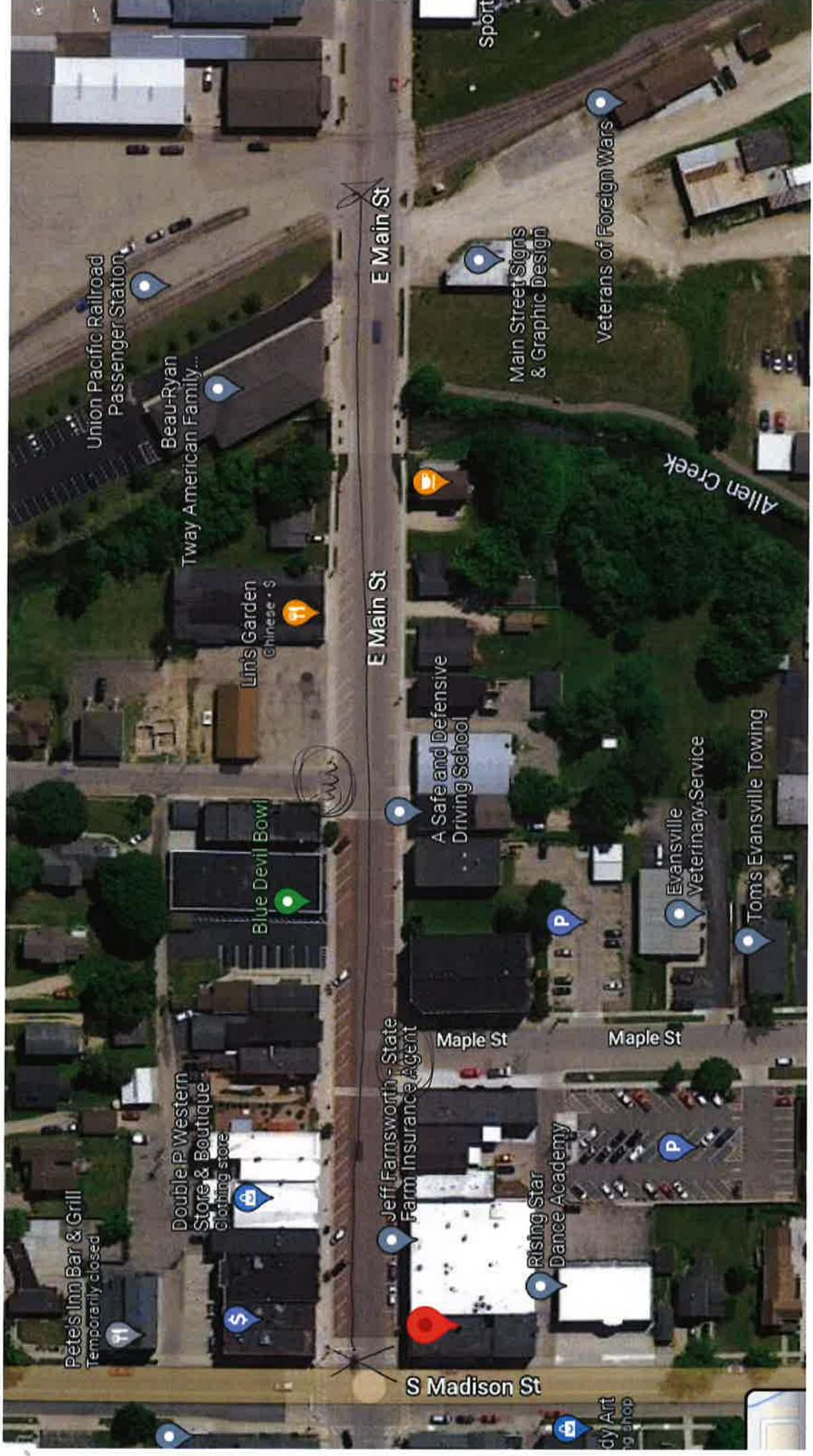
City Clerk's Office:

Public Safety Meeting required? Yes No If Yes, Meeting Date:

Date License Issued:

Clerks Notes and Receipt Information:

Large empty rectangular area for notes and receipt information.



Union Pacific Railroad Passenger Station

Beau-Ryan Tway American Family...

Lin's Garden Chinese • \$

Blue Devil Bowl

Double P Western Store & Boutique clothing store

Pete's Inn Bar & Grill Temporarily closed

E Main St

E Main St

A Safe and Defensive Driving School

Jeff Farnsworth - State Farm Insurance Agent

Rising Star Dance Academy

S Madison St

Main Street Signs & Graphic Design

Veterans of Foreign Wars

Evansville Veterinary Service

Toms Evansville Towing

Allen Creek

Maple St

Maple St

Sport

dy Art to shop



Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Street Closure for May 27th

3 messages

Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Thu, Apr 13, 2023 at 7:31 AM

To: Patrick Reese <p.reese@ci.evansville.wi.gov>, Dale Roberts <dale.roberts@ci.evansville.wi.gov>

Hi Patrick and Dale,

Please look at the attached street closure for Evansville Tourism Commission. They would like to close the street from the railroad tracks to Madison street for about an hour.

Please let me know if you have any questions or concerns.

--

Thank you,

Jolene Klitzman
Deputy Clerk
City of Evansville Wisconsin

Evansville Tourism Commission.pdf
296K

Dale Roberts <dale.roberts@ci.evansville.wi.gov>

Thu, Apr 13, 2023 at 7:51 AM

To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Cc: Patrick Reese <p.reese@ci.evansville.wi.gov>

I have no problem with it. We can supply barricades if they would put them out at 9am and take them down at 10am.

Dale Roberts

Public Works Foreman

City of Evansville

535 S Madison St

(608) 516-2680

[Quoted text hidden]

Patrick Reese <p.reese@ci.evansville.wi.gov>

Thu, Apr 13, 2023 at 7:54 AM

To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>, Dale Roberts <dale.roberts@ci.evansville.wi.gov>

Fine by me

[Quoted text hidden]

Chapter 6

ALCOHOL BEVERAGES¹**Article I. In General**

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¹ **Cross references:** Businesses, Ch. 22; alcohol beverage or refreshments at cemeteries, § 26-12.

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ARTICLE I. IN GENERAL

Division 1 – Generally

Sec. 6-1. ~~Adoption of state law.~~ Intent and Purpose

(1) State Statutes Adopted. The provisions of Wis. Stats. Ch. 125 defining, describing and regulating the sale, procurement, dispensing, consumption and transfer of alcohol beverages, including provisions relating to underage persons, are adopted and made a part of this section by reference. Violation of any such provisions shall constitute a violation of this section. Penalties for violations by or relating to sale, procurement, dispensing or transfer to underage persons shall strictly conform to the penalties imposed for violations of identical offenses defined and described in Wis. Stats. Ch. 125, adopted in this section.

a. Intent. It is the City's intent to regulate the sale of alcoholic beverages within City limits in a manner that promotes public health, safety, morals and general welfare of the community. It is further the City's intent to discourage underage consumption, retail theft, delinquency or other violations of law. The City further intends to make the issue of licenses and permits in a manner that is orderly, uniform and fair to all while promoting the City's goals of tourism, business and general welfare.

(Code 1986, § 12.04(1))

Sec. 6-2. Regulations pertaining to licensed premises.

(a) **Unlawful or disorderly conduct prohibited.** Premises licensed under this chapter shall, at all times, be conducted in an orderly manner, and no unlawful conduct, either under municipal ordinance or state law, shall be allowed at any time on any licensed premises.

(b) **Sales by clubs.** No club shall sell intoxicating liquors or fermented malt beverages except to members and guests invited by members.

(c) **Payment of state liquor taxes.** No licensee shall possess or sell or offer for sale any intoxicating liquor upon which the state tax established by Wis. Stats. Ch. 139 has not been paid.

(d) **Dancing.** No dancing by patrons or entertainers shall be permitted on premises for which a class "A" license has been granted.

(e) **Sale of commodities other than alcohol beverages.**

(1) No holder of a class "B" liquor license shall sell any commodity other than such commodities as such "class B" liquor and class "B" fermented malt beverages license permits; provided the holder of such license may also sell tobacco for retail use and smoking accessories. No holder of a "class B" liquor

license shall conduct any other business except pool, billiards or a bowling alley in the premises for which such license is granted.

- (2) This subsection shall not apply to restaurants or hotels, which may sell or dispose of food under their restaurant or hotel licenses.

(f) **Closing hours.** No premises for which a retail liquor or fermented malt beverage license has been issued shall remain open nor shall any intoxicating liquor or fermented malt beverages be sold or dispensed:

- (1) **Class A license.** If a ~~e~~Class A license, between 9:00 p.m. Saturday evening and 6:00 a.m. on Sunday, and on weekdays between 9:00 p.m. and 6:00 a.m. the next day, provided this subsection shall not prohibit drugstores holding such ~~e~~Class A license from remaining open on Sundays and beyond the hours set forth in this subsection for the conduct of business other than that provided for by such ~~e~~Class A license.

- (2) **Class B license.**

- a. If a ~~C~~class B license, on Saturdays and Sundays between 2:30 a.m. and 6:00 a.m., and on weekdays between 2:00 a.m. and 6:00 a.m. On January 1, premises operating under a class B license are not required to close. No package, container or bottle sales may be made after midnight.

- b. This subsection shall not prohibit restaurants, bowling alleys or similar establishments holding ~~C~~class B licenses from remaining open beyond the hours set forth for the conduct of business other than that provided for by such class B license.

- (3) **Christmas Eve.** No person having a Class A license shall sell or dispense liquor or fermented malt beverages after 6:00 p.m. on Christmas Eve.

(g) **Violations by agents or employees.** A violation of this section, section 6-1, or article II, division 1 of this chapter by an authorized agent or employee of a licensee shall constitute a violation by the licensee.

(h) **Temporary Extension of Premise and Sidewalk Cafés.**

- (1) The granting of a temporary extension of premise license for special events shall authorize the licensee to sell or serve intoxicating liquors or fermented malt beverages as permitted by the specific license held during the period of time and in the area described in the application for such temporary extension as expressly approved by the Common Council. Such authority is contingent upon and subject to the licensee obtaining any and all other special privileges and permits required for the conduct of the special event for which the temporary extension of the licensed premises is sought.

- (2) Any business holding a valid Class B, Temporary Class B, Class B beer or intoxicating liquors license or Class C, wine - Brewery, or Winery

license may apply for the temporary extension of such license for a special event. The extended premise would create an outdoor seating area on part of the public right of way that immediately adjoins the premises for the purpose of consuming food or beverages prepared at the full-service restaurant, coffee shop, tavern or other business serving food or beverages adjacent thereto or participating in other amenities offered by the adjoining business, subject to the following conditions. The Extension of Premises permit shall be effective for the set date and time approved by the Common Council subject to the requirements set forth in subsection 3.

