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

### B. Discussion with possible motion to approve the Temporary <u>Class "B"/ "Class B" Retailer License</u> Application for:

- 1) Evansville Community Partnership Lake Leota 4<sup>th</sup> 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 <u>Original Alcohol Beverage License</u> applications for a <u>Class "B" Beer/ "Class B" Liquor License</u> for: (background check recommendations provided by Chief Reese, unless otherwise noted)
  - 1) <u>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.</u>
- 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) <u>Casey's Marketing Company</u>, 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) <u>Consumers Cooperative Oil Company</u>, Jessica Golz, Agent, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
  - 3) <u>Kopecky's Worldwide Foods, Inc.</u>, 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.
  - **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. 10<sup>th</sup> 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) <u>139 E. Main Street LLC</u>, 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) <u>Bessire Bowl, LLC</u>, 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) <u>Creekside Place Inc.</u>, 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)** <u>Trappers Bar & Grill LLC</u>, 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>	Present/Absent	Others Present
Alderperson Erika Stuart, Chair	P	Patrick Reese, Police Chief
Alderperson Gene Lewis	P	Carolyn Kleisch, EMS Chief
Alderperson 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 Schnepper (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 Sturt, 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

- 2) Mark Hamilton Schnepper
- 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 <u>Class "B" Beer/"Class B" Liquor License</u> for:

1) <u>139 E. Main Street</u>, 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 <u>Temporary Class "B" Retailer License</u>

  <u>Application for the sale of Fermented Malt Beverage for:</u>
  - 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 <u>Temporary Class "B" Retailer's</u> 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 <u>Long-Term Street Use License Application(s) for:</u>

- 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



CITY OF EVANSVILLE CITY CLERK'S OFFICE

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d) Permitting underage person on licensed premises					Yes		(No
e) Allowing persons on licensed premises after closing?				Yes		No	
f) Any alcohol related violation other than a, b, c, d, a	and e?				Yes		(No
g) Sale of legal or illegal drugs to include prescription	medications or possession o	f any illegal di	ugs to include prescript	tion			
medications not prescribed to you?					Yes		(NO)
h) Fighting, disorderly conduct, assault, or battery?					Yes		(No
i) Resisting arrest, interfering with a police officer or	obstructing an officer?				Yes		(No)
j) Any crime or ordinance violation not listed above or					Yes		No
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CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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6. CERTIFICATION: I do hereby swear, under pen statements herein are complete, true and correct	alty of perjury, that I am the per	rsan who m	ade an	d signed the foregoin	ng applica	tion fo	r an operat	ar's license	e, and that all
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CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00 X Renewal Opera			VI 3333		6	15.00
NOTE: APPLICATION FEE WILL NOT BE R			THOPAWA	Provisional Lie	cense: \$	15.00
A Police check will be completed. Please read carefully and answer honestly. Falsificati cannot reapply for a 6 month period from date of denial. If you have any doubt as to whe information. If you are unsure about how to respond to any questions on this form, chec and conviction record from the police department and/or the court with https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list	ion and ether to ck with which	for misrepresentation is include the facts of a sithe City Clerk for clarific you interacted, or	may be grou pecific incide ation. You c	inds for denial of lic ent it is recommende an obtain information	ed that you on regarding	disclose the
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b) Operating a motor vehicle while intoxicated?					-	(No)
c) Selling or furnishing alcoholic beverages to underage person?						(No)
d) Permitting underage person on licensed premises?				Yes Yes		NO
e) Allowing persons on licensed premises after closing?						No
f) Any alcohol related violation other than a, b, c, d, and e?						NO
g) Sale of legal or illegal drugs to include prescription medications or possession of any il	tion	Yes				
medications not prescribed to you?  h) Fighting, disorderly conduct, assault, or battery?					_	(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes Yes		NO NO
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	?			Yes	_	(NO)
5. For each YES response above, you must identify all violations below. Attach additions		ets if necessary or contin	ue on the b		on.	
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6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person w statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federal	investi it cont	igation may be conducte ains any falsification-and	ed by the Eva I that I will o	ansville Police Depar not be able to reappi	rtment prio	r to consider-
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Printed Name: Ben Heimann	Date	4-23-2	-7			
FOR MUNICIPALITY USE C	ONLY B	FLOW THIS LINE			_	
olice Department Recommendation and Comments:	_	Safety Committee:	n-	id Tex		
	Appro	oved:	Denied:	id To: Date:		
			Ų	cy of Evansvill	5	
	_	Clark's Office Steet	170		Date	
	-	Clerk's Office Signatu	ire		Date	
	Recei	pt#	***			
pproyet: Denied:			Đ	ceipt: 1.1548 <b>7</b> 8 ENJAMIN HEIMANN		35.00
Police Chief's Signature Date			Ηħ	r 29, 2024 - 2:2	.i. 1 []	



