

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, June 5, 2024, 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 May 1, 2024, Public Safety regular meeting Minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.

A. Motion to approve the Operator's License Application(s) for: *(recommended by Evansville Police Department unless otherwise noted).*

- 1) Amy B. Edquist
- 2) Bettine Sue Van De Mark
- 3) Benjamin William Heimann
- 4) Sarah M. Kilps
- 5) Jennifer Rae Johnson
- 6) Kathleen Helen Hammon
- 7) Matthew David Kroll
- 8) Vanessa Marie Slye
- 9) Zachary M McDonough
- 10) Amy M. Schoonover
- 11) Abbey Catherine Tway
- 12) Mikhaila Rain Heinzer
- 13) Christina Ann Cole
- 14) Kristi Jo Reigle
- 15) Michelle Marie Dienberg
- 16) Kristin Emily Mack
- 17) Jeffrey Alan Rottier
- 18) Kylie Lena Hoops

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

B. Discussion with possible motion to approve the Temporary Class “B”/ “Class B” Retailer License

Application for:

- 1) Evansville Community Partnership Lake Leota 4th of July, 15 Antes Drive, Evansville, WI 53536, James Brooks 310 S. Sixth Street, Evansville, WI 53536

1. For the five consecutive dates from Wednesday, July 3, thru Sunday, July 7, 2024

C. Motion to recommend to the Common Council approval of the Original 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) Creative Collaborative Ventures, LLC, William Corfman, Agent, 4687 W. Rutland Rd., Brooklyn, WI 53521, d/b/a Picture This Creative Workshop, 7 E. Main Street, Evansville, WI 53536.

D. 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, Melissa A. Frank, Agent, 539 Yosemite Ave, Hartford, WI 53027 d/b/a Casey’s General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
- 2) Consumers Cooperative Oil Company, Jessica Golz, Agent, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
- 3) 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.
- 4) 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.
- 5) SD Evansville Minimart, Inc., Manvir Singh, Agent, 905 E. 10th Street, Brodhead, WI 53520, d/b/a SD Evansville Minimart, Inc., 350 Union Street, Evansville, WI 53536.

E. 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) 139 E. Main Street LLC, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
- 2) 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.
- 3) Creekside Place Inc., Jennifer Widel, Agent, 112 W. Liberty Street, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
- 4) El Vallarta De Evansville LLC, Marco Lugo, Agent, 438 Almeron St, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
- 5) 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.
- 6) Lovegood’s, LLC, Hannah O’Brien, Agent, 676 Porter Rd, Evansville, WI 53536, d/b/a Lovegood’s Coffee & Cocktails, 16 W. Main Street, Evansville, WI 53536.
- 7) Pete’s Inn Inc., Sheri Biddick, Agent, 694 W. Main Street, Evansville, WI 53536, d/b/a Pete’s Inn Inc., 14 N. Madison Street, Evansville, WI 53536.

- 8) **Slice Golf, LLC, Sarah Kilps, Agent**, 300 S. 1st Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
- 9) **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.
- 10) **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.

8. Evansville Police Department Report.
9. Evansville Emergency Medical Services Report.
10. Meeting Reminder: Discussion and possible action to reschedule the regularly scheduled meeting on Wednesday, July 3, 2024, at 6:00 p.m.
11. Adjourn.

Erika Stuart, Chairperson

Public Safety Committee
Regular Meeting
Wednesday, May 1, 2024, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

1. **Call to Order:** *Stuart called the meeting to order at 6:00 p.m.*
2. **Roll Call:**

| <u>Members</u> | <u>Present/Absent</u> | <u>Others Present</u> |
|----------------------------------|------------------------------|-----------------------------------|
| Aldersperson Erika Stuart, Chair | P | Patrick Reese, Police Chief |
| Aldersperson Gene Lewis | P | Carolyn Kleisch, EMS Chief |
| Aldersperson Joe Geoffrion | P | Jolene Klitzman, Deputy Clerk |
| Chris Jones Lt. | | Leah Hurtley, City Clerk |
| | | Chris Jones, Police Lieutenant |
| | | Jeff Stevens, ATV/UTV Club, VP |
| | | Julie Paton, Citizen |
| | | Gene Heiman, Citizen |
| | | Tawfick (Tommy) Hanna, Citizen |
| | | Mark Schnepfer (EUM) |
| | | Jess Rittenhouse, Police Sergeant |
| | | Robin Patterson, Citizen |

3. **Motion to approve the Agenda, by Stuart, Seconded by Lewis. Motion carried 3-0**
4. **Motion to approve the April 3, 2024, Public Safety regular meeting minutes by Stuart, Seconded by Lewis. Motion carried 3-0.**
5. **Citizen appearances other than agenda items listed. None.**
6. **Old Business.**
 - 1) Speed trailer update.
Lt. Jones reported that the data collection box company is no longer in business and our trailer is old enough that we cannot get the parts we need to fix the data collection. The trailer will show speed but will not collect data. Lt. Jones is looking at another option.
7. **New Business.**
 - A. **Motion to approve the Operator's License Application(s) for: (recommended by Evansville Police Department), by Stuart, seconded by Lewis, Motion carried 3-0**
 - 1) Kelly G. Shannon

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

- 2) Mark Hamilton Schnepfer
- 3) Jeremie Edward Cribben
- 4) Donna Kae Nipple
- 5) Taylor Scott Smith
- 6) Stacey Lynn Hillary-Nolan
- 7) Brenda L. Stevens
- 8) Shawn Marie Dunphy
- 9) Nicholle L. Wagner
- 10) Kimberly Muench
- 11) Debbie Lynn Johnson
- 12) Debra Mae Twyford
- 13) John Thomas Kopecky
- 14) Dorothy Jean Patterson
- 15) Jessica Robin Bailey
- 16) Arielle A. Keltner
- 17) Carl James Maly
- 18) Austin Thomas Anderson
- 19) Sheri Lynn Biddick
- 20) Elizabeth Ann Olin

B. Presentation from Western Rock County ATV Club – News and new information for ATV/UTV Traffic, Jeff Stevens, 75 Countryside Dr., PO Box 541, Evansville, WI 53536.

- Stuart asked Stevens if this would be a different presentation than those that have previously been done. Stevens ensured the Chair it is different. Stevens introduced himself as Vice President of the Western Rock County ATV club. Stevens reiterated the club's formal request was made at the March 2024 Public Safety meeting for committee to open the city streets to allow ATV/UTV usage inside city limits. After the April elections and the Wisconsin ATV Association held a state convention in Stevens Point, Stevens wanted to share more information. Handouts were given to Committee members but not staff. (*At the time of the minutes information was requested but not provided to the Clerk.)
- Citizen Gene Heiman at 134 N. Madison St., Evansville, WI 53536 talked about how he would like to be able to use his ATV/UTV from his home to get to the trails.

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

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

- 1) **139 E. Main Street, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 53719, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536, by Stuart, Seconded by Geoffrion.**

Clerk Hurtley was in attendance and explained that the premise details on the Original Alcohol Beverage License Application were not consistent with the conditions set from Planning Commission approval and violates zoning regulations. Clerk Hurtley provided a staff memo that suggested approval with conditions. Additional discussion occurred including the ability for Hop Garden to operate in a larger space than what will be allowed for Allen Creek Coffeehouse.

Motion to Amend 7C to read, “motion to recommend to common council approval of the Original Alcohol Beverage License Application for Class “B” Beer/”Class B” Liquor License for 139 E. Main Street, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 53719, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536 for indoor alcoholic beverage service only and to have signs posted at doorways indicating alcohol is not to be consumed beyond that point,” by Stuart, seconded by Geoffrion. Motion passed 3-0.

Motion to recommend to common council approval of the Original Alcohol Beverage License Application for Class “B” Beer/”Class B” Liquor License for 139 E. Main Street, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 53719, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536 for indoor alcoholic beverage service only and to have signs posted at doorways indicating alcohol is not to be consumed beyond that point,” by Stuart, seconded by Geoffrion. Motion passed 3-0.

D. Discussion with possible motion to approve the Temporary Class “B” Retailer License Application for the sale of Fermented Malt Beverage for:

- 1) Evansville Chamber of Commerce Business After 5/Ribbon Cutting – Under Pressure Power Washing, 498 Water Street, Unit 10, Evansville, WI 53536 at 5 p.m. on May 30, 2024
- 2) Evansville Chamber of Commerce Business After 5/Ribbon Cutting – Expressions Salon, 8 W. Main Street, Evansville, WI 53536 at 4:30 p.m.

by Stuart, Seconded by Geoffrion, Motion carried 3-0

E. Discussion with possible motion to approve the Temporary Class “B” Retailer’s License Application for:

- 1) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536 for the following dates in 2024:
 - Friday, May 24, 2024
 - Saturday, June 29, 2024***by Stuart, Seconded by Lewis, Motion carried 3-0***

- Saturday, July 20, 2024
- Sunday, August 11, 2024
- Saturday, September 28, 2024 (backup date Saturday, October 5, 2024)

F. Discussion with possible motion to approve the Long-Term Street Use License Application(s) for:

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

- Friday, May 24, 2024
- Saturday, June 29, 2024
- Saturday, July 20, 2024
- Sunday, August 11, 2024
- Saturday, September 28, 2024 (backup date Saturday, October 5, 2024)

by Stuart, Seconded by Lewis, Motion carried 3-0

8. Evansville Police Department Report.

Chief Reese reported to the committee. Staff will participate in Civics Day, Sgt Reilly will attend advanced patrol tactics along with advanced patrol tactics for supervisors. Chief Reese & Lt. Jones have been working on ordinance revisions regarding tobacco use and vaping use on school property & city owned property.

9. Evansville Emergency Medical Services Report.

Chief Kleisch reported to the committee. AEMT classes have been completed and participants are awaiting National Registry testing this month. EMS attended Family Fun Night at the school. Chief Kleisch is meeting with Shawn from Foster Coach to look over specs for 2026 ambulance.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, June 5, 2024, at 6:00 p.m.