(3) General Requirements-

- a. Application for the temporary extension of premise for a special event shall be made by an individual, or an authorized agent, in the case of a corporation, partnership or limited liability company, who shall be personally responsible for compliance with all of the terms and provisions of this chapter.
- b. The license holder is responsible to see that alcoholic beverages are served in compliance with state laws. Alcohol beverages may be sold and served only by the licensee.
- c. If applicable obtain a street closure permit in accordance with Sec 106-163 of the Municipal Code.
- d. Place a fence or barricade around the portion of the property where fermented malt beverage, intoxicating liquor and/or wine may be sold, and consumed or possessed.
- e. Restrict the outdoor sale, consumption and possession of fermented malt beverages, intoxicating liquor, and wine to the approved hours.
- f. Provide adequate supervision and security to ensure public order and safety.
- g. Maintain compliance with accessibility requirements provided in the Americans with Disabilities Act (ADA) through and within the temporary seating and or sales display area.
- h. Provide a certificate of general liability insurance which must include coverage for the applicant's activities in the extended area.
- i. Remove all furniture, furnishings and equipment moved onto the sidewalk and into the street at the end of each day/event.
- j. Anchor umbrellas in such a way that sudden burst of wind will not lift them out of their holders or blow them over.

- k. Do not obstruct access to a fire hydrant or obstruct one's view of the hydrant from the street.
 - l. Pick up the trash from the approved area on a regular basis and keep it in a clean, orderly, litter free and hazard free condition.
 - m. If the extension is approved the City Clerk shall issue temporary extension of premises license reflecting the approved area to the licensee which must be posted on the premises at all time.
 - n. The licensee shall not allow patrons to bring alcohol beverages into the extended area from another location, nor carry open containers of alcohol beverages about within the area (patrons must be at a table), nor to carry open containers of alcohol beverages in the area outside the approved premise.
 - o. The licensee granted a temporary extension of licensed premises for special events ~~may shall~~ not sell any alcohol or nonalcoholic beverages for consumption in bottles, cans and glass containers at the location of the extension of licensed premises. Beverages ~~may shall~~ only be sold in single-service cups for on-premises consumption in the location of the temporary extension of the licensed premises.
- (4) Application- The application for a temporary extension of premise shall be filed not less than 15 days prior to the date upon which the applicant wishes that the application be considered by the Public Safety Committee, which date shall be not less than 30 days prior to the proposed special event.
- a. Submitted applications shall be referred by the City Clerk to the Municipal Services Director and the Police Chief along with the Street Closure application for review and recommendation. Each submitted application will be reviewed, a background check performed (If necessary) and recommend issuance or denial of the extension.
 - b. The Public Safety Committee will review the application and any recommendations from the Municipal Services Director and Police Chief. The Public Safety Committee shall decide by majority of those voting whether to recommend or not recommend to Common Council. The Public Safety Committee may attach any conditions and/or limitations as they deem necessary.
 - c. The Common Council will review the application and any recommendations set forth. Upon review the Council shall decide by majority of those voting whether to approve or deny the license. The Common Council may attach any conditions and/or limitations as they deem necessary. Upon the Common Council's approval the City Clerk shall issue a temporary extension of premise license to the applicant.

An application ~~may may~~ be denied if the Public Safety or the Common Council does not feel it is in the best interest of the city.

Any applicant denied a license or disagrees with the conditions and/or limitations set forth on the license may request an appeal to the Common Council. The applicant must submit in writing to the City Clerk a request to appeal the decision within 30 days of the initial decision.

(Code 1986, § 12.04(12)(a), (c), (e)--(g), (13), (18), Ord 2012-23, Ord. 2022-03)

Sec. 6-3. Consumption in public place.

No person shall drink or carry for the purpose of immediate consumption in any container an alcohol beverage upon the streets, sidewalks, parks, public parking lots, public buildings or public school property within the city unless the proper licenses have been issued under Sec. 6-2, Sec. 6-43, and/or Sec. 106-163.

(Code 1986, § 9.17(1), (2)(a), Ord. 2022-03)

Sec 6-4 Definitions.

Unless otherwise herein provided, the definitions found in Section 125.02, Wis. Stats., shall apply to the provisions of this chapter.

Alcohol Beverage means fermented malt beverages and intoxicating liquor.

Event or Gathering means any group of two or more persons who have assembled or gathered together for a social occasion or other activity.

Host or Allow means to aid, conduct, entertain, organize, supervise, control or permit a gathering or event.

Parent means any person having legal custody of a juvenile:

As natural, adoptive parent or step-parent

As a legal guardian; or

As a person to whom legal custody has been given by order of the Court

Residence, Premises, or Public or Private Property means any home, yard, farm, field, land, apartment, condominium, hotel or motel room or other dwelling unit, or a hall or meeting room, park or any other place of assembly, whether occupied on a temporary or permanent basis, whether occupied as a dwelling or specifically for a party or other social function, and whether owned, leased, rented or used with or without permission or compensation.

Underage Person means a person who has not attained the legal drinking age.

Present means being at hand or in attendance.

In control means the power to direct, manage, oversee and/or restrict the affairs, business or assets of a person or entity.

Class A- means sale for consumption off the premises. Examples: Liquor stores, grocery stores or convenience stores. See (Sec. 125.25, Wis. Stats.) & (Sec. 125.51(2), Wis. Stats.) for more details.

Class B- means for consumption on or off premises. Examples: Restaurants, bars or taverns. See (Sec. 125.26, Wis. Stats.) & (Secs. 125.51(3), 125.51(3r), Wis. Stats.) for more details

Class C Wine License – Authorizes the retail sale of wine by the glass for consumption on the licensed premises.

Intoxicating Liquor - Any beverage (except fermented malt beverages as defined in sec. 125.02(6), Wis. Stats.) made by a distillation process from agricultural grains, fruits and sugars, containing 0.5% or more of alcohol by volume (sec. 139.01(3), Wis. Stats.). For example, beverages sold under the name of whiskey, brandy, gin, rum, cordials.

Cider – An alcohol beverage obtained by fermentation of the juice of apples or pears that contains 0.5 to 7.0 percent alcohol by volume. (sec. 139.01(2m), Wis. Stats.). "Cider" may be flavored, sparkling, and/or carbonated. (sec. 139.03(2n), Wis. Stats.).

Wine - Any beverage (except beer) made by a fermentation process from agricultural products, fruits and sugars, containing not less than 0.5% and not more than 21% of alcohol by volume (sec. 125.02(22), Wis. Stats.). For example, beverages sold under the name of wine, vermouth, sake. It includes cider containing more than 7% alcohol by volume.

(Ord. 2012-17, Ord. 2021-03, Ord 2022-03)

DIVISION 2. HOSTING GATHERINGS INVOLVING UNDERAGE POSSESSION
AND CONSUMPTION OF ALCOHOL

Sec 6-~~54~~ Purpose and Finding.

The City Council of the City of Evansville, Wisconsin intends to discourage underage possession and consumption of alcohol, even if done within the confines of a private residence, and intends to hold persons civilly responsible who host events or gatherings where persons under 21 years of age possess or consume alcohol or consume alcohol regardless of whether the person hosting the event or gathering supplied the alcohol. The City Council of Evansville finds:

Events and gatherings held on private or public property where alcohol is possessed or consumed by persons under the age of twenty-one are harmful to those persons and constitute a potential threat to public health requiring prevention or abatement.

Prohibiting hosting underage consumption acts to protect underage persons, as well as the general public, from injuries related to alcohol consumption, such as alcohol overdose or alcohol-related traffic collisions.

Alcohol is an addictive drug which, when used irresponsibly, does have drastic effects on those who use it as well as those who are affected by the actions of an irresponsible user.

Often, events or gatherings involving underage possession and consumption occur outside the presence of parents. However, there are times when the parent(s) is/are present and condone the activity, and in some circumstances, provide the alcohol.

A deterrent effect is created by holding a person responsible for hosting an event or gathering where underage possession or consumption occurs.

[Ord. 2012-17]

Sec 6-~~5~~ Definitions.

~~For purposes of this division, the following terms have the following meanings:~~

~~Alcohol means ethyl alcohol, hydrated oxide of ethyl, or spirits of wine, whiskey, rum, brandy, gin or any other distilled spirits including dilutions and mixtures thereof from whatever source or by whatever process produced.~~

~~Alcoholic Beverage means alcohol, spirits, liquor, wine, beer and every liquid or solid containing alcohol, spirits, wine or beer, and which contains one half of one percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed or combined with other substances.~~

~~Event or Gathering means any group of two or more persons who have assembled or gathered together for a social occasion or other activity.~~

~~Host or Allow means to aid, conduct, entertain, organize, supervise, control or permit a gathering or event.~~

~~Parent means any person having legal custody of a juvenile:~~

~~As natural, adoptive parent or step-parent~~

~~As a legal guardian; or~~

~~As a person to whom legal custody has been given by order of the Court~~

~~Residence, Premises, or Public or Private Property means any home, yard, farm, field, land, apartment, condominium, hotel or motel room or other dwelling unit, or a hall or meeting room, park or any other place of assembly, whether occupied on a temporary or permanent basis, whether occupied as a dwelling or specifically for a party or other social function, and whether owned, leased, rented or used with or without permission or compensation.~~

~~Underage Person means a person who has not attained the legal drinking age.~~

~~Present means being at hand or in attendance.~~

~~In control means the power to direct, manage, oversee and/or restrict the affairs, business or assets of a person or entity.~~

~~Class A means sale for consumption off the premises. Examples: Liquor stores, grocery stores or convenience stores. See (Sec. 125.25, Wis. Stats.) & (Sec. 125.51(2), Wis. Stats.) for more details.~~

~~Class B means for consumption on or off premises. Examples: Restaurants, bars or taverns. See (Sec. 125.26, Wis. Stats.) & (Secs. 125.51(3), 125.51(3r), Wis. Stats.) for more details~~

~~Class C Wine License—Authorizes the retail sale of wine by the glass for consumption on the licensed premises.~~

~~Intoxicating Liquor—Any beverage (except fermented malt beverages as defined in sec. 125.02(6), Wis. Stats.) made by a distillation process from agricultural grains, fruits and sugars, containing 0.5% or more of alcohol by volume (sec. 139.01(3), Wis. Stats.). For example, beverages sold under the name of whiskey, brandy, gin, rum, cordials.~~

~~Cider—An alcohol beverage obtained by fermentation of the juice of apples or pears that contains 0.5 to 7.0 percent alcohol by volume. (sec. 139.01(2m), Wis. Stats.). "Cider" may be flavored, sparkling, and/or carbonated. (sec. 139.03(2n), Wis. Stats.).~~

~~*Wine*—Any beverage (except beer) made by a fermentation process from agricultural products, fruits and sugars, containing not less than 0.5% and not more than 21% of alcohol by volume (sec. 125.02(22), Wis. Stats.). For example, beverages sold under the name of wine, vermouth, sake. It includes cider containing more than 7% alcohol by volume.~~

~~(Ord. 2012-17, Ord. 2021-03, Ord 2022-03)~~

Sec 6-6 Prohibited Acts.

It is unlawful for any person(s) to: host or allow an event or gathering at any residence, premises or on any other private or public property where alcohol or alcoholic beverages are present when the person knows that an underage person will or does (i) consume any alcohol or alcoholic beverage; or (ii) possess any alcohol or alcoholic beverage with the intent to consume it; and the person fails to take reasonable steps to prevent possession or consumption by the underage person(s).

(a) A person is in violation of this section if the person intentionally aids, advises, hires, counsels or conspires with or otherwise procures another to commit the prohibited act.