Police Chief's Signature

### 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: Middle PHONE: CITY: EVANSIALLE STATE: WI ZIP: 53534 GENDER: Female Driver's License No.: Issuing State: **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 From ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? No 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? No b) Operating a motor vehicle while intoxicated? Yes No c) Selling or furnishing alcoholic beverages to underage person? ۷es No d) Permitting underage person on licensed premises? Yes No e) Allowing persons on licensed premises after closing? No Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes 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 h) Fighting, disorderly conduct, assault, or battery? Yes (No) i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes (No j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No. 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE 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. **Printed Name** Date: FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Paid To: Approved: Denied: Date: Clerk's Office Signature Receipt # Denled: Receipts 1.156937 35,00 KILPS, SARAH

May 3, 2024 9:10 AM



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00	Kenewar					rovisio	nal License: \$	515.00
NOTE: AP	PLICATION FEE WILL NO	OT BE REFUN	DED IF	DENIED OR WITH	IDRAWN.		A TOP OF THE PARTY	
A Police check will be completed. Please read carefu	ily and answer honestly. F	alsification an	d/or misi	representation ma	y be groun	ds for den	ial of license/perm	it. Applicant
cannot reapply for a 6 month period from date of den	to any guestions are this fo	as to whether t	o include	the facts of a spec	ific incider	t it is recor	mmended that you	disclose the
information. If you are unsure about how to respond and conviction record from the police depart	ment and/or the court	rm, cneck with	the City	Clerk for clarification	on. You car	obtain inf	ormation regarding	g your arrest
https://www.wicourts.gov/casesearch.htm (CCAP n	nav not provide comprehe	nsive list of all	arrests/c	nteracted, or the	e wiscon	sin Circuit	Court Access	website at:
A)			1		_	-		
1. LEGAL NAME: LEWINGE	Rac	e		ison	DATE	OF BIRTH:		
\$500000	Minnia		Last					-
ADDRESS:	1				PHON	E:		. J
city: Evansville	STATE: WI		71D. E	3536	GEND	rp. **		
- VIIIOVII L	10,11121		Lie,	A RESERVE		EK: IVI	ale (Fema	ne /
Driver's License No.:	10000		Issuing	State: W.I	-		_	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	3 weeks			V	errir	1.0		
Prior Street Address if Above Address is Less Than 5 \		City	Former				T	
. 411	rears state zip riom to	City	_	State		Zip	From	То
113 N 5th		Evansi	rille	WI	5	3536	Mar 2019	4pr 2026
								N:
CONTRACTOR AND SAME ASSESSMENT	ARREST AN	D CONVICTION	ON DEC	300				
	(Anywhere within							
2. Have you ever been cited and/or convicted of a fel-						Ye	. I	(No)
3. Have you ever been cited and/or convicted of a mi					-	120-1		~
The state of the s	CANADA CONTRACTOR CONT	agreement deep				Ye		No
4. Within the past ten (10) years, have you been arres a) Any underage alcohol violation?	ited for, received a summo	ons to appear	in court	for, or forfeited a b	ond for a	7.		
b) Operating a motor vehicle while intoxicated?						Ye		(N)
c) Selling or furnishing alcoholic beverages to underage person?					Ye		CN3	
d) Permitting underage person on licensed premises?	ge person:					Ye		(No)
e) Allowing persons on licensed premises after closing					-+	Ye		(NO)