11. Motion to adjourn by *Stuart, Seconded by Geoffrion, Motion carried 3-0 7:02 p.m.*

Jolene Klitzman, Deputy Clerk



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>Amy</u> <u>B</u> <u>Edquist</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? | | Former Name(s): _____ | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | Zip From To |
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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 |
|--|------------|------|-------|
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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: Amy Edquist
Printed Name: Amy Edquist

Email: _____
Date: 4/29/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Paid To: _____ Date: _____

Clerk's Office Signature

Date

Approved: _____

Denied: _____

Police Chief's Signature

Date

Receipt #

Receipt: 1.156887 35.00
EDQUIST, AMY
Apr 29, 2024 11:57 AM



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>Bettina</u> <u>Sue</u> <u>Van Demark</u> | | DATE OF BIRTH: _____ | |
| First Middle Last | | | |
| ADDRESS: _____ | | | |
| CITY: <u>Evansville</u> | STATE: <u>Wi.</u> | ZIP: <u>53536</u> | PHONE: () _____ |
| Driver's License No.: _____ | | Issuing State: <u>Wi</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>30 1/2 years</u> | | Former Name(s): <u>Beard Jacobson</u> | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | Zip From To |
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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 |
|--|------------|------|-------|
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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: Bettina S Van Demark

Email: _____

Printed Name: Bettina S Van DemarkDate: 4-29-24

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: _____

Police Chief's Signature

Date

Receipt #

Receipt: L156885

(5.00)

VANDEMARM, BETTINE

Apr 29, 2024 10:55 AM



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.

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| | | | |
|--|------------------|--------------------------|--|
| 1. LEGAL NAME: <u>Benjamin</u> <u>William</u> <u>Heimann</u> | | DATE OF BIRTH: _____ | |
| First Middle Last | | | |
| ADDRESS: _____ | | PHONE: _____ | |
| CITY: <u>Janesville</u> | STATE: <u>WI</u> | ZIP: <u>53545</u> | GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| Driver's License No.: _____ | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9 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 | <u>No</u> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | <u>Yes</u> | 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 | <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 |
|--|------------------|-------------------|-----------|
| <u>OWI</u> | <u>July 2008</u> | <u>Evansville</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: Ben Heimann
 Printed Name: Ben Heimann

Email: _____
 Date: 4-23-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____
 City of Evansville

Clerk's Office Signature

Date

Approved: _____

Denied: _____

Police Chief's Signature

Date

Receipt #

Receipt: 1.156898 35.00
 BENJAMIN HEIMANN
 Apr 29, 2024 2:21 PM



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>Sarah</u> <u>M</u> <u>Kilps</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="radio"/> Female <input checked="" type="radio"/> |
| Driver's License No.: | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>4 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 | No <input checked="" type="radio"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="radio"/> |
| 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 <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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 |
|--|------------|------|-------|
| | | | |
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| | | | |
| | | | |

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"/> 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>Sarah Kilps</u> | Email: _____ |
| Printed Name: <u>Sarah Kilps</u> | Date: <u>5-3-24</u> |

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

| | | | |
|--|-----------------------|--|---------------|
| Police Department Recommendation and Comments: | | Public Safety Committee: | |
| | | Approved: _____ | Denied: _____ |
| | | Paid To: _____ | Date: _____ |
| | | Clerk's Office Signature: _____ | Date: _____ |
| Approved: <u>[Signature]</u> | Denied: <u>6/3/24</u> | Receipt # _____ | |
| Police Chief's Signature | | Receipt: 1.156937 35.00 KILPS, SARAH May 3, 2024 9:10 AM | |



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>Jennifer</u> <u>Rae</u> <u>Johnson</u> | | DATE OF BIRTH: _____ | |
| First Middle Last | | PHONE: _____ | |
| ADDRESS: _____ | CITY: <u>Evansville</u> STATE: <u>WI</u> ZIP: <u>53536</u> | | |
| Driver's License No.: _____ | | GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>3 weeks</u> | | Issuing State: <u>WI</u> | |
| Former Name(s): <u>Kerrins</u> | | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | Zip |
| <u>113 N 5th</u> | <u>Evansville</u> | <u>WI</u> | <u>53536</u> |
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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 <input checked="" type="radio"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="radio"/> |
| 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 <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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 |
|--|------------|------|-------|
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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: Jennifer R Johnson
Printed Name: Jennifer R Johnson

Email: _____
Date: 5/5/24

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: _____

Police Chief's Signature

6/3/24
Date

Receipt #

Receipts 1.156944

35.00

JOHNSON, JENNIFER

May 6, 2024 11:59 AM



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>Kathleen Helen Hammon</u> | | DATE OF BIRTH: <u>10-1-1997</u> | |
| ADDRESS: <u>806 S. Spring St.</u> | | PHONE: <u>715-414-1001</u> | |
| 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>4 years</u> | | Former Name(s): _____ | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | | | |
| <u>806 S. Spring St.</u> | <u>Decker Dam</u> | <u>WI</u> | <u>53914</u> <u>2018</u> <u>2020</u> |
| <u>102 E 3rd Ave</u> | <u>Brodhead</u> | <u>WI</u> | <u>53520</u> <u>1997</u> <u>2018</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 <input checked="" type="checkbox"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="checkbox"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="checkbox"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="checkbox"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="checkbox"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | No <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="checkbox"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="checkbox"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | No <input checked="" type="checkbox"/> |

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: Kathleen H. HammonPrinted Name: Kathleen H. Hammon

Email: _____

Date: 4-21-24

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: 6/3/24

Police Chief's Signature

Date

Receipt #

Receipt: L156872 35.00
 MATTHEW DAVID KROLL
 May 10, 2024 11:02 AM



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: | | DATE OF BIRTH: | |
| First <u>Matthew</u> | Middle <u>David</u> | Last <u>Kroll</u> | |
| 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>84 years</u> | | Former Name(s): _____ | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | Zip |
| | | | |
| | | | |

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 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: Matthew Kroll
Printed Name: MATTHEW KROLL

Email: _____
Date: 04/27/2024

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: _____

Police Chief's Signature

Date

Receipt #

Receipt: L156972 35.00
MATTHEW DAVID KROLL
May 10, 2024 11:02 AM



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>Vanessa Marie Slye</u> | | DATE OF BIRTH: <u>1-1-1984</u> | |
| First Middle Last | | | |
| ADDRESS: <u>Orfordville</u> | | PHONE: <u>715-835-1111</u> | |
| CITY: <u>Orfordville</u> | STATE: <u>WI</u> | ZIP: <u>53570</u> | GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/> |
| Driver's License No.: <u>W1</u> | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10 years</u> | | Former Name(s): <u>None</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? | <input checked="" type="radio"/> 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 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 |
|--|------------|------------|-------|
| Driving w/out a license | 5-2012 | Evansville | WI |
| Seat belt | 10-2009 | Madison | WI |

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: Vanessa Slye
 Printed Name: Vanessa Slye

Email: Vanessa.Slye@cityofevansvillewi.gov
 Date: 5-9-24

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: 6/3/24

Police Chief's Signature

Date

Receipt #

Receipt: 1.156973 35.00
 TRAPPERS BAR & GRILL LLC
 May 10, 2024 11:23 AM



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>Zachary</u> <u>M</u> <u>McDonough</u> | | DATE OF BIRTH: _____ | |
| First Middle Last | | | |
| ADDRESS: _____ | | PHONE: _____ | |
| 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.: _____ | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>1 year</u> | | Former Name(s): _____ | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | | City | State |
| <u>342 S First St</u> | | <u>Evansville</u> | <u>WI</u> |
| <u>413 Moonshine Dr</u> | | <u>Evansville</u> | <u>WI</u> |
| | | Zip | From To |
| | | <u>53536</u> | <u>02/2021</u> <u>03/23</u> |
| | | <u>53536</u> | <u>2018</u> <u>2021</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 |
|--|------------|------|-------|
| | | | |
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|---|---|
| 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 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: Zachary McDonough
Printed Name: Zachary McDonough

Email: _____
Date: 5/10/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

| | | | |
|--|-----------------------|--|---------------|
| Police Department Recommendation and Comments: | | Public Safety Committee: | |
| | | Approved: _____ | Denied: _____ |
| | | Paid To: _____ | |
| | | Date: _____ | |
| | | Clerk's Office Signature | Date |
| | | | |
| Approved: <u>[Signature]</u> | Denied: <u>6/3/24</u> | Receipt # _____ | |
| Police Chief's Signature | Date | Receipt: 1.156988 ZACHARY MCDONOUGH May 14, 2024 7:50 AM | |



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>Schoonover</u> <u>M</u> <u>Amy</u> | | 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: _____ | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>4 years</u> | | Former Name(s): <u>Amy Arms</u> | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | | City | State |
| <u>13828 W Elaine Dr</u> | | <u>Evansville</u> | <u>WI</u> |
| | | <u>53536</u> | <u>2019</u> <u>2020</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? | <input checked="" type="radio"/> 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 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? | <input checked="" type="radio"/> Yes | 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>Disorderly Conduct</u> | <u>Nov. 2023</u> | <u>Evansville</u> | <u>WI</u> |
| <u>Battery - dismissed charge</u> | <u>July 2019</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 |

Attach certificate of completion for Responsible Alcohol Servers Course

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: Amy Schoonover
Printed Name: Amy Schoonover

Email: _____
Date: 3/10/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

| | | | |
|--|--|--|--|
| Police Department Recommendation and Comments: | | Public Safety Committee: | |
| | | Approved: _____ Denied: _____ Paid To: _____ Date: _____ | |
| | | City of Evansville | |
| | | Clerk's Office Signature _____ Date _____ | |
| Approved: <u>[Signature]</u> | | Receipt # _____ | |
| Denied: <u>613124</u> | | Receipt: L156995 35.00 | |
| Police Chief's Signature _____ | | Date: May 14, 2024 12:23 PM | |



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>Abbey</u> <u>Catherine</u> <u>Tway</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="radio"/> Female <input checked="" type="radio"/> |
| Driver's License No.: _____ | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>12 years</u> | | Former Name(s): <u>Abbey Tomlin</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 | No <input checked="" type="radio"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="radio"/> |
| 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 <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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 |
|--|------------|------|-------|
| | | | |
| | | | |
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|--|---|
| 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: Abbey Tway
Printed Name: Abbey Tway