(b) A person who hosts an event or gathering does not have to be present at the event or gathering to be responsible.

[Ord. 2012-17]

Sec 6-7 Exceptions.

(a) This division does not apply in cases where a person procures for, sells, dispenses of or gives away alcohol beverage to an underage person in the direct company of his or her parent, guardian or spouse who has attained the legal drinking age, who has consented to the underage person acquiring or consuming the alcohol beverages and is in a position to observe and control the underage person.

(b) This division does not apply to legally protected religious observances.

(c) This division does not apply to situations where underage persons are lawfully in possession of alcohol or alcoholic beverages during the course and scope of employment.

[Ord. 2012-17]

Sec 6-8 Penalties.

An adult who violates any provision of this section must appear in municipal court and is subject to the following penalties:

(a) A forfeiture of not more than \$500 if the adult has not committed a previous violation within 30 months of the violation.

(b) Fined not more than \$500 if the adult has committed a previous violation within 30 months of the violation.

(c) Fined not more than \$1,000 if the adult has committed two previous violations within 30 months of the violation.

(d) Fined not more than \$10,000 if the adult has committed three or more previous violations within 30 months of the violation.

(Ord. 2012-17, Ord. 2018-01)

Secs. 6-9--6-30. Reserved.

ARTICLE II. LICENSES AND PERMITS

DIVISION 1. GENERALLY

Secs. 6-31--6-32. Reserved

Sec. 6-33. Filing of list of licensees with state department of revenue.

By July 15 of each year, the Clerk shall forward to the State Department of Revenue a list containing the name, address and trade name of each person holding a license issued under this division, except a picnic, manager's or operator's license.

(Code 1986, § 12.04(5)(d), Ord. 2020-04)

Sec. 6-34. Consent of applicant to future regulations and amendments.

By filing the application for a class A, B or C license under this division, the applicant consents that the council may make any rule or regulation or alteration or amendment to this chapter at any time during the period for which such license is granted.

(Code 1986, § 12.04(5)(e)(1))

Sec. 6-35. Restrictions on issuance of Class A licenses.

(a) ~~The number of "Class A" intoxicating liquor licenses which may be issued to persons or premises in the city is limited to one (1) for each seven hundred (700) population in the city as defined by Wis. Stats. § 125.51(4).~~ An application for a "Class A" liquor license shall not be favored or disfavored because the applicant already has been granted a Class "A" fermented malt beverage license.

(b) A Class "A" fermented malt beverage license may be granted separately from or in conjunction with a granting of a "Class A" intoxicating liquor license. The number of Class "A" fermented malt beverage licenses the city may issue is subject only to the applicable limit under state law, if any.

(Code 1986, § 12.04(5)(e)2, 3, Ord. 2006-7, Ord. 2012-11, Ord. 2020-04)

Sec. 6-36. Standards for issuance; license quota for ~~class~~ Class B licenses.

(a) Location of premises.

(1) No retail Class A or B license shall be issued for premises the main entrance of which is less than three hundred (300) feet from the main entrance of any established public school, parochial school, hospital or church, except that this prohibition may be waived by a majority vote of the Common Council. Such distance shall be measured by the shortest route along the roadway from the closest point of the main entrance of such school, church or hospital to the main entrance of such premises.

(2) This subsection shall not apply to premises licensed as such on June 30, 1947, nor shall it apply to any premises licensed as such prior to the occupation of real property within three hundred (300) feet thereof by any school, hospital or church building.

(3) This subsection shall not apply to a restaurant located within three hundred (300) feet of a church or school. This paragraph applies only to restaurants in which the sale of alcohol beverages accounts for less than fifty (50%) percent of their gross receipts.

(b) **Issuance to violators of liquor, beer or wine laws or ordinances.** No retail class A, B or C license shall be issued to any person who has been convicted of a violation of any federal or state liquor or fermented malt beverage law or wine law or the provisions of this division, section 6-1 or section 6-2 during one year prior to such application. A conviction of a member of a partnership or the partnership itself shall make the partnership or any member thereof ineligible for such license for one year.

(c) **Health, safety and sanitation requirements.** No license shall be issued for any premises which do not conform to the sanitary, safety and health requirements of the state department of commerce and the state department of health and social services and to all such local ordinances and state regulations adopted by the city.~~No retail Class A, B or C license shall be issued for any premises which do not conform to the sanitary, safety and health requirements of the state department of industry, labor and human relations pertaining to buildings and plumbing, to the rules and regulations of the State Department of Health and Family Services applicable to restaurants, and all such ordinances and regulations adopted by the city.~~

(d) License quota.

(1) **Class "B" fermented malt beverages license.**

a. The number of persons and places that may be granted a Class "B" fermented malt beverage license under this division is limited to one (1) for each four hundred (400) population in the city, as defined by Wis. Stats. § 125.51(4).

~~b.—The City Council may grant a Class "B" fermented malt beverage license, as defined in Wis. Stats. Ch. 125, to any restaurant that will agree in writing to the following conditions:~~

~~1.—Fermented malt beverages will only be served for consumption on the premises (no carryouts).~~

~~2.—Fermented malt beverages will not be served in the original containers.~~

~~3.—Fermented malt beverages will only be served in open containers.~~

~~4.—Fermented malt beverages will only be served with food.~~

~~5.—The Council may at any time add conditions to this agreement as it deems necessary for the health, welfare or safety of the community. The council may waive any of these requirements.~~

(2) **"Class B" liquor license.** Only one (1) "Class B" liquor license shall be granted for each 500 population in the city as defined by Wis. Stats. § 125.51(4).

(3) **Exceptions.** Nothing contained in this subsection shall prevent a license being granted to any person or the assignee of any person holding a "Class B" liquor license on May 10, 1977; nor shall anything contained in this subsection prevent the council, in its discretion, from granting a license to any person who otherwise qualifies therefor according to Wis. Stats. § 125.51(4)(g), or from granting a Class "B" fermented malt beverage license to a bona fide club, as defined in Wis. Stats. § 125.02(4), which has existed in the city for not less than six (6) years and has been incorporated in the state for not less than 30 years, if sale or service of fermented malt beverages is restricted to club members, members of affiliated clubs and guests of either in a separate room which is locked during closing hours and no carryout sales are made.

(4) **"Class C" wine license.** The City Council may grant a "Class C" wine license, as defined in Wis. Stats. § 125.51(3m), without quota, to any restaurant that will agree in writing to the following conditions:

a. Sale of wine shall only be by the glass or in an open original container for consumption on the premises where sold.

- b. The person shall be qualified under Wis. Stats. § 125.04(5) for a restaurant in which the sale of alcohol beverages accounts for less than fifty (50%) percent of gross receipts and which does not have a barroom if the city's quota under subsection (d)(2) of this section and Wis. Stats. § 125.51(4) prohibits the city from issuing a "Class B" liquor license to that person.
- c. The license may not be issued to a foreign corporation, a foreign limited liability company or a person acting as an agent for or in the employ of another.
- d. The license shall particularly describe the premises for which it is issued.
- e. The council may not waive at any time any of these requirements as they are by state statute, and the requirements may be amended by state statute from time to time.

(e) **Payment of delinquent taxes, assessments and claims.** No license shall be initially granted or renewed to any person or applicant who, or premises for which, municipal taxes, assessments, or overdue ordinance violation forfeitures due the City are delinquent and unpaid. When this section applies to an initial application for a license, the person or applicant shall be given notice of the intent to not issue the license and an opportunity to rebut the assertion of unpaid obligations. If this section is invoked upon a person or applicant request for renewal, the notice and opportunity for hearing provisions of Section 125.12(3) of the Wisconsin Statutes shall apply.

(f) **Residences not to be licensed.** No license shall be issued for the purpose of possessing, selling or offering for sale any intoxicating liquor or fermented malt beverage in any dwelling house, flat or residential apartment.

(Code 1986, § 12.04(6); Ord. No. 2003-13, § 1, 11-11-2003, Ord. 2006-39, Ord. 2021-03)

Sec. 6-37. Investigation and inspection.

(a) The City Clerk shall notify the Chief of Police, Fire Chief and Building Inspector of each application for a license under this division, and those officials shall inspect or cause to be inspected each application and the premises, together with any other investigations, accompanied by a recommendation as to whether a license should be granted or refused.

(b) In determining the suitability of any applicant, consideration shall be given to the financial responsibility of the applicant, the appropriateness of the location and the premises proposed and, generally, the applicant's fitness for the trust to be reposed.

(c) No license shall be renewed without a reinspection of the premises and reports as originally required.

(d) Applications shall be valid for a period of 9 prior to issuance.

(Code 1986, § 12.04(7))

Sec. 6-38. Procedure for issuance.

(a) **Generally.** Opportunity shall be given by the Council to any person to be heard for or against the granting of any license under this division. Upon approval of the application by the Council, the City Clerk-~~Treasurer~~ shall file a receipt showing the payment of the required license fee and issue a license to the applicant.

(b) **Operator's license.** For provisions pertaining to operator's licenses, see section 6-44.

(c) **Picnic license.** For provisions pertaining to picnic licenses, see section 6-43.

(Code 1986, § 12.04(8), Ord. 2021-03)

Sec. 6-39. Contents.

All licenses issued under this division shall be numbered in the order in which they are issued and shall state clearly the specific premises for which granted, the date of issuance, the fee paid and the name of the licensee.

(Code 1986, § 12.04(9)(a))

Sec. 6-40. Loss of rights on abandonment of business.

Any person holding a Class B license under this division who abandons such business shall forfeit any right or preference ~~he may have~~ had to the holding and renewal of such license. The closing of such premises for fifteen (15) days or more shall be prima facie an abandonment.

(Code 1986, § 12.04(9)(b), Ord. 2020-04)

Sec. 6-41. Unlawful use of license; defacing, destroying or removing license.

No person shall post a license issued under this division or permit any other person to post it upon premises other than those mentioned in the application, or knowingly deface or destroy such license, or remove such license without the consent of the holder thereof.

(Code 1986, § 12.04(11)(a))

Sec. 6-42. Duplicate license.

Whenever a license issued under this division is lost or destroyed without fault on the part of the holder or his agent or employee, a duplicate in lieu thereof under the original application shall be issued by the City Clerk on satisfaction given as to the facts and upon

payment of a fee as established by the council from time to time by resolution and as set forth in appendix A.

(Code 1986, § 12.04(11)(b))

Sec. 6-43. Temporary Class "B" (picnic) beer license or temporary "Class B" (picnic) wine license.

Picnic licenses may be issued by ~~the Council or~~ the Public Safety Committee under Wis. Stats. § 125.26(6). Application therefor shall be filed not less than 15 days prior to the date upon which the applicant wishes that the application be considered by the Public Safety Committee, which date shall be not less than thirty (30) days prior to the date such license is intended to be used. Applications may be accepted within such thirty (30) day period if the applicant agrees in writing to pay the cost of any special meeting of the Council or the Committee called for the purpose of acting upon such application.

Any applicant wishing to obtain a Temporary Class "B" or "Class B" license or temporary outdoor premises shall pay the permit fee provided for, and present a completed written application form to the City Clerk along with any corresponding publication fees. The application shall be created and provided by the City Clerk.