f) Any alcohol related violation other than a, b, c, d, a	nd e?					Ye		No
g) Sale of legal or illegal drugs to include prescription	medications or possession	of any illegal	drugs to i	nclude prescription				<u> </u>
medications not prescribed to you?						Ye	·s	(No)
h) Fighting, disorderly conduct, assault, or battery?	CORT. CORP AR					Ye	25	(No)
i) Resisting arrest, interfering with a police officer or o	obstructing an officer?					Ye	5	(No.)
j) Any crime or ordinance violation not listed above of			2.2	0.000		Ye		(No)
5. For each YES response above, you must identify all		additional she	ets if nec		on the ba	ck of this a	pplication.	
TYPE OF ARREST, SUMMONS, VIOLATION	OR CHARGE			MONTH/YEAR		CI	ITY	STATE
Within the last two (2) years, did you have and/or	complete one of the follo	wing:	Attach e	ertificate of comp	letion for	Responsibl	a Alcohol Samore	Course
Successfully completed a Responsible Alcoh				An alcohol age				COUISE
Held an Operator's License issued in Wiscon				The sole propr				
6. CERTIFICATION: I do hereby swear, under penalty	of parium, that I am the r	norron who m						
statements nerein are complete, true and correct. I fur	ther understand a full back	karound invest	igation n	nay be conducted by	withe Evan	evilla Dalia	a Doppetment prio	e to consider
auon or this application. Additionally, Lunderstand that	t this application may be d	enied if it cont	ains anv	falsification-and th	at I will no	the able to	a roannly for a F m	أألف لممتحمد طفحم
do further agree to comply with all laws, resolutions, or	rdinances, and regulations,	, federal, state	or local	affecting the sale o	f fermente	d malt bev	erages and intoxic	ating liquors.
Signature: Demmen R Golmo	an	E-m-	iii.	.*				
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Printed Name: JENNIFOR COL	<u>ins</u> on	Date	e:	0/5/24				
	FOR AMUNICIPAL STATE							
Police Department Recommendation and Comments:	FOR MUNICIPALIT							
once department recommendation and commends.			c satety oved:	Committee:	ied: Pai	d To:	Date	
		Аррі	oreu	Den	CI.	y of Evan	Date:	
			Clerk'	s Office Signature			Date	
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ppkoved:Denied:					De-	AV	(E26b)	790 1504
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Police Chief's Signature	Date				ffay	5, 2024	11:59 AH	



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). DATE OF BIRTH: ADDRESS: PHONE GENDER: Female Issuing State: 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 To ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? Yes No 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? Yes (No b) Operating a motor vehicle while intoxicated? Yes (No c) Selling or furnishing alcoholic beverages to underage person? Yes No d) Permitting underage person on licensed premises? Yes No e) Allowing persons on licensed premises after closing? Yes (No f) Any alcohol related violation other than a, b, c, d, and e? Yes No g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No h) Fighting, disorderly conduct, assault, or battery? Yes (No. i) Resisting arrest, interfering with a police officer or obstructing an officer? No Yes ) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes ( No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE 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 Email: Printed Name: Date: FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** fald To: Approved: Denled: Date: Clerk's Office Signature Date Receipt # Denied Receipt: 1,156972 35.00 MATTHEW DAVID KREET May 10, 2024 LI:02 AM ice Chief's Signature