Email: _____
Date: 5/15/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

| | | | |
|--|-----------------------|--|---------------|
| Police Department Recommendation and Comments: | | Public Safety Committee: | |
| | | Approved: _____ | Denied: _____ |
| | | Paid To: _____ Date: _____ | |
| | | City of Evansville | |
| | | Clerk's Office Signature | Date |
| Approved: <u>[Signature]</u> | Denied: <u>6/3/24</u> | Receipt # | |
| Police Chief's Signature | Date | Receipt: 1.157010 35.00 ABBEY TWAY May 16, 2024 11:53 AM | |



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>Mikhaila</u> <u>Rain</u> <u>Heinzer</u> | | | DATE OF BIRTH: <u>11/11/94</u> | | |
| First Middle Last | | | PHONE: <u>715-441-1111</u> | | |
| ADDRESS: <u>563 S 16th St</u> | | | CITY: <u>Evansville</u> | | |
| STATE: <u>WI</u> | | | ZIP: <u>53536</u> | | |
| Driver's License No.: <u>NC</u> | | | Issuing State: <u>NC</u> | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9 months</u> | | | Former Name(s): | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | | | City State Zip From To | | |
| <u>563 S 16th St</u> | | | <u>Evansville WI 53536 6/23 9/23</u> | | |
| <u>7501 Lone Valley Ct</u> | | | <u>Raleigh NC 27603 8/17 6/23</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 |
|--|------------|------|-------|
| | | | |
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| | | | |

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: Mikhaila Heinzer

Printed Name: Mikhaila Heinzer

Email:

Date: 5/16/24

Police Department Recommendation and Comments:

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Public Safety Committee:

Approved: Denied: Date:

Clerk's Office Signature

Date

Approved:

Denied:

Police Chief's Signature

Date

Receipt #

Receipt: 1.157013
HEINZER, MIKHAILA
May 16, 2024 3:09 PM



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>Christina</u> <u>Ann</u> <u>Cole</u> | | DATE OF BIRTH: _____ | |
| First Middle Last | | | |
| 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>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>17 yrs</u> | | Former Name(s): <u>maiden: Stoehr</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 | No <input checked="" type="radio"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="radio"/> |
| 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 <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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 |
|--|------------|------|-------|
| | | | |
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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: Christina A Cole

Printed Name: Christina A Cole

Email: _____

Date: 5/17/24

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 #

Receipt: 1.189017

35.00

COLE, CHRISTINA

May 17, 2024 11:34 AM

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>Kristi Jo Reigle</u> | | DATE OF BIRTH: <u>11-11-1984</u> | |
| First: <u>Kristi</u> Middle: <u>Jo</u> Last: <u>Reigle</u> | | PHONE: <u>715-233-1199</u> | |
| ADDRESS: <u>Evansville</u> | | GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/> | |
| CITY: <u>Evansville</u> | STATE: <u>WI</u> | ZIP: <u>53536</u> | |
| Driver's License No.: <u>WI</u> | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>18 yrs</u> | | Former Name(s): <u>Kristi Jo Mack</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 | No <input checked="" type="radio"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="radio"/> |
| 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 <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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:

- ☒ 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: Kristi Reigle
 Printed Name: Kristi Reigle

Email: reiglejo@evansvillewi.gov
 Date: 5-8-2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Paid To: _____ Date: _____

Clerk's Office Signature

Date

Approved: [Signature]

Denied: _____

Police Chief's Signature

Date

6/3/24

Receipt #

Receipt: 1.157039
 THE NIGHT OWL
 May 21, 2024 10:31 AM



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>Michelle Marie Dienberg</u> | | | DATE OF BIRTH: <u>11-11-1987</u> | |
| ADDRESS: <u>Evansville</u> | | | PHONE: <u>504-244-1113</u> | |
| 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.: <u> </u> | | | Issuing State: <u>WI.</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 yrs</u> | | | Former Name(s): <u>Harris</u> | |
| Prior Street Address If Above Address Is Less Than 5 Years State Zip From To | | | City | State |
| <u>449 Badger Dr.</u> | | | <u>Evansville</u> | <u>WI</u> |
| | | | <u>53536</u> | <u>18</u> <u>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? | 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:

- ☒ 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: [Signature]
 Printed Name: Michelle Dienberg

Email:
 Date: 4/23/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: Denied: Date:

Clerk's Office Signature

Receipt: 1.157039

Date

Approved: [Signature] Denied:

Receipt #

THE NIGHT OWL
 May 21, 2024 10:31 AM

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>Kristin Emily Mack</u> | | DATE OF BIRTH: _____ | |
| First Middle Last | | PHONE: _____ | |
| ADDRESS: _____ | | GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/> | |
| CITY: <u>Evansville</u> | STATE: <u>WI</u> | ZIP: <u>53536</u> | |
| Driver's License No.: _____ | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 1/2 years</u> | | Former Name(s): _____ | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | | | |
| <u>118 Madison St.</u> | <u>Janesville</u> | <u>WI</u> | <u>53548</u> |
| <u>1920 Collingwood Blvd.</u> | <u>Toledo</u> | <u>OH</u> | <u>2020</u> |
| ARREST AND CONVICTION RECORD (Anywhere within the United States of America) | | | |
| <u>2015</u> <u>2020</u> | | | |

| | | |
|---|--------------------------------------|-------------------------------------|
| 2. Have you ever been cited and/or convicted of a felony? | Yes | No <input checked="" type="radio"/> |
| 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 | No <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes | No <input checked="" type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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 |
|---|------------------|-------------------|-----------|
| <u>underage drinking/being in tavern underage</u> | <u>Dec. 2011</u> | <u>Janesville</u> | <u>WI</u> |

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: Kristin Mack
Printed Name: Kristin Mack

Email: _____

Date: 4/26/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Receipt: 1.157039 Date 35.00

Approved: _____ Denied: _____

Receipt #

THE NIGHT OWL
May-21, 2024 10:31 AM

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>Jeffrey</u> <u>Alan</u> <u>Rottier</u> First Middle Last | | DATE OF BIRTH: _____ | |
| ADDRESS: _____ | | PHONE: _____ | |
| 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.: _____ | | Issuing State: <u>WI</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 | 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 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? | 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>Speeding Ticket</u> | <u>Summer/2022</u> | <u>Cottage Grove</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: Jeffrey Rottier
 Printed Name: Jeffrey Rottier

Email: _____
 Date: 5/20/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Paid To: _____ Date: _____
 City of Evansville

Clerk's Office Signature

Date

Approved: [Signature]
 Police Chief's Signature

Denied: 6/3/24
 Date

Receipt #

Receipt: 1.157036 35.00
 JEFFREY ROTTIER
 May 20, 2024 3:58 PM



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>Kylie</u> <u>Lena</u> <u>HOOPS</u> First Middle Last | | DATE OF BIRTH: <u>11/11/2001</u> | |
| ADDRESS: <u>7036 N Morning Meadow Ln</u> | | PHONE: <u>715-244-1111</u> | |
| 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. <u> </u> | | Issuing State: <u>WI</u> | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9 years</u> | | Former Name(s): <u> </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 | No <input checked="" type="radio"/> |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | Yes | No <input checked="" type="radio"/> |
| 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 <input checked="" type="radio"/> |
| b) Operating a motor vehicle while intoxicated? | Yes <input checked="" type="radio"/> | No <input type="radio"/> |
| c) Selling or furnishing alcoholic beverages to underage person? | Yes | No <input checked="" type="radio"/> |
| d) Permitting underage person on licensed premises? | Yes | No <input checked="" type="radio"/> |
| e) Allowing persons on licensed premises after closing? | Yes | No <input checked="" type="radio"/> |
| f) Any alcohol related violation other than a, b, c, d, and e? | Yes | 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 | No <input checked="" type="radio"/> |
| h) Fighting, disorderly conduct, assault, or battery? | Yes | No <input checked="" type="radio"/> |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | Yes | No <input checked="" type="radio"/> |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes | 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 |
|--|-------------------|-------------------|-----------|
| <u>DWI</u> | <u>Aug 1 2023</u> | <u>Evansville</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: [Signature]
 Printed Name: Kylie Hoops

Email:
 Date: 4/27/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: Paid To: City of Evansville
 Approved: Denied: Date:

Clerk's Office Signature

Date

Approved: [Signature]

Denied:

Police Chief's Signature

Date

Receipt #

Receipt: 1.157058
 HOOPS KYLIE
 May 24, 2024 2:33 PM

35.00



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

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

Application Fee: \$10.00 per Licensed Premises

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premises: 1 x \$10.00 = \$ 10 Total Due

License Type: (Check one)

☐ Beer Only

☐ Wine Only

☒ Beer & Wine

Event Name: LAKE LEOTA 4TH & R JULY

Event Date: JULY 3-7, 2024

Event Time: NOON - MIDNIGHT

Name of Person in Charge of Event: Jim Brooks

Organization

☒

Bona fide Club

☐ Church

☐ Lodge/Society

☐ Chamber of Commerce/ similar
Civic or Trade Organization

☐ Fair Assoc/Agricultural Society

☐ Veteran's Organization

Organization Name: EVANSVILLE COMMUNITY PARTNERSHIP

Address: PO Box 691 EVANSVILLE WI 53536

Date Organized: 2000

If Corporation, Date of Incorporation: 2003

If organization is not required to hold a Wisconsin Seller's Permit Pursuant to SS 77.54(7m), Wis. Stats., Check here

☒

Names and addresses of all Organization Officers:

EXECUTIVE DIRECTOR

President/Primary Officer: JIM BROOKS

EVANSVILLE WI

Name

Address

City/State/Zip

Vice President:

Name

Address

City/State/Zip

Secretary:

Name

Address

City/State/Zip

Treasurer:

Name

Address

City/State/Zip

Location of Premises where Beer and/or Wine will be served, consumed, or stored and areas where Alcohol Beverage Records will be stored:

Address/Location Description: LAKE LEOTA PARK NORTH OF BOY SCOUT HOUSE

Do premises occupy all or part of building? DISTR 5150000, HOUSE 1300, TWT, AN ADJACENT PARK

If part of building, fully describe all premises covered under this application, which floor(s) & room(s) licenses is to cover:

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.