A written premise description along with a site plan describing the outdoor area sought to be added as an addendum to the licensed premises; said site plan, drawing or map also complying with and indicating all buildings and structures on the property, lot lines, setbacks, measurements, zoning uses or surrounding property, appropriate fencing, entrances and exits, safety and lighting, and any other requirements deemed necessary by the City Clerk, Chief of Police, or zoning officer.

Premises for which a Temporary Class "B" beer or Temporary "Class B" wine license has been applied for on City property shall receive approval of the Common Council.

The applicant shall have a certificate of insurance and shall name the City as an insured party as its interest may appear. The City Clerk shall be furnished with a copy of the certificate of insurance before the license is approved. Such coverage shall be primary and non-contributing with any insurance carried by the City.

_(Code 1986, § 12.04(14), Ord2 2022-03)

Sec. 6-44. Operator's license.

(a) **Regular.** Application for an operator's license under § 125.17, Wis. Stats., shall state the name, residence, age, birthdate, and sex of the applicant, together with such other pertinent information as the City Clerk requires, and shall be issued by the Clerk for a period of no longer than two years to the renewal date of June 30, upon approval as detailed below.

- (1) Submitted applications shall be referred by the City Clerk to the Police Department for review and recommendation. The Police Chief shall review each

submitted application, perform a background check and recommend issuance or denial of the license.

(2) The Public Safety Committee will review the application and any recommendations from the Police Chief. The Public Safety Committee shall decide by majority of those voting whether to grant or deny a license to the applicant. The Public Safety Committee may attach any conditions and/or limitations to a granted operator license as they deem necessary.

(3) Upon the Public Safety Committee's approval the City Clerk shall issue a regular operator license to an applicant.

(4) If an application is denied the applicant must wait at least six (6) months before they can apply for another operator license.

(b) **Provisional license.**

(1) Application for a provisional operator's license under Wis. Stats. § 125.17(5) shall be made to the City Clerk and shall state the name, residence, age, birthdate and sex of the applicant, together with such other pertinent information as the City Clerk requires. The provisional license shall be issued by the City Clerk following a background check and an approval recommendation by the Chief of Police.

(2) A provisional license ~~may~~ shall be issued only to a person who has applied for an operator's license under this section. The provisional license shall expire sixty (60) days after its issuance or when the operator's license is issued, whichever is sooner.

(3) The City Clerk or the Public Safety Committee may revoke the provisional license if it discovers that the holder of the provisional license made a false statement on the application for a provisional license or a regular operator's license.

(4) The provisions of Wis. Stats. § 125.17(5) are hereby adopted in their entirety, and any conflict between this section and that statute as it may exist from time to time shall be resolved in favor of the statutory provision.

(c) **Violations.** The City has generally found convictions for the following offenses are substantially related to the duties and responsibilities associated with an operator's license. For purposes of these guidelines, any pending prosecution ~~may~~ shall be treated as a conviction.

(1) OWI (all collectively referred to herein as "OWI"): Operating Under the Influence of an Intoxicant or Other Drugs, under Wis. Stat. § 346.63, local ordinances in conformity therewith, or other similar laws from other states, (commonly referred to as OWI, OWPBAC, PBAC, DWI, or DUI); or driving any

vehicle while under the influence of alcohol or drugs; or injuring any person or damaging any property while driving under the influence of alcohol or other drugs.

a) The City has generally found OWI convictions within one (1) year of application for a License are grounds for denial of a License.

b) The City has also generally found two or more OWI convictions within five (5) years of application for a license can be grounds for denial of a License.

(2) Underage Drinking: Any underage drinking conviction which is the same as or similar to Wis. Stat. § 125.07(3) or (4) is substantially related to the duties and responsibilities associated with alcohol beverage licenses.

a) Any such underage drinking conviction within one (1) year of application for a license is typically grounds for denial.

b) Two or more such underage drinking convictions within five (5) year of application for a license are typically grounds for denial.

(3) Service to Underage Persons. Any service to underage persons conviction which is the same as or similar to Wis. Stat. § 125.07(1)(a) is substantially related to the duties and responsibilities associated with alcohol beverage licenses.

a) Two (2) or more service to underage persons within one (1) year of application for a License is typically grounds for denial.

(4) Drug Offense. The City has generally found that the following convictions are substantially related to the duties and responsibilities associated with alcohol beverage licenses: manufacturing, distributing or delivering a controlled substance or controlled substance analog under Wis. Stat. § 961.41(1); possessing with intent to manufacture, distribute or deliver, a controlled substance or controlled substance analog under Wis. Stat. § 961.41(1m); possessing, with intent to manufacture, distribute or deliver, or manufacturing, distributing or delivering a controlled substance or controlled substance analog under a federal law or law of another state that is substantially similar to Wis. Stat. § 961.41(1) or (1m); possessing any of the materials listed in Wis. Stat. § 961.65 with intent to manufacture methamphetamine under that section or under federal law or a law of another state that is substantially similar to Wis. Stat. § 961.65; or possessing controlled substances as regulated by Chapter 961, Wis. Stats.

a) The City has generally found such convictions within one (1) year of application for a License are grounds for denial.

b) The City has generally found two or more such convictions within five (5) years of application for License can be grounds for denial of a License.

(5) Overall Conviction Record, Felons, or Other Offenses. No operator's license ~~may~~shall be issued under this guideline to any person who has:

- a) Been convicted of a felony that substantially relates to the circumstances of the licensed activity unless the person has been duly pardoned;
- b) Been deemed a habitual law offender;
- c) Convictions not specifically listed above ~~may~~shall also be grounds for denial of a License, as reasonably determined in the sound discretion of the City; or
- d) Any intentionally or accidentally omitted any violation it will be considered a false application, resulting in the delay and or possible denial of the application.

(Code 1986, § 12.04(15); Ord. No. 1999-10, § 1, 7-13-1999; Ord. No. 2000-21, § 2, 1-9-2001, Ord. 2021-03)

Secs. 6-45--6-60. Reserved.

DIVISION 2. PERMIT FOR CONSUMPTION IN PUBLIC PARKS²

Sec. 6-63. Eligibility; application; issuance.

(a) **Eligibility.** Eligible permit holders under this division are limited to residents of the city or the Evansville School District; persons who own real estate in the city or school district; recognized organizations, including sport leagues, the majority of whose members are residents of the city or school district; or companies having the city or school district as the company's principal place of business.

(b) **Form of application.** Applications shall be in a form determined and provided by the City Clerk, to include the name, address, telephone number and date of birth of the applicant, the date for which the permit is desired, and the approximate number of persons in the party. The Clerk may require such additional information about the applicant as the Clerk deems necessary. The permit form shall be as provided by the Clerk.

(c) **Filing of application; scope of permit.** Applications shall be made in person by the applicant at least forty-eight (48) hours in advance of the date for which the permit is requested. Organizations may in one application obtain a permit for each event date or league play date, paying the permit fee required for each date. The permit shall extend to

² **Cross references:** Parks and recreation, Ch. 86.

all members of the applicant's immediate party of legal drinking age. The permit shall be valid for only one calendar date, which date will be specified thereon.

(d) **Fee.** The fee for each permit shall be as established by the council from time to time by resolution and as set forth in appendix A. The fee shall be payable at the time of application, and is not refundable.

(e) **Issuance.** The Clerk or the Deputy shall issue permits according to the requirements of this division, and may refuse to grant a permit if the applicant incompletely or falsely prepares the application or the applicant has violated terms of a permit or alcohol law at any prior time. An organization ~~may~~shall have permits for remaining unused dates revoked if there is violation of a prior permit date or any federal, state, county or city alcohol law.

(Ord. No. 1999-5, § 3, 5-11-1999, Ord. 2014-02, Ord. 2020-04)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 06/01/2022 ending: 06/01/2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number 45600034494305	
FEIN Number 56-1356720	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<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	\$ 15
TOTAL FEE	\$ 615

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
FAMILY DOLLAR STORES OF WISCONSIN, LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<input checked="" type="checkbox"/> BARNETT	PETER	ALLAN	[REDACTED]
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<input checked="" type="checkbox"/> LITTLER	TODD	BURGESS	[REDACTED]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<input checked="" type="checkbox"/> SPENCER	HARRY	RASHAD	[REDACTED]
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<input checked="" type="checkbox"/> DEAN	ROGER	WAYNE	[REDACTED]
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<input checked="" type="checkbox"/> SANTOS	PRISCILLA	L	[REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<input checked="" type="checkbox"/> SANTOS	PRISCILLA	L	[REDACTED]

AT-103

1. Trade Name FAMILY DOLLAR STORE #24446 Business Phone Number (608) 882-0730

2. Address of Premises 28 COUNTRY HIGHWAY M Post Office & Zip Code 53536

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.)

PLEASE SEE ATTACHED FLOOR PLAN WITH BEER COOLER AND WINE DISPLAY MARKED IN RED.

4. Legal description (omit if street address is given above): N/A

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? N/A

- 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
PER WISCONSIN PUBLICATION 309, AN AGENT OF THE LIMITED LIABILITY COMPANY
MUST HAVE COMPLETED A WISCONSIN APPROVED RESPONSIBLE BEVERAGE SERVER
TRAINING COURSE.
- 7 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain.** Yes No
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 VIRGINIA and date 08/01/17 of registration
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
FAMILY DOLLAR STORES OF WISCONSIN, LLC IS A SUBSIDIARY OF
FAMILY DOLLAR, INC.
- (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
FAMILY DOLLAR STORES OF WISCONSIN, LLC HOLDS VARIOUS LICENSES
THROUGHOUT THE STATE {PLEASE SEE ATTACHED LIST}
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, MI) <u>Spencer, Harry, R</u>	Title/Member <u>Assistant Secretary</u>	Date <u>7/24/23</u>
Signature 	Phone Number <u>(757) 321-5493</u>	Email Address <u>newab-licensing@dollartree.com</u>

TO BE COMPLETED BY CLERK

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SANTOS		PRISCILLA			
Home Address (street/route)		Post Office		City	State
[REDACTED]				[REDACTED]	WI
				Zip Code	
				WI	53142
Home Phone Number			Age	Date of Birth	Place of Birth
(262) 914-8475			55	04/16/1966	PHILADELPHIA, MS

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.
- AGENT** _____ of **FAMILY DOLLAR STORES OF WISCONSIN, 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? 25+ YEARS
- 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.)
N/A
- 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. N/A
- 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. SEE ATTACHED
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. N/A N/A
(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
FAMILY DOLLAR STORES	500 VOLVO PKWY, CHESAPEAKE, VA 23320	2000	PRESENT
Employer's Name	Employer's Address	Employed From	To
WALMART STORES	4404 52nd STREET, KENOSHA, WI	1999	1999

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)

PRISCILLA SANTOS

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning July 1, 2023 20 ending June 30 20 24

TO THE GOVERNING BODY of the: Town of Village of City of } Evansville
County of Rock Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input checked="" type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	
TOTAL FEE		\$	

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ _____

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 name, title, and place of residence of each person.