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00		perator	's Licen	se: \$35.00		Provision	al License:	\$15.00
A Police check will be completed. Please read care	PPLICATION FEE WILL NOT	BE REFU	NDED IF	DENIED OR WITH	IDRAWN.	1317		
A Police check will be completed. Please read care cannot reapply for a 6 month period from date of de Information. If you are unsure about how to respon and conviction record from the police depa	id to any questions on this form, introduct and/or the court w	o whethe , check wi	to include th the City	the facts of a spec Clerk for clarificati	cific incider	nt it is recom	mended that yo	u disclose the
The state of the s	may not provide comprehensiv	ve list of a	arrests/c	convictions).				
1. LEGAL NAME:					DATE	OF BIRTH:		0.00
First Mathew	Middle Dr. V 1		Last	Kroll				-
ADDRESS				- 9.00	PHON	E:	- 1	
CITY: EVONSVILLE	STATE: WISCONS! 1		71n. 5	3536	Lance		7	25.0
	1 3/1				GEND	ER: Mai	g Fem	ale
Driver's License No.:			Issuing	State: W S	(VO)	Λ		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Prior Street Address if Above Address is Less Than 5	St wars							
Prior Street Address if Above Address is Less Than 5	Years State Zip From To	Cit		Name(s):		21		
		CIL	-	State		Zip	From	To
	ARREST AND C	ONVICT	ION RECO	ORD			7.710	
	(Anywhere within the	e United	States of A	merica).				
2. Have you ever been cited and/or convicted of a fe	elony?					Yes		(Ng
3. Have you ever been cited and/or convicted of a m	isdemeanor?							(Ng)
4. Within the past ten (10) years, have you been arre		to anner	t in court 4	lor or forfalted - 1		Yes		(No)
a) rany differage alcordi violation?	iona ion, received a semanons	to appea	i in court i	or, or iomeited a c	ond for an		owing:	-
b) Operating a motor vehicle while intoxicated?						Yes Yes		(Mg
c) Selling or furnishing alcoholic beverages to under	age person?					Yes		(N)
d) Permitting underage person on licensed premises	?					Yes		(No
e) Allowing persons on licensed premises after closing?						Yes		6
f) Any alcohol related violation other than a, b, c, d, and e? g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription						Yes		(N)
medications not prescribed to you?	i medications or possession of a	any illegal	drugs to in	nclude prescription	1			
h) Fighting, disorderly conduct, assault, or battery?						Yes		(Ng)
i) Resisting arrest, interfering with a police officer or	obstructing an officer?					Yes		(N)
j) Any crime or ordinance violation not listed above of	other than traffic or parking tick	ets?				Yes		NA.
S. For each YES response above, you must identify al	I violations below. Attach addi	tional she	eets if nece	essan or continue	on the bar	Yes	MacNey	(No)
TYPE OF ARREST, SUMMONS, VIOLATION	N OR CHARGE	- Constitution		MONTH/YEAR	Oli the Day			AMA
				manny runn		CITY		STATE
		_						
Within the last time (2)	Marco - Marco							
Within the last two (2) years, did you have and/or	complete one of the following	g:	Attach co	ertificate of compl	etion for R	tesponsible A	Alcohol Servers	Course
- Successionly completed a Responsible Alcor				An alcohol age	nt for a reta	ail alcohol lic	ense	
Held an Operator's License issued in Wiscon	nsin			The sole propri	etor of reta	ail alcohol lic	ense	
c. CERTIFICATION: I do hereby swear, under penalty statements herein are complete, true and correct. I fur	of perjury, that I am the person	on who m	nade and s	igned the foregoin	ng applicat	ion for an o	perator's license	and that al
ition of this application. Additionally, Lunderstand the	this application may be denie	alle inves	rigation m	ay be conducted b	y the Evan	sville Police [	Department prio	r to consider:
to further agree to comply with all laws, resolutions, o	ordinances, and regulations, fed	leral, state	e or local a	feeting the sale of	at I will not	be able to re	eapply for a 6 m	onth period.
ignature: Moth Veroce			1.7	g tile sale o	termenter	o man ocycl	ages and intoxic	ating liquors.
		Em			· · · · ·			
rinted Name: MAH 15 COLL		Dat	n4/	27/202	4			
U- C	FOR MUNICIPALITY U	SE ONLY I	BELOW TH	IS LINE				
lice Department Recommendation and Comments:				ommittee:	Paid	īns -		
		Appr	roved:	Deni	ed:		ate:	
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			Clerk's	Office Signature	-		Date	
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proved: Denied:		Rece	ihr it					
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XVV	13174	1			MATT	DELAND FEET	KROLL	
Police Chief's Signature	Date				May I	0., 2024	L1:02 /m	
	vate '					order ordered to		