Jim Brooks

5/5/24

(Officer Signature/Date)

ECP

(Name of Organization)



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: JULY 3-7, 2024

EVENT TIME: THURS NOON - MIDNIGHT

NAME: JAMES BAUER

DATE OF BIRTH: 1-1-1981

ADDRESS: 1111 W. COMMERCIAL

EMAIL: JAMES.A.BAUER@outlook.com

PHONE: 608 239 0587

Chapter 6 of the Evansville Code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance and the State publication if you desire a copy. This application must be fully completed, and submitted to the City Clerk's Office at 31 S Madison St, Evansville WI 53536, with the required fees.

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

I, the undersigned being duly sworn on oath, affirm that within the last two (2) years have been/or completed one of the following:

- ☒ Successfully completed a responsible Alcohol Servers course
- ☐ Held a Wisconsin Operator's License
- ☐ An Alcohol Agent for a Retail Alcohol License
- ☐ The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for copies of such laws.

[Signature]
Signature of Manager/Person in Charge of event

5/5/24
Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend X

Non-Recommend

Recommend with conditions

[Signature]
Police Chief's Signature

6/3/24
Date

Date Filed with Clerk: 5-6-24

Date License Issued:

Public Safety: 6-5-24

Clerk's Signature:

Paid To:
City of Evansville

Notes & Receipt Information:

Receipts: 1.156744 10.00
A LNE LEDTA 4TH OF JULY
May 6, 2024 9:46 AM

Form.

AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|----------------------|
| License Fees | \$ <u>600</u> |
| Background Check Fee | \$ <u>14</u> |
| Publication Fee | \$ <u>100</u> |
| Total Fees | \$ <u>714</u> |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Creative Collaborative Ventures LLC

2. Business Trade Name or DBA

Picture This Creative Workshop

3. FEIN

99-2482261

4. Wisconsin Seller's Permit Number

456-1031718054-02

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

4-13-2024

8. Wisconsin DFI Registration Number

C128114

9. Premises Address

7 E. Main St. Ste 1

10. City

Evansville

11. State

WI

12. Zip Code

53535

13. County

Rock14. Governing Municipality: ☒ City ☐ Town ☐ Villageof: Evansville

15. Aldermanic District

16. Premises Phone

608-921-7437

17. Premises Email

picturethiscreativeworkshop@gmail.com

18. Website

Picturethiscreativeworkshop.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

The premises is located at 7 E. Main St., Suite 1, Evansville, WI 53535.
This suite is a single room.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|-----------------------------------|--|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|--------------|
| Coffman | William | Owner | [REDACTED] |
| Meade | Shara | DOC | 608-921-7437 |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-----------|------------|------|
| Last Name | First Name | M.I. |
| Coffman | William | D |
| Title | [REDACTED] | |
| Signature | [REDACTED] | |
| | Date | |
| | 4-19-24 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Creative Collaborative Ventures LLC
2. Business Trade Name or DBA
PictureThis Creative Workshop
3. Entity Type (check one)
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)
☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name
Cortman
2. First Name
William
3. M.I.
D
4. Email
[REDACTED]
6. [REDACTED]
7. City
Brooklyn
8. State
WI
9. Zip Code
53521
10. Age
53
11. [REDACTED]
12. Drivers License/State ID State of Issuance
WI



Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-----------------------------------|---|--|------------------------|------------------|
| Last Name <i>Cortman</i> | | First Name <i>William</i> | | M.I. <i>D</i> |
| Title <i>Owner</i> | Email  | Phone  | | |
| Signature <i>W. D. Cortman</i> | | | Date <i>4-19-24</i> | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-----------------------------------|--|------------------------------|------------------------|------------------|
| Last Name <i>Cortman</i> | | First Name <i>William</i> | | M.I. <i>D</i> |
| Signature <i>W. D. Cortman</i> | | | Date <i>4-19-24</i> | |

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____
 ☐ Class "B" Beer \$ _____
☐ "Class A" Liquor \$ _____
 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|-----------|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE #3583

3. FEIN

42-1435913

4. Wisconsin Seller's Permit Number

456-0000602957-03

5. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☒ Corporation
 ☐ Nonprofit Organization

6. State of Organization

IOWA

7. Date of Organization

03/15/1995

8. Wisconsin DFI Registration Number

CO42322

9. Premises Address

230 E MAIN ST

10. City

EVANSVILLE

11. State

WI

12. Zip Code

53536

13. County

ROCK

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: EVANSVILLE

15. Aldermanic District

16. Premises Phone

(608) 424-4236

17. Premises Email

LICENSINGTEAM@CASEYS.COM

18. Website

WWW.CASEYS.COM

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

ONE STORY PRESTRUCTURED STEEL BUILDING

20. Mailing Address (if different from premises address)

ATTN LICENSING, ONE SE CONVENIENCE BLVD

21. City

ANKENY

22. State

IA

23. Zip Code

50021

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| | |
|---|---|
| 4a. Name of Business Entity CASEY'S GENERAL STORES, INC | 4b. Business Entity FEIN 42-0935283 |
|---|---|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------------------------|------------|-------|-------|
| PLEASE SEE ATTACHED OFFICER | LIST | | |
| FRANK | MELISSA | AGENT | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|--------------------------------------|--|------------------------|
| Last Name BEECH | First Name DOUGLAS | M.I. M |
| Title ASSISTANT SECRETARY | Email LICENSINGTEAM@CASEYS.COM | Phone [REDACTED] |
| Signature <i>Douglas M. Beech</i> | | Date 4/22/24 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

CASEY'S MARKETING COMPANY

2. Business Trade Name or DBA

CASEY'S GENERAL STORE #3583

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☒
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

FRANK

2. First Name

MELISSA

3. M.I.

A

4. Email

LICENSINGTEAM@CASEYS.COM

6. Home Address

7. City
HARTFORD

8. State

WI

9. Zip Code

53027

10. Age

51

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | |
|--------------------------------------|--|------------------------------|---------------------|
| Last Name BEECH | | First Name DOUGLAS | M.I. M |
| Title ASSISTANT SECRETARY | Email LICENSINGTEAM@CASEYS.COM | | Phone [REDACTED] |
| Signature <i>Douglas M. Beech</i> | | Date 4/22/24 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | |
|-----------------------------------|--|------------------------------|------------------|
| Last Name FRANK | | First Name MELISSA | M.I. A |
| Signature <i>Melissa Frank</i> | | Date 4/22/24 | |

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|----|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

| | | |
|---|---|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) Consumers Cooperative Oil Company | | |
| 2. Business Trade Name or DBA Evansville Cenex | | |
| 3. FEIN 39-0223180 | 4. Wisconsin Seller's Permit Number 456-1020420388-02 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. State of Organization WI | 7. Date of Organization 03/12/1927 | 8. Wisconsin DFI Registration Number |
| 9. Premises Address 9 John Lindemann Dr | | |
| 10. City Evansville | 11. State WI | 12. Zip Code 53536 |
| 13. County Rock | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Evansville | 15. Aldermanic District |
| 16. Premises Phone (608) 882-2621 | 17. Premises Email evansville.cstore@cenex1.c | 18. Website www.cenex1.com |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Convenience Store - Gas Station Beer and Alcohol sold and stored in cold vault in store. Also stored in backroom. | | |
| 20. Mailing Address (if different from premises address) PO Box 668 | | |
| 21. City Sauk City | 22. State WI | 23. Zip Code 53583 |

Part B: Questions

| | | |
|---|----------|--|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

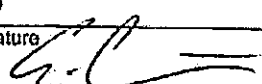
| Last Name | First Name | Title | Phone |
|-----------|------------|---------|--------------|
| Golz | Jessica | Manager | 608 882-2621 |
| Cantwell | Eric | CEO | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|---|------------|-------|
| Last Name | First Name | M.I. |
| Cantwell | Eric | S |
| Title | Email | Phone |
| CEO | | |
| Signature | Date | |
|  | 05/01/24 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Consumers Cooperative Oil Company

2. Business Trade Name or DBA

Evansville Cenex

3. Entity Type (check one)

- ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Golz

2. First Name

Jessica

3. M.I.

E.

4. Email

evansville.cstore@cenex1.com

5. Phone

(608) 882-2621

6.

7.

Evansville

8. State

WI

9. Zip Code

53536

10. Age

37

11.

Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

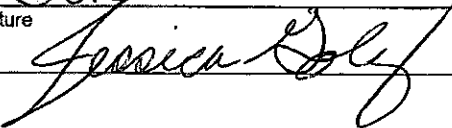
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | |
|--|---------------------|---------------------|-----------|
| Last Name Cantwell | | First Name Eric | M.I. S |
| Title CEO | Email [REDACTED] | Phone [REDACTED] | |
| Signature  | | Date 05/09/24 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|---|-----------------------|-----------------|
| Last Name Golz | First Name Jessica | M.I. E |
| Signature  | | Date 5-10-24 |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------|
| Municipality | Evansville |
| License Period | 2024-25 |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|------------------|
| License Fees | \$ <u>600.00</u> |
| Background Check Fee | \$ <u>14.00</u> |
| Publication Fee | \$ <u>100.00</u> |
| Total Fees | \$ <u>714.00</u> |

Part A: Premises/Business Information

| | | | |
|---|--|-------------------------------------|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) | | tobac 100.00 | |
| KOPECKY'S Worldwide Foods Inc | | \$814.00 | |
| 2. Business Trade Name or DBA | | KOPECKY'S Piggly Wiggly | |
| 3. FEIN | 39-1715093 | 4. Wisconsin Seller's Permit Number | 456-0000368472-03 |
| 5. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization | | 7. Date of Organization | 8. Wisconsin DFI Registration Number |
| 9. Premises Address | | | |
| 10. City | | 11. State | 12. Zip Code |
| 13. County | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | 15. Aldermanic District |
| 16. Premises Phone | | 17. Premises Email | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Inside retail grocery store in designated area/shelf(s). | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | |
|-----------|------------|----------------|--|
| KOPECKY | JEAN | VICE PRESIDENT | |
| KOPECKY | JOHN T. | MANAGER | |
| KOPECKY | JAMES D. | PRESIDENT | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | | |
|-----------|------------------|------------|-------|------|------|------------|
| Last Name | KOPECKY | First Name | JAMES | M.I. | D | |
| Title | PRESIDENT | | | | | |
| Signature | James D. Kopecky | | | | Date | 04/26/2024 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of AgentDate
4/26/24

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Kopeckys Worldwide Foods Inc
2. Business Trade Name or DBA
Kopeckys Piggly Wiggly
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) ☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name
Kopecky
2. First Name
James
3. M.I.
D
4. E-mail
[REDACTED]
5. Phone
[REDACTED]
6. Home Address
[REDACTED]
7. City
EVANSVILLE
8. State
WI
9. Zip Code
53536
10. Age
77
11. Drivers License/State ID Number
[REDACTED]
12. Drivers License/State ID State of Issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|-------------|------------|------------|------|------------|
| Last Name | Kopecky | First Name | James | M.I. | D |
| Title | President | Email | [REDACTED] | | |
| Signature | [Signature] | | | Date | 04/26/2024 |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|-------------|------------|-------|------|------------|
| Last Name | Kopecky | First Name | James | M.I. | D |
| Signature | [Signature] | | | Date | 04-26-2024 |

Form
AB-200**Alcohol Beverage License
Application**

| | |
|------------------------|--|
| For Municipal Use Only | |
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|------------------|
| License Fees | \$ <u>600.00</u> |
| Background Check Fee | \$ <u>7.00</u> |
| Publication Fee | \$ <u>100.00</u> |
| Total Fees | \$ <u>707.00</u> |

Part A: Premises/Business Information

| | | |
|---|--|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>MADISON STREET EXP, INC</u> | | |
| 2. Business Trade Name or DBA <u>ALL-N-ONE</u> | | |
| 3. FEIN <u>04-3738143</u> | 4. Wisconsin Seller's Permit Number <u>456-0000637428-03</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. State of Organization <u>WISCONSIN</u> | 7. Date of Organization <u>3/2003</u> | 8. Wisconsin DFI Registration Number <u>MO58164</u> |
| 9. Premises Address <u>104 S. MADISON STREET</u> | | |
| 10. City <u>EVANSVILLE</u> | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>ROCK</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>EVANSVILLE</u> | |
| 15. Aldermanic District | | |
| 16. Premises Phone <u>608-882-4757</u> | 17. Premises Email <u>PSEKHON4966@GMAIL</u> | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>IN THE STORE BUILDING</u> | | |
| 20. Mailing Address (if different from premises address) _____ | | |
| 21. City | 22. State | 23. Zip Code |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------|-------|
| SEKHON | PARMINDER | PRESIDENT | |
| | | | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor

• one general partner of a partnership

• one corporate officer

• one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-------------------------------|-------------------------|---------------------|
| Last Name SEKHON | First Name PARMINDER | M.I. K |
| Title PRESIDENT | Email [REDACTED] | Phone [REDACTED] |
| Signature Parminder Sekhon | Date 9-17-2024 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of AgentDate
4-17-2024

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

MADISON STREET EXPRESS, INC

2. Business Trade Name or DBA

ALL-IN-ONE

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☒
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

SEKHON

2. First Name

PARMINDER

3. M.I.

K

4. Email

5. Phone

6. Home Address

7. City

FITCHBURG

8. State

WI

9. Zip Code

53711

10. Age

62

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|-------------|------------|------------|------|-----------|
| Last Name | SEKHON | First Name | PARMINDER | M.I. | K |
| Title | PRESIDENT | Email | [REDACTED] | | |
| Signature | [Signature] | | | Date | 4-17-2024 |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|-------------|------------|-----------|------|-----------|
| Last Name | SEKHON | First Name | PARMINDER | M.I. | K |
| Signature | [Signature] | | | Date | 4-17-2024 |

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____
 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____
 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|----|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

| | | |
|---|--|---|
| 1 Legal Business Name (individual name if sole proprietorship) SD EVANSVILLE MINIMART INC | | |
| 2 Business Trade Name or DBA | | |
| 3 FEIN 93-1567128 | 4 Wisconsin Seller's Permit Number 456-1031439814-04 | |
| 5 Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6 State of Organization WI | 7 Date of Organization 05/24/2023 | 8 Wisconsin DFI Registration Number S148109 |
| 9 Premises Address 350 UNION ST | | |
| 10 City EVANSVILLE | 11 State WI | 12 Zip Code 53536 |
| 13 County Rock | 14 Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of EVANSVILLE | |
| 15 Aldermanic District | | |
| 16 Premises Phone (847) 410-2139 | 17 Premises Email SDBUSINESS532@GMAIL.COM | 18 Website |
| 19 Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. ATTACHED | | |
| 20 Mailing Address (if different from premises address) | | |
| 21 City | 22 State | 23 Zip Code |

Part B: Questions

| | | |
|--|----------|--|
| 1 Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2 Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3 Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4 Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a Name of Business Entity 4b Business Entity FEIN

5 Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion ☒ Yes ☐ No

6 Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7 Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

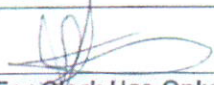
| Last Name | First Name | Title | Phone |
|-----------|------------|-----------|----------------|
| SARWAN | SINGH | PRESIDENT | (574) 532-7858 |
| Manvir | Singh | | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|--|----------------------|---------------------|
| Last Name SINGH | First Name SARWAN | M.I. |
| Title PRESIDENT | Email [REDACTED] | Phone [REDACTED] |
| Signature  | Date 05/09/24 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Save

Print

Clear

Form

AB-101

Alcohol Beverage
Appointment of Agent

Date

05/09/2024

Agent Type (check one)

☐ Original (no fee)☒ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

SD EVANSVILLE MINIMART INC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

23/24-39

6. Describe the reason for appointing a successor agent, if successor is checked above.

ORIGINAL AGENT RESIGNED

Part B: Agent Information

1. Last Name

SINGH

2. First Name

MANVIR

3. M.I.

4. Email

5. Phone

6. Home Address

7. City

BRODHEAD

8. State

WI

9. Zip Code

53520

10. Age

23

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

IN

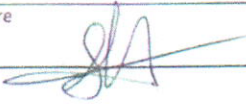
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.☒ Yes☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes☐ No

Continued →

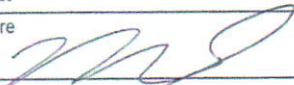
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|--|--|----------------------|--|---------------------|
| Last Name SINGH | | First Name SARWAN | | MI |
| Title PRESIDENT | | Email [REDACTED] | | Phone [REDACTED] |
| Signature  | | | | Date 05-10-2024 |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|---|--|----------------------|--|--------------------|
| Last Name SINGH | | First Name MANVIR | | MI |
| Signature  | | | | Date 05-10-2024 |

Form
AB-200

Renewal

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|-----------------------|
| Municipality | |
| License Period | July 1-24-June 30, 25 |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100
☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 500
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|------------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ _____ |
| Publication Fee | \$ 15.00 |
| Total Fees | \$ 615.00 |

Part A: Premises/Business Information

| | | | |
|---|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>139 EAST MAIN STREET LLC.</u> | | | |
| 2. Business Trade Name or DBA <u>Allen Creek Coffee House</u> | | | |
| 3. FEIN <u>92-1236271</u> | | 4. Wisconsin Seller's Permit Number <u>456-1031168196-02</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>August 2022</u> | |
| 8. Wisconsin DFI Registration Number | | | |
| 9. Premises Address <u>137 EAST MAIN STREET</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | |
| 12. Zip Code <u>53536</u> | | 13. County <u>Rock</u> | |
| 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u> | | 15. Aldermanic District | |
| 16. Premises Phone <u>608-882-1248</u> | | 17. Premises Email <u>allencreekcoffeehouse@gmail.com</u> | |
| 18. Website <u>N/A</u> | | | |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Building with an Apartment on Top. Storage - downstairs Basement Floor & cooler in Retail space, out Sales in store, Outside patio, Backyard event where we will also have music patio, Backyard in House! Records stored in Basement. Live music venue noted</u> | | | |
| 20. Mailing Address (if different from premises address) <u>Same</u> | | | |
| 21. City | | 22. State | |
| | | 23. Zip Code | |

Part B: Questions

| | | |
|--|----------|--|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------------|-----------------|-------|
| HANNA | Taw Fick (Tommy) | OWNER / manager | |
| HANNA | Simon | manager | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|--------------------------|--------------------------------|---------------------|
| Last Name HANNA | First Name Taw Fick (Tommy) | M.I. M |
| Title OWNER / manager | Email [REDACTED] | Phone [REDACTED] |
| Signature [Signature] | Date April 4th - 2024 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of AgentDate
Apr. 4th/24

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

139 EAST MAIN STREET LLC.

2. Business Trade Name or DBA

Allen Creek Coffeehouse

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

HANNA

2. First Name

TawFick (Tommy)

3. M.I.

M

4. Email

5. Phone

6. Home Address

7. City

Madison

8. State

WI

9. Zip Code

53719

10. Age

52

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

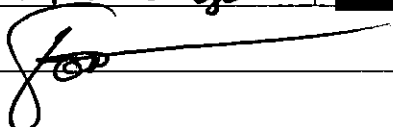
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?..... ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days?..... ☒ Yes ☐ No
See instructions for exceptions.