President/Member President Bret K. Church [Redacted]
 Vice President/Member Sheri L. Biddick (Member) SAME SAME
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Bret Church
 Directors/Managers _____

3. Trade Name ▶ Pete's Inn Inc. Business Phone Number (608) 882-4170
4. Address of Premises ▶ 14 N. Madison St. Evansville Post Office & Zip Code ▶ 53536

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Alc. will be consumed entire 1st floor (outdoor area if applied for)

10. Legal description (omit if street address is given above): Alc. will be stored in bar area over fill secured area. Served in bar (outdoor)

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? outside if applied for Yes No
 (b) If yes, under what name was license issued? _____
 12. 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
 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
 14. 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.

Sheri Biddick (Member)
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Biddick		Sheri		Lynn	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			Evansville	Wj.	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		54	[REDACTED]	Dane	

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.

Sheri L. Biddick of Pete's Inn Inc.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

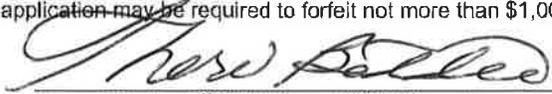
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 54 yrs. (ALL LIFE)
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale License or Permit) (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
Woodman's West	225 S. Gammon Rd. Madison, WI 53719	1991	1994
Madison Metro	1101 E. Washington Ave. Madison, WI 53703	1994	Present

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) Church		(first name) Bret	(middle name) Keith		
Home Address (street/route) [REDACTED]		Post Office	City Evansville	State WI	Zip Code 53536
Home Phone Number [REDACTED]		Age 51	Date of Birth [REDACTED]	Place of Birth ROCK	

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.

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

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

Employer's Name PETES INN	Employer's Address 14 N MAISON ST EVANSVILLE WI 53536	Employed From 07-96	To 07-97
Employer's Name BRETTON ASSURANCE	Employer's Address Monong, WI.	Employed From 07-92	To 07-96

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.

Bret K Church
(Signature of Named Individual)

Bret



City of Evansville

www.ci.evansville.wi.gov

Date: 4/24/2023
 To: Police Department
 From: Leah Hurtley
 Number of pages (including cover sheet):
 Phone: 608-882-2266
 Fax: 608-882-2282
 RE: Background Checks: Renewals

31 S Madison St
 PO Box 529
 Evansville, WI 53536
 (608) 882-2266 phone
 (608) 882-2282 fax

Establishment	Name			Police Department Review		
	First	Last	DOB	Date	Approve/Deny w/ Initials	Notes
Trappers Bar & Grill, LLC	Travis John	Schuh	2/15/1982	4/25/23	PL Y	
	Vanessa Marie	Slye	9/22/1985	4/25/23	PL Y	
Ceili	Shannon R	Arndt	8/4/1977	4/25/23	PL Y	
	Carl J	Maly	8/25/1977	4/25/23	PL Y	
Madison Street Express Inc.	Parminder K	Sekhon	4/7/1962	4/25/23	PL Y	
	Jay S	Sekhon	7/29/1989	4/25/23	PL Y	
	Neil S	Sekhon	9/15/1992	4/25/23	PL Y	
Kopecky's Worldwide Foods Inc.	James D	Kopecky	8/3/1946	4/25/23	PL Y	
	Jean Louis	Kopecky	12/7/1948	4/25/23	PL Y	
Olin Oil Co., Inc.	Kristin O	Olmedo	1/26/1973	4/25/23	PL Y	
	Brenda S	Olin	8/9/1943	4/25/23	PL Y	
Creekside Place Inc	Nicholle L	Wagner	1/12/1973	4/25/23	PL Y	
	Jennifer D	Wiedel	11/24/1981	4/25/23	PL Y	
	Dierdre J.A.	Beltran	1/23/1990	4/25/23	PL Y	
	Patrick F.	Carr	2/12/1960	4/25/23	PL Y	
	Robin S.	St. Clair	4/23/1978	4/25/23	PL Y	
	Mary A	Alt	5/15/1952	4/25/23	PL Y	
Pete's Inn Inc	Bret Keith	Church	05/27/71	4/25/23	PL Y	
	Sheri Lynn	Biddick	07/07/68	4/25/23	PL Y	
VFW	John L	Schneider	12/2/1948	4/25/23	PL Y	
	Mike E	George	11/12/1967	4/25/23	PL Y	
	Lon L	Zhe	1/13/1947	4/25/23	PL Y	
	Danny J	Schneider	12/2/1956	4/25/23	PL Y	
	Lynda	Laursen	5/12/1968	4/25/23	PL Y	
Casey's Marketing Company	Anthony Wayne	Hawks (WI)	3/13/1984	4/25/23	PL Y	
	Samuel J.	James (Iowa)	7/4/1983	4/25/23	PL Y	
	Brian	Johnson	8/26/1975	4/25/23	PL Y	

	Joseph	(Iowa)				
	Scott Allen	Faber (Iowa)	1/29/1979	4/25/23	PK Y	
	Douglas Marshall	Beech (MN)	12/21/1962	4/25/23	PK Y	
Bessire Bowl LLC	Tiffany F	Bessire	7/17/1984			withdrew
	Joel David	Bessire	6/4/1985	4/25/23	PK Y	
Consumers Cooperative	Jessica E	Golz	6/23/1986	4/25/23	PK Y	
	Eric Scott	Cantwell	4/5/1988	4/25/23	PK Y	
	Timothy John	Toraason	8/16/1965	4/25/23	PK Y	
El Vallarta De Evansville LLC	Marco Antonio	Lugo	3/16/1979	4/25/23	PK Y	
The Night Owl Food & Spirits Inc.	Gregory P	Ardisson	8/20/1958	4/25/23	PK Y	OWI - 2020 conv. 6/22
Slice Golf	Andrew Mark	Tomlin	9/11/1979	4/25/23	PK Y	
	Sarah M.	Kilps	5/26/1991	4/25/23	PK Y	

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } **EVANSVILLE**
 City of }

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-0000602957-03	
FEIN Number 42-1435913	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company CASEY'S MARKETING COMPANY	Address of Corporation / Limited Liability Company (if different from licensed premises) ONE SE CONVENIENCE BLVD, ANKENY, IA 50021
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name HAWKS	(First) ANTHONY	(Middle Name) WAYNE	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
---------------------------------	---------------------------	-------------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name PLEASE SEE ATTACHED OFFICER LIST	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CASEY'S GENERAL STORE #3583 Business Phone Number 608-424-4236
 2. Address of Premises 230 E MAIN STREET Post Office & Zip Code EVANSVILLE, WI 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)

1 STORY PRESTRUCTURED STEEL BUILDING-ENTIRE BUILDING

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) BEECH, DOUGLAS M	Title / Member ASSISTANT SECRETARY	Date 3/29/23
Signature <i>Douglas M. Beech</i>	Phone Number 515-381-5109	Email Address LICENSINGTEAM@CASEYS.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
HAWKS		ANTHONY		WAYNE	
Home Address (street/route)		Post Office		City	
[REDACTED]		[REDACTED]		[REDACTED]	
Home Phone Number		Age		Date of Birth	
[REDACTED]		39		03/13/1984	
State		Zip Code			
WI		54113			
Place of Birth					
NORTON, KS					

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.
- AGENT** of **CASEY'S MARKETING COMPANY**
(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? 34 YEARS
- 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. SEE ATTACHED
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name DOLLAR GENERAL	Employer's Address	Employed From 2017	To 2020
Employer's Name HARBOR FREIGHT TOOLS	Employer's Address	Employed From 2009	To 2017

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] 2/23/2023
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of Village of City of Evansville

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kopecky	James	Dean	[Redacted]
Kopecky	Jean	Louise	[Redacted]
Kopecky			[Redacted]

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Kopecky's Worldwide Foods Inc
 Address of Corporation / Limited Liability Company (if different from licensed premises): 8 N City Rd Evansville

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kopecky	James	Dean	[Redacted]

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Kopecky's Pissly Wissy Business Phone Number 608 882-5308

2. Address of Premises 8 N City Rd m Post Office & Zip Code Evansville, WI

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) Inside, Retail

Grocery store in designated area

Applicant's Wisconsin Seller's Permit Number <u>456-000036847203</u>	
FEIN Number <u>39-1715093</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<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	\$
<input checked="" type="checkbox"/> Publication fee	\$ 15
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page):

8 N City Rd m Evansville WI 53536

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) Kordecky James D.	Title / Member President	Date 4-18-2023
Signature KORDECKY, JAMES D.	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kopecky		James		Dean	
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]			WI	53536	
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]	76	[REDACTED]	Milwaukee, WI		

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.
- President of Kopecky's Worldwide Foods Inc
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

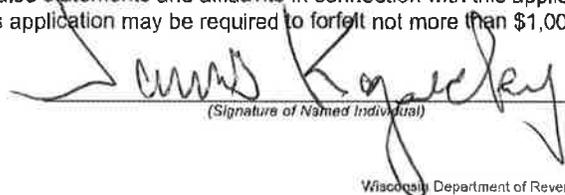
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 48 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-01-2023 ending: 6-30-2024
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>MADISON STREET EXP, INC</u>	<u>104 S. MADISON ST., EVANSVILLE</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SEKHON</u>	<u>PARMINDER</u>	<u>K</u>	[REDACTED]

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SEKHON</u>	<u>PARMINDER</u>	<u>K</u>	[REDACTED]
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SEKHON</u>	<u>JAY</u>	<u>S</u>	[REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SEKHON</u>	<u>NEIL</u>	<u>S</u>	[REDACTED]

MEMBER
MEMBER

C. Business Information

- Trade Name ALL-N-ONE Business Phone Number 608-219-[REDACTED]
- Address of Premises 104 S. MADISON ST Post Office & Zip Code EVANSVILLE, W2-53536
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.)

STORE BUILDING AT 104 S. MADISON ST.

Applicant's Wisconsin Seller's Permit Number	
<u>456-0000637428-03</u>	
FEIN Number	
<u>04-3738143</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) SEKHON, PARMINDER S.	Title / Member PRESIDENT	Date 4-6-2023
Signature <i>Parminder Sekhon</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) SEKHON		(first name) PARMINDER		(middle name) K	
Home Address (street/route) [REDACTED]		Post Office	City FITCHBURG	State W2	Zip Code 53711
Home Phone Number [REDACTED]		Age 60	Date of Birth [REDACTED]	Place of Birth INDIA	

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.