CITY OF EVANSVILLE CITY CLERK'S OFFICE

The state of the s	-William -		. To state in E	icense: \$15.00
NOTE: APPLICATION FEE WILL NOT BE	REFUNDED IF D	ENIED OR WITHD	RAWN.	
A Police check will be completed. Please read carefully and answer honestly. Falsifica	tion and/or misre	presentation may b	e grounds for denial of I	icense/permit. Applicant
cannot reapply for a 6 month period from date of denial. If you have any doubt as to wi	nether to include	he facts of a specific	incident it is recommen	ded that you disclose the
information. If you are unsure about how to respond to any questions on this form, che and conviction record from the police department and/or the court with	eck with the City C	erk for clarification,	You can obtain informat	ion regarding your arrest
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list	which you in	eracted, or the	Wisconsin Circuit Cou	rt Access website at:
10	C's	ivictions).		
1. LEGAL NAME: VOINSSO MON &	2W	2	DATE OF BIRTH:	
First Middle	Last			
ADDRESS:			PHONE:	
CITY: ACFOYOVILL STATE: W)	6	20110		
CITY: 01 POYON I LU STATE:	ZIP: 2	2210	GENDER: Male	Female
Driver's License No.:	leaving 6	are WI		$\overline{}$
700000	Issuing S	ate:		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	Former f	lame(s):	5.1750	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From   To
				170.17
ARREST AND COM	VICTION RECO	ID.		
(Anywhere within the U	nited States of An	erica).		
2. Have you ever been cited and/or convicted of a felony?				(No)
3. Have you ever been cited and/or convicted of a misdemeanor?			Yes	(No)
			No	
4. Within the past ten (10) years, have you been arrested for, received a summons to	appear in court fo	r, or forfeited a bon	d for any of the followin	
a) Any underage alcohol violation?			Yes	(No)
b) Operating a motor vehicle while intoxicated?     c) Selling or furnishing alcoholic beverages to underage person?			Yes	बुद्ध
d) Permitting underage person on licensed premises?			Yes	(D)
e) Allowing persons on licensed premises after closing?			Yes	<b>E</b>
f) Any alcohol related violation other than a, b, c, d, and e?			Yes	(Ma)
g) Sale of legal or illegal drugs to include prosperiotion modiantians and include assessing modiantians and include assessing modiantians and include assessing asses			Yes	(G)
<li>g) Sale of legal or illegal drugs to include prescription medications or possession of any medications not prescribed to you?</li>	illegal drugs to in	lude prescription		6
h) Fighting, disorderly conduct, assault, or battery?			Yes	No'
i) Resisting arrest, interfering with a police officer or obstructing an officer?			Yes	<b>@</b>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets	2		Yes	(No
5. For each YES response above, you must identify all violations below. Attach addition	, anl should name		Yes	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE				
		MONTH/YEAR	CITY	STATE
Driving wout a licesense	5-	2012	Evansvil	12 W1
Seat - bit	120	- 7mme	AA 16	
		11101	Walding	ונט ו
		-2009	Madio	$n \omega i$
Within the last two (2) years, did you have and/or complete one of the following:	10			
Within the last two (2) years, did you have and/or complete one of the following:		rtificate of completi	on for Responsible Alco	hol Servers Course
Successfully completed a Responsible Alcohol Servers Course	Attach ce	rtificate of completi An alcohol agent i	on for Responsible Alco	hol Servers Course
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin		rtificate of completi An alcohol agent to The sole proprieto	on for Responsible Alco for a retail alcohol license or of retail alcohol license	hol Servers Course
Successfully completed a Responsible Alcohol Servers Course Held an Operator's License issued in Wisconsin  6. CERNIFICATION: I do hereby swear, under penalty of periury, that I am the person	who made and si	An alcohol agent the sole proprieto	on for Responsible Alco for a retail alcohol license or of retail alcohol license	hol Servers Course
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background	who made and si	An alcohol agent The sole proprieto	on for Responsible Alcor for a retail alcohol license or of retail alcohol license application for an opera	hol Servers Course  a a a ator's license, and that all
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be depied if	who made and si	An alcohol agent of the sole proprietor gned the foregoing y be conducted by the sole proprietor and the sole properties.	on for Responsible Alcolor or a retail alcohol license or of retail alcohol license application for an opera he Evansville Police Depi	hol Servers Course  e stor's license, and that all artment prior to consider-
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federal	who made and si	An alcohol agent of the sole proprietor gned the foregoing y be conducted by the sole proprietor and the sole properties.	on for Responsible Alcolor or a retail alcohol license or of retail alcohol license application for an opera he Evansville Police Depi	hol Servers Course  e stor's license, and that all artment prior to consider-