Continued →

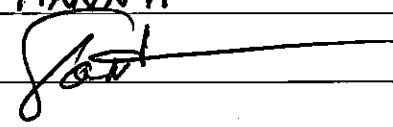
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|--|--------------------------------------|---------------------|
| Last Name HANNA | First Name JAUFICK (Tommy) | M.I. M |
| Title Owner / manager | Email [REDACTED] | Phone [REDACTED] |
| Signature  | | Date |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|---|--------------------------------------|-------------------------------|
| Last Name HANNA | First Name JAUFICK (Tommy) | M.I. M |
| Signature  | | Date April 4th 2024 |

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------|
| License Fees | \$ <u>600</u> |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

| | | | |
|--|--|---|-------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Bessire Bowl LLC</u> | | | |
| 2. Business Trade Name or DBA <u>Blue Devil Bowl</u> | | | |
| 3. FEIN <u>84-2796748</u> | | 4. Wisconsin Seller's Permit Number <u>456-1030476445-02</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>09-13-2019</u> | |
| 8. Wisconsin DFI Registration Number | | | |
| 9. Premises Address <u>108 E. Main St.</u> | | | |
| 10. City <u>Evansville</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>Rock</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u> | | 15. Aldermanic District <u>3</u> |
| 16. Premises Phone <u>608-882-9850</u> | | 17. Premises Email <u>Bessire@BlueDevilBowl.com</u> | |
| 18. Website <u>www.BlueDevilBowl.com</u> | | | |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Inside building in bar, alley, coolers in bar (3) and coolers and shelves in basement.</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

| | | |
|---|----------|--|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances or traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone |
|-----------|------------|---------|-------|
| Bessire | Joel | Owner | |
| Bessire | Tiffany | Manager | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|---|------------|--------------------------|-------|----|
| Last Name | Bessire | First Name | Joel | M.I. | D. |
| Title | Owner | Email | Bessire@BlueDeerBowl.com | Phone | |
| Signature |  | Date | 4/15/24 | | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of AgentDate
4-15-2024

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bessire Bowl LLC

2. Business Trade Name or DBA

Blue Devil Bowl

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Bessire

2. First Name

Joel

3. M.I.

D.

4. Email

Bessire@BlueDevilBowl.com

5. Phone

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

38

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|---------------------------------|--|---------------------------|----------------------------|------------------|
| Last Name Bessire | | First Name Joel | | M.I. D |
| Title Owner | Email Bessire@BlueDailBowl.com | | Phone [REDACTED] | |
| Signature [Signature] | | | Date 4-15-2024 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-----------|--|------------|------|------|
| Last Name | | First Name | | M.I. |
| Signature | | | Date | |

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

| | |
|----------------------|----|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Creekside Place Inc

2. Business Trade Name or DBA

3. FEIN

20-85091682

4. Wisconsin Seller's Permit Number

456-1026386142-05

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

102 Maple St

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Evansville

15. Aldermanic District

16. Premises Phone

608-882-0407

17. Premises Email

18. Website

creeksideplace.org

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Community Center that hosts events such as weddings, gatherings, Art Reception, Fundraising Events, etc. Beverages are hosted inside the building in all rooms & outside covering the Creekside owned parking lot, side lawn & behind the building.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|------------|------------|----------------|-------|
| Beltran | Dierdre | President | |
| ✓ Carr | Patrick | Vice-President | |
| ✓ St Clair | Robin | Secretary | |
| ✓ Alt | Mary Anne | Treasurer | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|--------------------|------------|--------------|
| Last Name | First Name | M.I. |
| Wagner | Nichols | L |
| Title | Email | Phone |
| Executive Director | [REDACTED] | 608-882-0407 |
| Signature | Date | |
| Nichols | 4/18/2024 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Creeside Place, Inc

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Wiedel

2. First Name

Jennifer

3. M.I.

D

4. Email

5. Phone

608-882-0401

6. Home

7. City

Elsansville

8. State

WI

9. Zip Code

53536

10. Age

42

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☐ No
Submit proof of completion. N/A: WAS AGENT FOR CREEKSIDE & THE GROVE MARKET, LLC IN PAST 2 YRS
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-----------------------------|---------------------|------------------------|-----------------------|-----------|
| Last Name Wagner | | First Name Nicholle | | M.I. L |
| Title Executive Director | Email [REDACTED] | | Phone 608-882-0907 | |
| Signature [Signature] | | | Date 4/18/2024 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|--------------------------|--|------------------------|-----------------|------------|
| Last Name Wieder | | First Name JENNIFER | | M.I. D. |
| Signature [Signature] | | | Date 4/18/24 | |

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|-----------|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

EL Valleria de Evansville LLC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1030363278-02

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

218

8. Wisconsin DFI Registration Number

9. Premises Address

609 E Main St

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of:

15. Aldermanic District

16. Premises Phone

608 882-1069

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Vestvargia oncl Wgik in cooler

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|-------|
| Marco | Lugo | OWNER | |
| | | | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|-------------------------------|--|---------------------------|--|-------|
| Last Name Lugo | | First Name Marco - A - | | M.I. |
| Title OWNER | | Email | | Phone |
| Signature Marco - A - Lugo | | Date 5-10-24 | | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

EL Vellarta

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

renew Alcohol beverage license

Part B: Agent Information

1. Last Name

Lugo

2. First Name

Marlo

3. M.I.

A

4. [Redacted]

5. Phone

[Redacted]

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

45

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|----------------------------------|-------|----------------------------|--|------|
| Last Name <i>LUYO</i> | | First Name <i>Marco</i> | | M.I. |
| Title <i>OWNER</i> | Email | | Phone  | |
| Signature <i>Marco-A Luyo</i> | | | Date | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|----------------------------------|--|----------------------------|------------------------|------|
| Last Name <i>LUYO</i> | | First Name <i>Marco</i> | | M.I. |
| Signature <i>Marco-A-Luyo</i> | | | Date <i>5-10-24</i> | |

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------|
| License Fees | \$ <u>500</u> |
| Background Check Fee | \$ |
| Publication Fee | \$ <u>100</u> |
| Total Fees | \$ <u>600</u> |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Evansville Memorial Post 6905/VFW

2. Business Trade Name or DBA

VFW Memorial Post 6905

3. FEIN

39-1555281

4. Wisconsin Seller's Permit Number

456-0000 982923-02

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☒ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

1946

8. Wisconsin DFI Registration Number

9. Premises Address

179 E Main St.

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Rock14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Evansville

15. Aldermanic District

16. Premises Phone

608 882-2335

17. Premises Email

Post6905@vfwpost6905.net

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Old Railroad Station, VFW Meeting Hall & Club
Bar & Beer Garden, Storage Room and office.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|----------------|-------|
| Schneider | John | Bar Agent | |
| Zhe | ton | Commander | |
| Schneider | John | Quarter master | |
| Laursen | Lynda | Bar Mgr. | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|--------------------------------|--|-----------------------------------|--------------------|---------------------|
| Last Name Schneider | | First Name John | | M.I. L |
| Title Bar Agent | | Email post6905@vfwpost6905.net | | Phone [REDACTED] |
| Signature John L. Schneider | | | Date 04/17/2024 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Evansville Memorial Post 6905 / VFW
2. Business Trade Name or DBA
Memorial Post 6905
3. Entity Type (check one) ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) ☐ Municipal Retail License ☒ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name
Schneider
2. First Name
John
3. M.I.
L
4. Email
[REDACTED]
5. Phone
[REDACTED]
6. H
[REDACTED]
7. City
Evansville
8. State
WI
9. Zip Code
53536
10. Age
75
11. Drivers License/State ID Number
[REDACTED]
12. Drivers License/State ID State of Issuance
WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|---------------------------------------|--|----------------------------|
| Last Name Schneider | First Name John | M.I. L. |
| Title Bar Agent | Email post6905@vfwpost6905.net | Phone [REDACTED] |
| Signature John L. Schneider | | Date 04/17/2024 |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-----------|------------|------|
| Last Name | First Name | M.I. |
| Signature | | Date |

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

| | |
|----------------------|---------------|
| License Fees | \$ 614 |
| Background Check Fee | \$ |
| Publication Fee | \$ 100 |
| Total Fees | \$ 714 |

Part A: Premises/Business Information

| | | | |
|--|--|---|-----------------------|
| 1. Legal Business Name (individual name if sole proprietorship) Lovegood's LLC | | | |
| 2. Business Trade Name or DBA Lovegood's Coffee + Cocktails | | | |
| 3. FEIN 93-2145905 | | 4. Wisconsin Seller's Permit Number 456-1031461851-02 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization Wisconsin | | 7. Date of Organization 6/29/2023 | |
| 8. Wisconsin DFI Registration Number L078473 | | | |
| 9. Premises Address 16 W Main St [REDACTED] | | | |
| 10. City Evansville | | 11. State WI | 12. Zip Code 53536 |
| 13. County Rock | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Evansville | |
| 15. Aldermanic District | | | |
| 16. Premises Phone 715 630 7626 | | 17. Premises Email lovegoodscc@gmail.com | |
| 18. Website lovegoodscoffee.com | | | |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 2 story historic building upstairs is a separate 2-bed apartment. 1st floor is commercial space with patio off front. patio space is approx 20 sq ft with outdoor seating, locked cabinets + refrigerators for alcohol storage. Utility closet + handicap restroom. | | | |
| 20. Mailing Address (if different from premises address) 16 W Main St | | | |
| 21. City Evansville | | 22. State WI | 23. Zip Code 53536 |

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|----------|-------|
| O'Brien | Hannah | Co-Owner | |
| O'Brien | Logan | Co-Owner | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor

• one general partner of a partnership

• one corporate officer

• one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|----------------|-----------------------|--------------|
| Last Name | First Name | M.I. |
| O'Brien | Hannah | M |
| Title | Email | Phone |
| owner | lovegoodscc@gmail.com | 715 630 7626 |
| Signature | Date | |
| Hannah O'Brien | 5/10/24 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Lovegoods LLC