PRESIDENT of **MADISON STREET EXP INC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

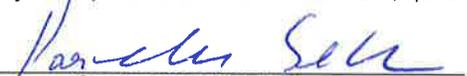
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? **18**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name MADISON ST EXP	Employer's Address 104 S. MADISON ST. EVANSVILLE	Employed From 2003	To CURRENT
Employer's Name CAMBRIDGE GAS	Employer's Address 281 W. MAIN ST. CAMBRIDGE	Employed From 2007	To 2022

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)	
Sekhon		Jay		Singh	
Home Address (street/route)		Post Office		City	State Zip Code
[REDACTED]		[REDACTED]		San Francisco	CA 94105
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		32	[REDACTED]	Michigan	

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.
- MEMBER of MADISON STREET EXPRESS
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

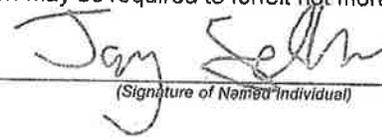
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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? HAD A DUI 7-10 YEARS AGO Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Deloitte Consulting	4022 Sells Dr, Hermitage, T	10/09/2017	<u>CURRENT</u>
Covance	3301 Kinsman Blvd, Madison,	11/05/2012	02/09/2015

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: July 1, 2023 ending: June 30, 2024
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Oliver Oil Co, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>350 N Union St</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Olmedo</u>	(First) <u>Kristin</u>	(Middle Name) <u>Oliver</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
----------------------------------	---------------------------	--------------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Oliver</u>	(First) <u>Brenda</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Vice President / Member Last Name <u>Olmedo</u>	(First) <u>Kristin</u>	(Middle Name) <u>Oliver</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Secretary / Member Last Name <u>Oliver</u>	(First) <u>Brenda</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Treasurer / Member Last Name <u>Olmedo</u>	(First) <u>Kristin</u>	(Middle Name) <u>Oliver</u>	Home Address (Street, City or Post Office, & Zip Code) <u>400 E 2nd Ave Evansville, IN 47713</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Evansville Gas N Go Business Phone Number 608 982 9943
 2. Address of Premises 350 N. Union St Post Office & Zip Code Evansville 47536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)

beer cooler + storage on sales floor

Applicant's Wisconsin Seller's Permit Number <u>456 0080529013-053</u>	
FEIN Number <u>39-136 1629</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<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	\$ 15
TOTAL FEE	\$ 615.00

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) <i>Brenda S. Klein</i>	Title / Member <i>President</i>	Date
Signature <i>Brenda S. Klein</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Olmedo		Kristin		Olin	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]		Brookhead	Brookhead	WI	53520
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		43	[REDACTED]	Illinois	

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.

Vice President of Olin Oil Co., Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 1973, 43 yrs.
 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (if more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No

If yes, identify. Albany mini mart holds beer & liquor Class A, Footville mini mart Class A beer & liquor, Monroe Northside Class A beer & liquor
(Name, Location and Type of License/Permit)

5. 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
Olin Oil Co., Inc.	P.O. Box 7, Brookhead WI	May 1996	Current
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 15th day of September, 2016
Judy K. Walter
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 04/10/2020



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Olin</u>		(first name) <u>Brenda</u>		(middle name) <u>Strickland</u>	
Home Address (street/route) [REDACTED]		Post Office <u>Brodhead</u>	City <u>W. Brodhead</u>	State <u>W.</u>	Zip Code <u>53520</u>
Home Phone Number [REDACTED]		Age <u>73</u>	Date of Birth [REDACTED]	Place of Birth <u>North Carolina</u>	

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.
- President of Olin Oil Co.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 48 yrs.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Olin Oil Co., Inc - Albany Class A beer & liquor, Footville Class A beer & liquor
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>Olin Oil</u>	Employer's Address <u>Brodhead, WI</u>	Employed From <u>2015</u>	To <u>current</u> <u>2005</u>
Employer's Name <u>Juda School</u>	Employer's Address <u>Juda, WI</u>	Employed From <u>1980</u>	To <u>2005</u>

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 15th day of September, 2016
Judy L. Walton
(Clerk/Notary Public)

Brenda S. Olin
(Signature of Named Individual)

My commission expires 04/10/2020



Printed on
Recycled Paper

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1020420388-02	
FEIN Number 39-0223180	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>CONSUMERS COOP OIL COMPANY</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>758 PHILLIPS BLVD., SAUK CITY, WI 53583</u>
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>GOLZ</u>	(First) <u>JESSICA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
--------------------------------	---------------------------	---------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>CANTWELL</u>	(First) <u>ERIC</u>	(Middle Name) <u>SCOTT</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
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)
Directors / Managers Last Name <u>TORASON</u>	(First) <u>TIMOTHY</u>	(Middle Name) <u>JOHN</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CONSUMERS COOP OIL COMPANY Business Phone Number 608-882-2621
 2. Address of Premises 9 JOHN LINDEMANN DR. Post Office & Zip Code EVANSVILLE, WI 53536

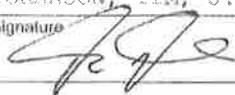
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) C-STORE SALES FLOOR &

COOLERS

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) TORAASON, TIM, J.	Title / Member DIVISION MANAGER	Date 04/06/2023
Signature 	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GOLZ		JESSICA			
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			EVANSVILLE	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		36	[REDACTED]	Edgerton WI	

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.
- AGENT** of **CONSUMER'S COOPERATIVE**
(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? 36 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale License or Permit) (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
Francis Oil		06/01/2010	8/01/2012
Piggly Wiggly	8 N City Hwy M	09/01/2006	10/18/2008

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.

Jessica Golz
(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	
TORAASON		TIMOTHY		JOHN	
Home Address (street/route)		Post Office		City	
[REDACTED]		[REDACTED]		WHITEHALL	
Home Phone Number		Age		Date of Birth	
[REDACTED]		57		[REDACTED]	
				State Zip Code	
				WI 54773	
				Place of Birth	
				WHITEHALL	

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.
- MANAGER** of **CONSUMER'S COOPERATIVE**
(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? 24 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale License or Permit) (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
LANDMARK SERVICES CO	COTTAGE GROVE, WI	03/01/2021	01/02/2023
COUNTRYSIDE COOP	DURAND, WI	12/01/2003	02/28/2021

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)	
CANTWELL		ERIC		SCOTT	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			PRAIRIE DU SAC	WI	53578
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		34	[REDACTED]	Albion, MO	

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
- MANAGER** of **CONSUMER'S COOPERATIVE**
(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? 1 1/2 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Business, Location or Permit)

6. Named individual must list in **chronological** order last two employers. (Address by City and County)

Employer's Name	Employer's Address	Employed From	To
Consumers Coop	758 Phillips Blvd, South City, WI	5/1/21 - Present	→
Tri-Energy Coop	Bismarck, ND	4/1/19 - 4/30/21	→

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 06/01/2023 ending: 06/01/2024
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Family Dollar Stores of Wisconsin, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>500 Volvo Pkwy, Chesapeake, VA 23320</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Santos</u>	(First) <u>Priscilla</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
----------------------------------	-----------------------------	---------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Barnett</u>	<u>Peter</u>	<u>Allan</u>	[REDACTED]
Vice President / Member Last Name <u>Littler</u>	(First) <u>Todd</u>	(Middle Name) <u>Burgess</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Secretary / Member Last Name <u>Spencer</u>	(First) <u>Harry</u>	(Middle Name) <u>Rashad</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Treasurer / Member Last Name <u>Dean</u>	(First) <u>Roger</u>	(Middle Name) <u>Wayne</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Directors / Managers Last Name <u>Santos</u>	(First) <u>Priscilla</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Family Dollar Store #24446 Business Phone Number (608) 882-0730
 2. Address of Premises 28 Country Highway M Post Office & Zip Code 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) Single story retail grocery store with a beer cooler to the left of the cash registers once you enter to the left, and a wine display at the end cap of the isle visible from the cash register. There are also bathrooms and a storage room located in the rear of the store.

Applicant's Wisconsin Seller's Permit Number <u>456000034494305</u>	
FEIN Number <u>56-1356720</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" 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	\$
TOTAL FEE	\$

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SANTOS		PRISCILLA			
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			KENOSHA	WI	53142
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		55	[REDACTED]	PHILADELPHIA, MS	

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.
- AGENT** of **FAMILY DOLLAR STORES OF WISCONSIN, 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? 25+ YEARS
- 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.)
N/A
- 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. N/A
- 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. SEE ATTACHED
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. N/A N/A
(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
FAMILY DOLLAR STORES	500 VOLVO PKWY, CHESAPEAKE, VA 23320	2000	PRESENT
Employer's Name	Employer's Address	Employed From	To
WALMART STORES	4404 52nd STREET, KENOSHA, WI	1999	1999

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)

PRISCILLA SANTOS

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 2023 ending: 2024
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } EVANSVILLE
 County of ROCK Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-1030476445-02</u> <u>84-2796748</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ BESSIRE BOWL LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of L

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JOEL DAVID BESSIRE</u>	_____	<u>EVANSVILLE 53536</u>
Vice President/Member	<u>TIFFANY FAE BESSIRE</u>	_____	<u>EVANSVILLE 53536</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____

Directors/Managers:

C.1. Trade Name ▶ BLUE DEVIL BOWL Business Phone Number 608-882-9850
 2. Address of Premises ▶ 108 E. MAW ST. Post Office & Zip Code ▶ EVANSVILLE 53536

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. 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.) inside building in bar, alley, coolers in bar (3)
- 5. Legal description (omit if street address is given above): coolers + shelves in basement
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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]
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BESSIRE		JOEL		DAVID	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]		EVANSVILLE	EVANSVILLE	WI	53534
Home Phone Number			Age	Date of Birth	Place of Birth
[REDACTED]			37	[REDACTED]	JANESVILLE

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.

Agent of Bessire Bowl LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

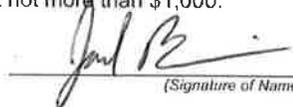
which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 14 years
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? 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.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 on 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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1026386147-05</u>	
FEIN Number <u>20-8509682</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615.00

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Creekside Place, Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) [REDACTED]
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Wagner</u>	(First) <u>Nicholle</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED] 536
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>BRITMAN</u>	(First) <u>Dierdre</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Vice President / Member Last Name <u>Care</u>	(First) <u>Pat</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Secretary / Member Last Name <u>St Clair</u>	(First) <u>Robin</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Treasurer / Member Last Name <u>AH</u>	(First) <u>Mary Anne</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Directors / Managers Last Name <u>Wagner</u>	(First) <u>Nicholle</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Creekside Place, Inc Business Phone Number 608-887-0407
 2. Address of Premises 102 Maple Street Post Office & Zip Code EVANSVILLE WI 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)
Community Center that hosts events such as weddings, gatherings, Art receptions, Fundraising events, etc. Beverages are hosted inside the building in all rooms and outside overlooking the Creekside owned parking lot + side lawn + behind the building

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) <i>Nicholle Wagner</i>	Title / Member <i>Executive Director</i>	Date <i>4/17/2023</i>
Signature <i>Nicholle Wagner</i>	Phone Number <i>608-882-0907</i>	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WIEDL		JENNIFER		DECKER	
Home Address (street/route)		Post Office		City	State
[REDACTED]				EVANSVILLE	WI
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		41	[REDACTED]	MILWAUKEE, WI	

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.
- AGENT of CREEKSIDE PLACE, INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 19 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. THE GROVE MARKET, LLC - 24 E. MAIN ST. EVANSVILLE (WILL UPSE)
(Name) Location and Type of License/Permit
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>CREEKSIDE PLACE, INC</u>	<u>102 MAPLE STREET, EVANSVILLE</u>	<u>8/2022</u>	<u>PRESENT</u>
Employer's Name	Employer's Address	Employed From	To
<u>THE GROVE MARKET, LLC</u>	<u>24 E. MAIN STREET, EVANSVILLE</u>	<u>2018</u>	<u>2022</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit 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)	
CARR, Patrick		F.			
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]	53703	MADISON	WI	53703	
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]	63	[REDACTED]	INDIANAPOLIS		

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

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

Employer's Name	Employer's Address	Employed From	To
EVANSVILLE FORD	429 UNION ST.	10/13	PRESENT
FOX LAKE TOYOTA	FOX LAKE, IL	9/08	9/13

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) 4/12/23

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>St. Clair</u>		(first name) <u>Robin</u>		(middle name) <u>S</u>	
Home Address (street/route) [REDACTED]	Post Office <u>EVANSVILLE</u>	City <u>EVANSVILLE</u>	State <u>WI</u>	Zip Code <u>53536</u>	
Home Phone Number [REDACTED]	Age <u>45</u>	Date of Birth [REDACTED]	Place of Birth <u>Monroe -</u>		

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.