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Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federal Signature:  Printed Name:	who made and sid investigation made it contains any falls, state or local af	An alcohol agent of the sole proprieto gned the foregoing by be conducted by the sole of fecting the sale of t	on for Responsible Alcolor or a retail alcohol license or of retail alcohol license application for an opera he Evansville Police Depi	hol Servers Course  e stor's license, and that all artment prior to consider-
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNHICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE	who made and sid investigation made it contains any fail, state or local afficial Email:  Date: 5	An alcohol agent of the sole proprieto gned the foregoing y be conducted by the sole of fecting the sale of fecting the sale of fecting the sale of the sole of th	on for Responsible Alco or a retail alcohol license or of retail alcohol license application for an opera he Evansville Police Depi will not be able to reapp rmented malt beverages	hol Servers Course  e stor's license, and that all artment prior to consider-
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNHICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE	who made and sid investigation made it contains any fail, state or local afficial Email:  Date: 5	An alcohol agent of the sole proprieto gned the foregoing y be conducted by the sole of fecting the sale of fecting the sale of fecting the sale of the sole of th	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reapp remented malt beverage:	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNHICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE	who made and sid investigation made it contains any fail, state or local afficial Email:  Date: 5	An alcohol agent of the sole proprietor of the foregoing the foregoing the foregoing the sole producted by the sole producted by the sole of feeting the sale of feeti	on for Responsible Alcoror or a retail alcohol license or of retail alcohol license application for an opera application for an opera will not be able to reappermented malt beverage:	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNHICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE	who made and side investigation made it contains any fail, state or local af Email:  Date: 5  ONLY BELOW THI Public Safety Contains and the safety Con	Triffcate of complete An alcohol agent of the sole proprieto gened the foregoing by be conducted by the listifcation and that of feeting the sale	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reapp remented malt beverage:	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERMICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE	who made and side investigation made it contains any fail, state or local af Email:  Date: 5  ONLY BELOW THI Public Safety Contains and the safety Con	An alcohol agent of the sole proprietor of the foregoing the foregoing the foregoing the sole producted by the sole producted by the sole of feeting the sale of feeti	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reapp remented malt beverage:	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
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Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federal Signature:  Printed Name:	who made and side investigation made it contains any fail, state or local af Email:  Date: 5  ONLY BELOW THI Public Safety Contains and the safety Con	Triffcate of complete An alcohol agent of the sole proprieto gened the foregoing by be conducted by the listifcation and that of feeting the sale	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reapp remented malt beverage:	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE  Police Department Recommendation and Comments:	who made and sid investigation mail: contains any fe il, state or local af Email:	Triffcate of complete An alcohol agent of the sole proprieto gened the foregoing by be conducted by the listing the sale of feeting the sale of fe	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reap remented malt beverage:  Faid To:  Cat of Evan Date	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE  Police Department Recommendation and Comments:	who made and sid investigation mail: contains any fe il, state or local af Email:	Triffcate of complete An alcohol agent of the sole proprieto gened the foregoing by be conducted by the listing the sale of feeting the sale of fe	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reap remented malt beverages  Faid To:  City of Evansitie  Receipt: 1,1569% TEAPPERS SAR & 6	hol Servers Course  a  a  a  a  a  a  a  a  a  a  a  a  a
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  6. CERNFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all lays, resolutions, ordinances, and regulations, federal Signature:  Printed Name:  FOR MUNICIPALITY USE  Police Department Recommendation and Comments:	who made and sid investigation mail: contains any fe il, state or local af Email:	Triffcate of complete An alcohol agent of the sole proprieto gened the foregoing by be conducted by the listing the sale of feeting the sale of fe	on for Responsible Alco for a retail alcohol license application for an opera application for an opera will not be able to reap remented malt beverage:  Faid To:  Cat of Evan Date	hol Servers Course  a  a  tor's license, and that all artment prior to consider- oly for a 6 month period. I s and intoxicating liquors.  Date  35,80