2. Business Trade Name or DBA

Lovegoods Coffee & Cocktails

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

O'Brien

2. First Name

Hannah

3. M.I.

M

4. Email

lovegoods lovegoodsca@gmail.com

5. Phone

715 630 7626

6. Home Address

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

28

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|----------------------------|--------------------------------|----------------------|---------------------|-----------|
| Last Name O'Brien | | First Name Hannah | | M.I. M |
| Title Owner | Email lovegoodbce@gmail.com | | Phone 7156307626 | |
| Signature Harsh O'Brien | | | Date 5/10/24 | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|----------------------------|--|----------------------|-----------------|-----------|
| Last Name O'Brien | | First Name Hannah | | M.I. M |
| Signature Harsh O'Brien | | | Date 5/10/24 | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100
☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 500
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|------------------|
| License Fees | \$ <u>600.00</u> |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

| | | |
|--|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>PETE'S INN INC</u> | | |
| 2. Business Trade Name or DBA <u>PETE'S INN</u> | | |
| 3. FEIN <u>39-1893894</u> | 4. Wisconsin Seller's Permit Number | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | |
| 6. State of Organization <u>WISCONSIN</u> | 7. Date of Organization | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>14 N. MADISON ST.</u> | | |
| 10. City <u>EVANSVILLE</u> | 11. State <u>WI</u> | 12. Zip Code <u>53536</u> |
| 13. County <u>ROCK</u> | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | |
| 15. Aldermanic District | 16. Premises Phone <u>608-882-4170</u> | |
| 17. Premises Email <u>[REDACTED]</u> | | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>BEHIND BAR, BACK WALK IN COOLER + BASEMENT STORAGE CAGE</u> | | |
| 20. Mailing Address (if different from premises address) | | |
| 21. City | 22. State | 23. Zip Code |

Part B: Questions

| | | |
|---|----------|--|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☒ Yes ☒ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☐ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|----------------|------------|
| BIDDICK | SHERI | PRESIDENT | [REDACTED] |
| BIDDICK | BLAKE | VICE PRESIDENT | [REDACTED] |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-----------|------------|------------|
| Last Name | First Name | M.I. |
| BIDDICK | SHERI | L. |
| Title | Email | Phone |
| | [REDACTED] | [REDACTED] |
| Signature | Date | |
| | | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

PETE'S INN, INC.

2. Business Trade Name or DBA

PETE'S INN, INC.

3. Entity Type (check one)

- ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

BIDDICK

2. First Name

SHERI

3. M.I.

L.

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

694 W. Main St.

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

55

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI.

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-----------------------------------|----------------------------|-----------------------|
| Last Name BIDDICK | First Name SHERI | M.I. L |
| Title PRESIDENT | Email [REDACTED] | Phone [REDACTED] |
| Signature <i>Sheri Biddick</i> | | Date (R) 4/18/2024 |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|-----------|------------|------|
| Last Name | First Name | M.I. |
| Signature | | Date |

Form
AB-200Alcohol Beverage License
Application

| | |
|------------------------|--|
| For Municipal Use Only | |
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|----|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Slice Golf

2. Business Trade Name or DBA

3. FEIN

88-2040513

4. Wisconsin Seller's Permit Number

456-1031082731-02

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

11-22

8. Wisconsin DFI Registration Number

9. Premises Address

1 E Main St

10. City

Evansville

11. State

WI

12. Zip Code

53536

13. County

Foue

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Evansville

15. Aldermanic District

16. Premises Phone

008-882-1044

17. Premises Email

SliceGolfWI@OUTLOOK.COM

18. Website

WWW.SliceGolfWI.COM

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Bar where beverages are served and sold in the main room on 1st floor of building. Secure storage will have coolers. With outdoor seating when permissible.

20. Mailing Address (if different from premises address)

1 E Main St

21. City

Evansville

22. State

WI

23. Zip Code

53536

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

| | | |
|------------------------|----------|--|
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

Mill Golf LLC

4b. Business Entity FEIN

88-2040513

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---------------|---------------|--------------|-------|
| <i>Kilps</i> | <i>Sarah</i> | <i>Owner</i> | |
| <i>Tomlin</i> | <i>Andrew</i> | <i>Owner</i> | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|---------------------------------|----------------------------|---------------------|
| Last Name <i>Kilps</i> | First Name <i>Sarah</i> | M.I. <i>M</i> |
| Title <i>Owner</i> | Email [REDACTED] | Phone [REDACTED] |
| Signature <i>[Signature]</i> | Date <i>4-19-24</i> | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☐
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Spice Golf

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Klips

2. First Name

Sarah

3. M.I.

M

4. Email

5. Phone

6. Home Address

300 S 1st St

7. City

Evansville

8. State

WI

9. Zip Code

53536

10. Age

32

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|---------------------------------|---------------------|----------------------------|------------------------|------------------|
| Last Name <i>Kilps</i> | | First Name <i>Scrab</i> | | M.I. <i>M</i> |
| Title <i>owner</i> | Email [REDACTED] | | Phone [REDACTED] | |
| Signature <i>[Signature]</i> | | | Date <i>4-19-24</i> | |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|---------------------------------|--|----------------------------|------------------------|------------------|
| Last Name <i>Kilps</i> | | First Name <i>Scrab</i> | | M.I. <i>M</i> |
| Signature <i>[Signature]</i> | | | Date <i>4-19-24</i> | |

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

| | |
|----------------------|----------------------------|
| License Fees | \$ <u>600⁰⁰</u> |
| Background Check Fee | \$ <u>14⁰⁰</u> |
| Publication Fee | \$ <u>100⁰⁰</u> |
| Total Fees | \$ <u>714⁰⁰</u> |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

THE NIGHT OWL Food & Spirits Inc.

2. Business Trade Name or DBA

THE NIGHT OWL Sports Pub & Eatery

3. FEIN

20-4558759

4. Wisconsin Seller's Permit Number

456 102002153003

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

189 E. MAIN ST

10. City

EVANSVILLE

11. State

WI

12. Zip Code

53536

13. County

Rock14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: EVANSVILLE

15. Aldermanic District

16. Premises Phone

608-882-9973

17. Premises Email

thenightowlspubandeatery@gmail.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

6000 SQ FT BUILDING/PATIO BAR & GREEN SPACE WEST of Building

20. Mailing Address (if different from premises address)

1

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|-----------|------------|---------|-------|
| ADDISON | TRAVIS | MANAGER | |
| | | | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|--------------------------|--|-----------------------|----------------|-----------|
| Last Name ADDISON | | First Name GREGORY | | M.I. P |
| Title PRESIDENT | | Email | | Phone |
| Signature [Signature] | | | Date 5/1/24 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
THE NIGHT OWL Food & Spirits Inc
2. Business Trade Name or DBA
THE NIGHT OWL SPORTS Pub & Eatery
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) ☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name *ADRISSON* 2. First Name *GREGOR* 3. M.I. *P*
4. Email [REDACTED] 5. Phone [REDACTED]
6. Home Address [REDACTED]
7. City *EVANSVILLE* 8. State *IN* 9. Zip Code *53534* 10. Age *65*
11. Drivers License/State ID Number [REDACTED] 12. Drivers License/State ID State of Issuance *IN*

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|----------------------------------|------------------------------|---------------------|
| Last Name <i>ADDISSON</i> | First Name <i>GREGORY</i> | M.I. <i>P</i> |
| Title <i>PRESIDENT</i> | Email [REDACTED] | Phone [REDACTED] |
| Signature <i>Greg Addison</i> | | Date |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | |
|----------------------------------|------------------------------|-----------------------|
| Last Name <i>ADDISSON</i> | First Name <i>GREGORY</i> | M.I. <i>P</i> |
| Signature <i>Greg Addison</i> | | Date <i>5/1/24</i> |

Form
AB-200Alcohol Beverage License
Application

| For Municipal Use Only | |
|------------------------|--|
| Municipality | |
| License Period | |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|----|
| License Fees | \$ |
| Background Check Fee | \$ |
| Publication Fee | \$ |
| Total Fees | \$ |

Part A: Premises/Business Information

| | | | |
|--|--|--|------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) Trappers Bar and Grill LLC | | | |
| 2. Business Trade Name or DBA | | | |
| 3. FEIN 92-0636569 | | 4. Wisconsin Seller's Permit Number 450-103114989204 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization 11-2022 | |
| 8. Wisconsin DFI Registration Number | | | |
| 9. Premises Address 50 Union St | | | |
| 10. City EVANSVILLE WI | | 11. State WI | 12. Zip Code 53536 |
| 13. County Rock | | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: EVANSVILLE | |
| 15. Aldermanic District | | | |
| 16. Premises Phone 608-882-1170 | | 17. Premises Email trappersbar50@gmail | |
| 18. Website | | | |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. unused bev are kept in locked, secured area in basement, 2 main dining rooms & bar area - all alcohol is kept behind bar w/ licensed adult | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

Part B: Questions

| | | |
|--|----------|--|
| 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If yes, list the details of violation below. Attach additional sheets if necessary. | | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


| Last Name | First Name | Title | Phone |
|-----------|------------|---------|------------|
| Schuh | Travis | Owner | [REDACTED] |
| Slye | Vanessa | Manager | |
| | | | |
| | | | |

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | |
|--|--|----------------------|---------------------|-----------|
| Last Name Schuh | | First Name Travis | | M.I. J |
| Title Owner | | Email [REDACTED] | Phone [REDACTED] | |
| Signature  | | | Date 5-9-24 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Travis
Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Trappers Bar and Grill LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Schuh

2. First Name

Travis

3. M.I.

J

4. Email

5. Phone

6. Home Address

7. Office Address

8. State

9. Zip Code

10. Age

WI

53570

43

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|-------------|------------|------------|------|--------|
| Last Name | Schuh | First Name | Travis | M.I. | J |
| Title | owner | Email | [REDACTED] | | |
| Signature | [Signature] | | | Date | 5-9-24 |

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | | | |
|-----------|-------------|------------|--------|------|--------|
| Last Name | Schuh | First Name | Travis | M.I. | J |
| Signature | [Signature] | | | Date | 5-9-24 |

June 5th 2024

Evansville Police Department

Public Safety Report

- **Training:**

- Ofc. Nankee will attend DRE recertification
- Ofc. Delgado will attend intox training at BTC
- Ofc. Tway is attending ARIDE training at BTC
- Ofc. Nankee will attend tactical response training
- All staff will complete firearms training in June

- **Community Outreach:**

- Ofc. Delgado and Laufenberg attended the bike rodeo at St. Johns on June 1st.
- Staff will assist with the JC McKenna fun run on June 7th
- Staff will attend the Larson Acres Park ribbon cutting on June 7th
- Staff will attend graduation at Evansville High School
- Ofc. Tway will be giving a presentation on active killers and how to respond to BlueScope staff
- Staff will attend the splash pad ribbon cutting at Leonard Leota Park

- **Calls for service:** May 2023: 986 May 2024: 1240

- **Police Commission/Staffing:** Did not meet in May

- Ofc. Delgado is in phase 1 field training.