Officer / Secretary of Creekside Place BOD
(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? 45
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>Exit Realty Inc</u>	Employer's Address <u>12 S. Pontiac Dr, Jonesville</u>	Employed From <u>Nov 21</u>	To <u>Present</u>
Employer's Name <u>Green Acres Apprais</u>	Employer's Address <u>7216 N ST RD 104, EVANSVILLE</u>	Employed From <u>Feb 2004</u>	To <u>Present</u>

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

Robin St. Clair
(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)	
Beltran Dierdre		JA.			
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]		EVANSVILLE	WI	53534	
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]	33	[REDACTED]	Colorado		

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.
- Officer/President** of **Creekside Place Board of Directors**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

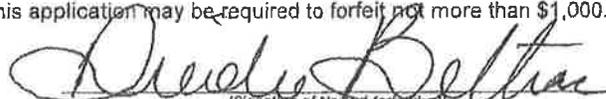
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 13 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>NBO Home Loans</u>	Employer's Address <u>417 Higgins Drive, Evansville, IN</u>	Employed From <u>8/14/21</u>	To
Employer's Name <u>Greenwoods State Bank</u>	Employer's Address <u>121 Lindemann Dr Evansville</u>	Employed From <u>8/19/2019</u>	To <u>8/13/21</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit 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)	
A/H Mary Anne					
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]		Evansville	WI	53536	
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]	10	[REDACTED]	Green Bay, WI		

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.
 Officer / Treasurer of Creekside Place, Board of Directors
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

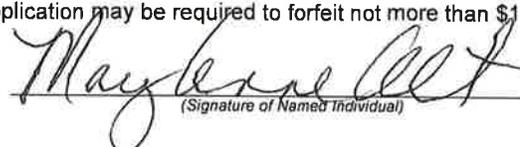
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 10
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
St Paul Catholic Church	39 Garfield Ave Evansville WI	6/20/2000	10/25/2019
Alliant Energy	Madison, WI	6/1/79	8/1/1995

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: July 1st 2023 ending: JUNE 30 24
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>THE NIGHT OWL FOOD & SPIRITS INC.</u>	<u>189 E MAIN ST EVANSVILLE</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ARLSSON</u>	<u>GREGORY</u>	<u>P</u>	[REDACTED]

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ARLSSON</u>	<u>Traws</u>	<u>J</u>	[REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name THE NIGHT OWL SPORTS PUB & Eatery Business Phone Number 882-9973
 2. Address of Premises 189 E MAIN ST Post Office & Zip Code 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) 6000 SQ FT Building
PATIO BAR & GREEN SPACE WEST OF BUILDING

Applicant's Wisconsin Seller's Permit Number <u>4561020021530-03</u>	
FEIN Number <u>20-4558759</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 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	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) GREG ARDISON	Title / Member President	Date 3/21/23
Signature Greg Ardison	Phone Number 608-289-4592	Email Address [Signature]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME GREG ARDISON STATUTE NO./LOCAL ORDINANCE _____
CHARGE O.W.I. WHERE CONVICTED DANE COUNTY
DATE JUNE 22 PENALTY 6^{MO} SUSPENSION MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ADDRESSON		GREGORY		F.	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			EVANSVILLE	IN	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		62	[REDACTED]	IN	

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.

NIGHT OWL INC of NIGHT OWL INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

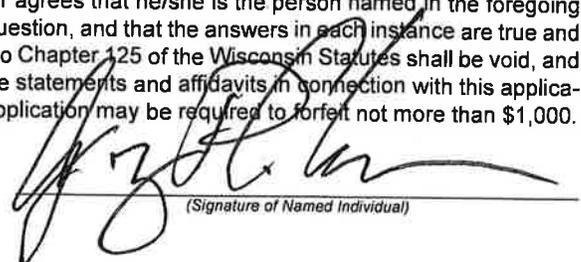
The above named individual provides the following information to the licensing authority:

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

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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) <u>Travis</u> (first name) <u>Addisson</u> (middle name) <u>Joseph</u>				
Home Address (street/route) [REDACTED]	Post Office [REDACTED]	City <u>Furnsville</u>	State <u>W.</u>	Zip Code <u>53536</u>
Home Phone Number [REDACTED]	Age <u>32</u>	Date of Birth [REDACTED]	Place of Birth <u>Madison</u>	

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

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 6/30/23 ending: 6/30/24
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Trappers Bar and Grill LLC Address of Corporation / Limited Liability Company (if different from licensed premises) 50 N. Union Evansville

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schuh</u>	<u>Travis</u>	<u>John</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Slye</u>	<u>Vanessa</u>	<u>Marie</u>	
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Trappers Bar + Grill Business Phone Number 608-882-1170
 2. Address of Premises 50 Union St Post Office & Zip Code Evansville 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)

Beverages will be sold and served in bar & dining area. Inventory will be stored behind bar + in a secured area in basement

Applicant's Wisconsin Seller's Permit Number <u>456-1031149892-01</u>	
FEIN Number <u>92-0636569</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ <u>6</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) <i>Slye Vanessa M</i>	Title / Member <i>CO-owner</i>	Date <i>4-16-23</i>
Signature <i>Vanessa Slye</i>	Phone Number <i>608-295-5341</i>	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME <u>Travis Schuh</u> CHARGE <u>OWI</u> DATE <u>2008</u> PENALTY _____	STATUTE NO./LOCAL ORDINANCE _____ WHERE CONVICTED <u>Rock</u> <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
2. NAME _____ CHARGE <u>OWI</u> DATE <u>2004</u> PENALTY _____	STATUTE NO./LOCAL ORDINANCE _____ WHERE CONVICTED _____ <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
3. NAME _____ CHARGE _____ DATE _____ PENALTY _____	STATUTE NO./LOCAL ORDINANCE _____ WHERE CONVICTED _____ <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Schuh		Travis		John	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			Orfordville	WI	53576
Home Phone Number			Age	Date of Birth	Place of Birth
[REDACTED]			40	[REDACTED]	Madison

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.
 - Agent of Trapper's Bar and Grill LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

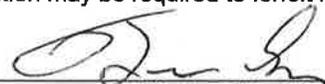
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
DWI 2004 March
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or 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
Trappers Plumbing	3942 S. State rd 213 Orfordville	June 11'	Oct 22'
Bath King	"	Aug 16	May 20'

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)	
Slue Vanessa		Marie			
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			Orfordville	WI	53574
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		37	[REDACTED]	Stoughton	

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.
- Manager of Trapper's Bar and Grill 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? 37 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>Debs Inn</u>	Employer's Address <u>14 South Madison</u>	Employed From <u>7-2014</u>	To <u>3-2022</u>
Employer's Name <u>Romanos</u>	Employer's Address <u>50 North Union</u>	Employed From <u>11-2011</u>	To <u>7-2014</u>

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

Vanessa Slue
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

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

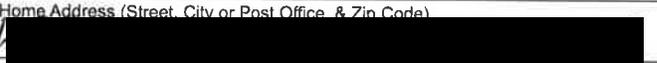
A. Individual or Partnership:

Full Name (Last) <u>LUGO</u>	(First) <u>Marco</u>	(Middle Name) <u>Antonio</u>	Home Address (Street, City or Post Office, & Zip Code) <u>438-ALMEIDA STREET 53536</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>LUGO</u>	(First) <u>Marco</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) 
-----------------------------	----------------------	------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name EL VALLARTA Business Phone Number 608-882-1069
 2. Address of Premises 609-E-MAIN ST Post Office & Zip Code _____

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) _____

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Signature <i>Marco A. Lucio</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____	PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____	PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____	PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
IV do		Marco		Antonio	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]		-	Evanville	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		44	[REDACTED]	MEXICO	

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

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-2023 ending: 6-30-2024
(mm dd yyyy) (mm dd yyyy)

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

County of Rock Aldermanic Dist. No. N/A
(if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schneider</u>	<u>John</u>	<u>C</u>	<u>[REDACTED]</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

53536

*cmr
senior vire
Adjt
QM
Bar Agent
Bar Mgr*

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schneider</u>	<u>John</u>	<u>C</u>	<u>[REDACTED]</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Zhe</u>	<u>Lon</u>	<u>C</u>	<u>[REDACTED]</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schneider</u>	<u>Danny</u>	<u>J</u>	<u>[REDACTED]</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Powers</u>	<u>David</u>	<u>D</u>	<u>[REDACTED]</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schneider</u>	<u>John</u>	<u>C</u>	<u>[REDACTED]</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Laurseh</u>	<u>Lynda</u>	<u>M</u>	<u>[REDACTED]</u>

C. Business Information

1. Trade Name Evansville Memorial Post 6905/WFW Business Phone Number 608 882-2335
 2. Address of Premises 179 E Main St Post Office & Zip Code Evansville WI 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)

WFW Meeting Hall & Club
Bar & Beer Garden
Storage Rm & Office

Applicant's Wisconsin Seller's Permit Number <u>45600004829302</u>	
FEIN Number <u>39-1555281</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.L.) Schneider John L	Title / Member Bar Agent	Date 03-24-2023
Signature John L. Schneider	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Schneider		(first name) John		(middle name) Leigh	
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]	53536	Evansville	WI	53536	
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]	74	[REDACTED]	Monroe, WI		

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.
- Bar Agent** Eransville Memorial Post 6905/V6W
(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? 74
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/01/2023 ending: 01/30/2024
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Tomlin</u>	(First) <u>Andrew</u>	(Middle Name) <u>Mark</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Full Name (Last) <u>Klips</u>	(First) <u>Sarah</u>	(Middle Name) <u>Mari</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>SLICE GOLF LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>1 E Main St. Evansville WI 53530</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Tomlin</u>	(First) <u>Andrew</u>	(Middle Name) <u>Mark</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
----------------------------------	--------------------------	------------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Tomlin</u>	(First) <u>Andrew</u>	(Middle Name) <u>Mark</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Vice President / Member Last Name <u>Klips</u>	(First) <u>Sarah</u>	(Middle Name) <u>Mari</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name SLICE GOLF Business Phone Number 608-882-1044
 2. Address of Premises 1 E Main St Evansville Post Office & Zip Code 53530

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)
Bar where beverages will be sold and served in main room of first floor. Secure storage will have coolers and average in main room adjacent to bar. Seating in main room with out door seating when lit permitted.