We are currently hosting an intern, Hannah who has been working with Det. Sgt. Rittenhouse

- **Accreditation:**

- Policy review is being conducted

- **Notable calls:**

- Fire Assist for a house fire on Millard Ct.
- 16 disturbances were investigated, 6 of those resulted in domestic violence arrests
- 15 welfare checks were conducted
- 132 traffic stops were conducted
- 15 civil disputes were investigated
- EPD assisted other jurisdictions with investigations in the city or as mutual aid 25 times
- 2 OWI's were investigated

- **Admin update:**

- Sgt. Reilly and Lt. Jones worked to complete the CIB Audit
- Our old squad car sold was sent off to auction and we should have a final bid back to us soon
- Scheduling and planning for the 4th of July festivals has started
- Lt. Jones has been working on cleaning up the evidence room trying to create more space
- We are at capacity
- Letters for Evansville Night Out have been sent out, date is August 14th

CAD Incidents By Type

Agency: EVPD

Printed:6/3/2024 7:19:43 AM

Covering Incidents From: 05/01/2024 00:00:00 To: 05/31/2024 00:00:00

| Incident Type Description | # of Incidents | Incident Type Code |
|--------------------------------------|----------------|--------------------|
| 911 ABANDONED OR HANGUP OR OPEN LINE | 13 | 911 |
| ALARM | 6 | ALARM |
| ALCOHOL VIOLATION | 1 | ALC |
| ANIMAL COMPLAINT | 13 | ANM |
| ASSIST CITIZEN | 55 | ACIT |
| ASSIST FIRE OR EMS | 17 | FAST |
| ASSIST OTHER JURISDICTION | 25 | OJUR |
| BATTERY | 2 | BAT |
| BUSINESS CHECK | 48 | BCK |
| CHILD OFFENSE | 2 | CHILD |
| CIVIL DISPUTE | 15 | CD |
| CIVIL PAPER SERVICE | 2 | CPS |
| CODE ENFORCEMENT | 19 | CODE |
| DISORDERLY CONDUCT | 4 | DC |
| DISTURBANCE | 9 | DIST |
| DRUG OFFENSE | 1 | DRUG |
| ESCORT/TRANSPORT | 4 | ESCORT |
| FAMILY PROBLEM | 3 | FAM |
| FIREWORKS COMPLAINT | 2 | BOOM |
| FOLLOWUP | 63 | FOL |
| FOOT PATROL | 84 | FOOT |
| FRAUD/FORGERY | 1 | FRD |
| HARASSMENT | 2 | HAR |
| HAZARDOUS CONDITION | 17 | HAZC |
| KID PROBLEM | 4 | KID |
| LOUD NOISE | 7 | LOUD |
| OPEN DOOR/WINDOW | 3 | OPEN |
| OPERATING WHILE INTOXICATED | 1 | OWI |
| ORDINANCE VIOLATION | 10 | ORD |
| OUT WITH SUBJECT | 2 | OWS |
| PARKING COMPLAINT | 16 | PARK |
| PHONE MESSAGE FOR OFFICER | 1 | PHONE |
| PROPERTY | 5 | PROPERTY |

| | | |
|---|-------------|--------|
| PUBLIC WORKS/UTILITY | 1 | PWU |
| RESTRAINING ORDER/TRO VIOLATION | 1 | TRO |
| SCHOOL PATROL | 61 | SCHOOL |
| SECURITY CHECK | 495 | SECK |
| SPECIAL ASSIGNMENT | 36 | SPAS |
| SUSPICIOUS | 18 | SUSP |
| THEFT | 1 | THFT |
| THREAT | 1 | THREAT |
| TRAFFIC ACCIDENT | 3 | TA |
| TRAFFIC COMPLAINT | 9 | TC |
| TRAFFIC STOP | 132 | T |
| UNWANTED PERSON | 4 | NOWN |
| VANDALISM | 1 | VAND |
| VEHICLE UNLOCK | 4 | UNLK |
| WARRANT SERVICE | 1 | WAR |
| WELFARE CHECK | 15 | WELF |
| Number of CAD Complaints During Period | 1240 | |

City of Evansville EMS
11 W. Church St.
Evansville, WI 53536
(608) 882-2269
Chief Carolyn Kleisch
Public Safety Meeting
June 5th, 2024

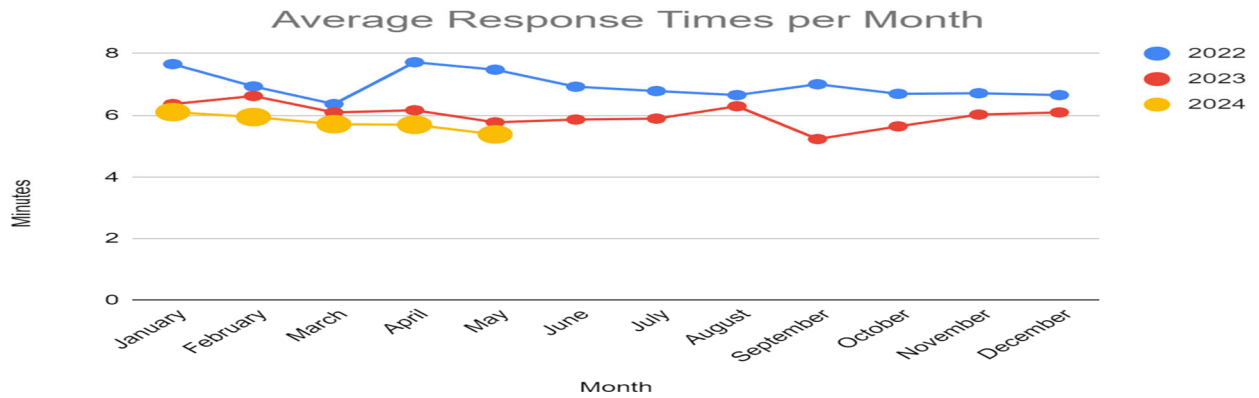
1. Calls for Service:

- a. 70 Calls during the month of May 2024 (641-67/642-3)
- b. 81 Calls during the month of May 2023. (641-78/642-3)
- c. To date call volume 2024-279
- d. To date call volume 2023- 329

Updates:

- 1- EMS training was on Shock and Pathophysiology with Mercy
- 2- 82.5% of the monthly schedule was covered by at least 1 AEMT on duty.
- 3- 69 of the 70 EMS responses were at the AEMT level.
- 4- 3/5 personnel who took the AEMT class have passed the National Registry test, 2 still to take it.
- 5- May 19th -May 25th was National EMS week. As part of the recognition, all EMS providers received a gift bag with some nice gifts from around the community.
- 6- Available EMS/Fire crews along with Brooklyn EMS did a walk through at the Pool to assess access points for an emergency.
- 7- EMS attended Civics Day along with Police and Fire
- 8- Sam Trick- a senior at EHS did a fundraiser for his SR. Project during National EMS week. Sam does school at home due to health concerns, so he came to the EMS garage for pictures for his project that he turns into school.
- 9- Interviewed 2 potential candidates for joining. 1 is already licensed at the AEMT level so he will be able to join and provide care at the level we are at, the other has signed up for the EMT-B class in the fall to join and is looking to possibly advance in the spring.
- 10- Evansville Fire hired a Full-time guy who is an EMR and has affiliated with EMS to be able to assist with secondary calls when needed.
- 11- The upgrades are done with the Zolls and they are back on the ambulance with the new Co detection cords. We were able to utilize these when doing Rehab for the Fireman during the residential fire last week.
- 12- EMS has been requested to attend the Rock County Dairy Breakfast on June 8th and will have an ambulance on stand-by there for the morning.

| 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 |
|---|---|--|--|--|----------------|
| 5.39 | 4.11 | 25.78 | 28.20 | 72.19 | 70 |



| | Number of Runs | Percent of Total Runs |
|---|----------------|-----------------------|
| Falls | 11 | 15.71% |
| Abdominal Pain/Problems | 5 | 7.14% |
| Sick Person | 4 | 5.71% |
| Traffic/Transportation Incident/MVA | 4 | 5.71% |
| Unconscious/Fainting/Near-Fainting | 4 | 5.71% |
| ACIN - Accidental Injury | 3 | 4.29% |
| Chest Pain (Non-Traumatic) | 3 | 4.29% |
| Motor Vehicle Crash | 3 | 4.29% |
| Stroke/CVA | 3 | 4.29% |
| Traumatic Injury | 3 | 4.29% |
| Unknown Problem/Person Down | 3 | 4.29% |
| Animal Bite | 2 | 2.86% |
| Breathing Problem | 2 | 2.86% |
| Chronic Illness/Medical Condition | 2 | 2.86% |
| Convulsions/Seizure | 2 | 2.86% |
| Fire Standby | 2 | 2.86% |
| Invalid Assist/Lifting Assist | 2 | 2.86% |
| Alcohol intoxication | 1 | 1.43% |
| Bleeding | 1 | 1.43% |
| Carbon Monoxide/Hazmat/Inhalation/CBRN | 1 | 1.43% |
| Cardiac Arrest - Possible DOA | 1 | 1.43% |
| Cardiac dysrhythmia | 1 | 1.43% |
| Fire | 1 | 1.43% |
| Headache | 1 | 1.43% |
| Medical Alarm | 1 | 1.43% |
| Nausea/Vomiting | 1 | 1.43% |
| Pain | 1 | 1.43% |
| Psychiatric Problem/Abnormal Behavior/Suicide Attempt | 1 | 1.43% |
| Well Person Check | 1 | 1.43% |
| Total: | 70 | 100.00% |