Applicant's Wisconsin Seller's Permit Number <u>450-1031083731-02</u>	
FEIN Number <u>88-2040513</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) <i>Kilps, Sarah M</i>	Title / Member <i>Owner</i>	Date <i>3-28-2023</i>
Signature <i>Sarah M Kilps</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kiips, Sarah M					
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]		Evansville	WI	53536	
Home Phone Number	Age	Place of Birth			
[REDACTED]	31	Elkhorn, WI			

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.
 Member of SPICE GOLF LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

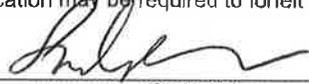
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 31 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Washer Remodeling	2405 S. Stoughton Rd Nelson	Apr 2021	Present
Might Owl	189 E Main St Evansville	Aug 2018	Oct 2022

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)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 6/30/23 ending: 6/30/24
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Arndt</u>	(First) <u>Shannon</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Full Name (Last) <u>Maly</u>	(First) <u>Carl</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Ceili LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>116 West Main St Evansville WI 53536</u>
---	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Arndt</u>	(First) <u>Shannon</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
---------------------------------	---------------------------	---------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Arndt</u>	(First) <u>Shannon</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Vice President / Member Last Name <u>Maly</u>	(First) <u>Carl</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Ceili Coffee and Wine Bar Business Phone Number 608 698 9298

2. Address of Premises 116 W. Main St Evansville WI Post Office & Zip Code 53536

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.)

2 story historic building upstairs is a separate 2 bedroom Apartment, 1st floor is commercial space with patio out front, patio space is approx 50 sq ft with outdoor seating, locked cabinets and refrigerators for alcohol storage, a utility closet and handicap accessible restroom

Applicant's Wisconsin Seller's Permit Number <u>456-102951-2597-04</u>	
FEIN Number <u>84-387-9259</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) <i>Arnold Shannon R</i>	Title / Member <i>Owner</i>	Date <i>4/18/23</i>
Signature <i>Shannon R Arnold</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Arndt		Shannon		R	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]			Evansville	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		45	[REDACTED]	Wisconsin	

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.

Owner of Ceili 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? 45 yrs
- 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. Class B Beer Class B Liquor
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <u>UW Health</u>	Employer's Address <u>600 University Ave Madison</u>	Employed From <u>2004</u>	To <u>Current</u>
Employer's Name <u>Club Tavern</u>	Employer's Address <u>Middleton WI</u>	Employed From <u>2002</u>	To <u>2004</u>

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

[Signature]
(Signature of Named Individual)



Evansville Public Safety Police Report

May 3rd, 2023

Committee Members:

Chair Erika Stuart
Aldersperson Gene Lewis
Aldersperson Ben Corridon

City Representatives:

Mayor: Dianne Duggan
City Administrator: Jason Sergeant
Prepared by: Chief Patrick Reese

Officer Training:

Officer Laufenberg will attend Better Policing LGBTQ+ Community Overview

Officer Schmidt is attending annual 3-day SWAT training at Volk Field

Sgt. Reilly and Sgt. Rittenhouse will be attending Missing and Vulnerable Persons training presented by the Department of Justice

Sgt. Rittenhouse will be attending Vehicle Contacts Update training at Blackhawk Tech

All sworn staff will be doing annual firearms state qualifications

Officer Ziolkowski and Sgt. Reilly will be attending a Law Enforcement De-Escalation Strategies Instructor course

Community Relations:

- Chief Reese, Lt. Jones and Ofc. Laufenberg attended the Levi Leonard Spring Safety Assembly. We discussed bike safety, cross walk safety, and summer safety tips while out in the community.
- Chief Reese and Lt. Jones participated in grading the senior projects
- Chief Reese and Lt. Jones visited the TRIS building and met with the reading specialist and spoke with the students and encouraged good reading skills
- Officer Z and Officer Fraser participated in the Career Fair at the high school
- In May officers will participate in the Reality Maze at the high school
- Ofc. Wickstum will participate in Cruise Night at Creeekside Place
- Sgt. Rittenhouse will be meeting with the 4th of July Committee to continue planning

Monthly Update:

Technology/Equipment/Building Update:

The evidence lockers are fully installed. The heat tape on the building now has an on and off switch!

One of our portable radio mics failed. We had a spare so this will not incur any additional costs

We are still waiting on our new squad car

Squad #2 and Squad #5 have safety recalls. Ford is coming on site to make repairs

Police Commission/Staffing:

The Police Commission did not meet this month

Update: We will be down one officer due to medical leave through the month of June at a minimum

Calls for Service (through 03/30/23 10:01AM): April 2022: 907 April 2023: 956

Accreditation:

- Lt. Jones is working on a CORE Assessment for Jackson PD

Notable calls/incidents by Sergeant Reilly (4/28):

A juvenile male was taken into custody for Disorderly Conduct While Armed after they were involved in an altercation with family members and armed themselves with a knife. Nobody was injured during the incident

The police department took several reports of a reckless driver on W Main St. The suspect vehicle then struck an occupied vehicle, a stop sign, and two mailboxes. The suspect fled the scene where they later crashed into a tree in Green County. Sgt Rittenhouse issued the suspect numerous citations for the crashes that occurred in the city. The Green County Sheriff's Office arrested the suspect for Operating While Intoxicated

A juvenile was taken into custody after they battered a younger sibling

Officer Tway cited two subjects for possession of THC after a traffic stop led to a search of their vehicle

Officers investigated 56 911 abandoned calls. (Nearly double the average)

Officers conducted 44 traffic stops

CAD Incidents By Type

Agency: EVPD

Printed:5/1/2023 12:25:53 PM

Covering Incidents From: 04/01/2023 00:00:00 To: 04/30/2023 00:00:00

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	60	911
ABANDONED VEHICLE	1	AVR
ALARM	3	ALARM
ANIMAL COMPLAINT	17	ANM
ARMED SUBJECT	1	ARMD
ASSIST CITIZEN	41	ACIT
ASSIST FIRE OR EMS	22	FAST
ASSIST OTHER JURISDICTION	24	OJUR
BUSINESS CHECK	36	BCK
CIVIL DISPUTE	1	CD
CIVIL PAPER SERVICE	13	CPS
CODE ENFORCEMENT	2	CODE
DISORDERLY CONDUCT	5	DC
DISTURBANCE	2	DIST
DRUG OFFENSE	2	DRUG
ESCORT/TRANSPORT	2	ESCORT
FAMILY PROBLEM	2	FAM
FOLLOWUP	58	FOL
FOOT PATROL	28	FOOT
FRAUD/FORGERY	2	FRD
HARASSMENT	3	HAR
HAZARDOUS CONDITION	6	HAZC
HIT & RUN	1	HR
KID PROBLEM	7	KID
LOUD NOISE	11	LOUD
OPEN DOOR/WINDOW	1	OPEN
ORDINANCE VIOLATION	5	ORD
OUT WITH SUBJECT	4	OWS
OVERDOSE	2	POD
PARKING COMPLAINT	4	PARK
PROPERTY	1	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU
RUNAWAY	1	RUN

SCHOOL PATROL	47	SCHOOL
SECURITY CHECK	418	SECK
SEX OFFENSE	1	SEX
SPECIAL ASSIGNMENT	13	SPAS
STALLED VEHICLE	2	STALLD
SUICIDE	1	SUICIDE
SUSPICIOUS	10	SUSP
THEFT	3	THFT
THREAT	2	THREAT
TRAFFIC ACCIDENT	1	TA
TRAFFIC COMPLAINT	7	TC
TRAFFIC STOP	56	T
TRUANCY	5	TRU
UNWANTED PERSON	1	NOWN
VANDALISM	2	VAND
VEHICLE UNLOCK	6	UNLK
WARRANT SERVICE	1	WAR
WELFARE CHECK	11	WELF
Number of CAD Complaints During Period	956	

City of Evansville EMS
 11 W. Church St.
 Evansville, WI 53536
 (608)882-2269
 Chief Carolyn Kleisch
 Public Safety Meeting
 May 3rd 2023

1. Calls for Service:

- a. 64 Calls during the month of April 2023. (641-37 /642-27)
- b. 72 Calls during the month of April 2022. (641-70/642-2)
- c. To date call volume 2023-248
- d. To date call volume 2022-

Updates:

- A. April refresher was with Mercy in person. Review of the cardiovascular system. Also talked about license renewals that are coming up in June for both individuals and the service. Once Mercy gets all the refresher material into the state, all EMT/EMRs in Evansville will be good to renew for the 2023-2026 license period. Had a meeting after refresher to catch up on internal stuff.
- B. May 21st-27th is National EMS week. We have some stuff in line for our members. We are treating our members to a dinner with their spouses as a group at the Night Owl on our normal meeting night to show our appreciation of their on-going efforts to the community.
- C. Carolyn has completed the Rural Wisconsin EMS Leadership and Management course online.
- D. EMS staff completed CPR training for the Fire Department and the Police Department. Training for library staff is coming up in May as well as some residents who have reached out for classes.
- E. Public Relations: Our group participated in the Week of the Young Child. We also attended the Career Fair at the High School. Some of our members met with Evansville 4H group to go over some first aid stuff. We are participating in the First Responders appreciation night at Creekside's first of the year Cruise night this week.
- F. Ambulance 642 had brakes replaced, found some issues that needed to be attended to, so it was down for a week. Then found issues with the valve stems leading to a flat tire, while in the garage thankfully. Rob Kostroun from the HS came and helped fix/change the tire. All valve stems on the ambulance have again been replaced with no further issues noted.
- G. With the use of our Flex Grant money, we have purchased and received the recruitment banners. One is up at the Night Owl already. Some yard signs have also been put up in members' yards. If anyone would like one for their yard, we have extras in the office.
- H. The Generator should be up and operational on Friday. WE energies is coming to upgrade the meter and RA Heating has placed the gas line from the meter to the generator. A1 Electric will be coming out to give an overview of how it works, how to trouble shoot it and general maintenance of it.

- I. Tomorrow Carolyn and Morgan are attending a “Train the Trainer” death scene investigation conference to identify things that may need to be reported while on death scenes.
- J. Carolyn, Karla and Morgan are attending the Mental Health and Wellness Symposium at the end of May.

Avg Unit Notified to Enroute in Minutes	Avg Unit Enroute to Arrived at Scene in Minutes	Avg Unit Arrived on Scene to Left Scene in Minutes	Avg Unit Left Scene to Arrived at Destination in Minutes	Avg Unit Arrived at Destination to Unit Back In Service in Minutes	Number of Runs
6.17	3.59	21.04	29.25	38.73	64

Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	20	31.25%
Breathing Problem	6	9.38%
Chronic Illness/Medical Condition	5	7.81%
Sick Person	5	7.81%
Abdominal Pain/Problems	3	4.69%
Motor Vehicle Crash	3	4.69%
Stroke/CVA	3	4.69%
Chest Pain (Non-Traumatic)	2	3.13%
Diabetic Problem	2	3.13%
Pain	2	3.13%
Traumatic Injury	2	3.13%
Bleeding	1	1.56%
Cardiac Arrest/Death	1	1.56%
Fire Standby	1	1.56%
Hanging	1	1.56%
Invalid Assist/Lifting Assist	1	1.56%
Nausea/Vomiting	1	1.56%
No Other Appropriate Choice	1	1.56%
Overdose/Poisoning/Ingestion	1	1.56%
Syncope/near-fainting	1	1.56%
Traffic/Transportation Incident/MVA	1	1.56%
Weakness/Lethargic	1	1.56%
Total:	64	100.00%