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

New Operator's License: \$35.00 Renewal Ope	erator's	License	\$35.00	Pr	ovision	al License: \$	15.00
NOTE: APPLICATION FEE WILL NOT B	E REFUND	DED IF DI	NIED OR WITH	IDRAWN.	Jan Section		
A Police check will be completed. Please read carefully and answer honestly. Falsificannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and/or the court with https://www.wicourts.gov/cosesearch.htm (CCAP may not provide comprehensive	whether to check with t ith which	include t the City C	he facts of a spe lerk for clarificati	cific incident i	t is recom	mended that you	disclose the
1. LEGAL NAME: Zachary M	list of all a	AA.C	nvictions).				
First Middle		Last	nough	DATE OF	BIRTH:	~~,,	
ADDRESS:			•	PHONE:	-	12	)
CITY: EVENSUITE STATE: NI		ZIP:	53536	GENDER	: Ma	Fema	le
Driver's License No.:		Issuing St	ate: WI			, telling	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		10 20	V 9/0V				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	Former N	State	Zip	. 1	From	To
7.10 / 200	Vansvil	10	UIT	5353		62/2021	03/13
217 A	vansui		WŁ	5353			
ARREST AND CO	ONVICTIO	N RECOR	RD	2533	Ce 1	2018	2021
(Anywhere within the 2. Have you ever been cited and/or convicted of a felony?	United Sta	tes of Am	erica).				_
3. Have you ever been cited and/or convicted of a misdemeanor?  Output  Description:					Yes		(No)
					Yes	D. C.	(No)
4. Within the past ten (10) years, have you been arrested for, received a summons to a) Any underage alcohol violation?	o appear in	court to	r, or forfeited a	ond for any			6
b) Operating a motor vehicle while intoxicated?					Yes Yes		NO NO
c) Selling or furnishing alcoholic beverages to underage person?					Yes		(No)
d) Permitting underage person on licensed premises?					Yes		(No)
e) Allowing persons on licensed premises after closing? f) Any alcohol related violation other than a, b, c, d, and e?					Yes		(No)
g) Sale of legal or illegal drugs to include prescription medications or possession of an	20. 1.1				Yes		NO
medications not prescribed to you?	ny illegal dr	ugs to inc	ilude prescription	י			(No)
h) Fighting, disorderly conduct, assault, or battery?					Yes		
Resisting arrest, interfering with a police officer or obstructing an officer?				_	Yes Yes		(No.)
j) Any crime or ordinance violation not listed above other than traffic or parking ticke	ets?				Vec		No
5. For each YES response above, you must identify all violations below. Attach additi	ional sheet	s if neces	sary or continue	on the back	of this ap	plication.	THE SEVER
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			MONTH/YEAR		CIT		STATE
Within the last two (2) years, did you have and/or complete one of the following		Attach cor	tificate of comm	lation for De-		A1	8000H
Successfully completed a Responsible Alcohol Servers Course						Alcohol Servers Co	ourse
Held an Operator's License issued in Wisconsin			An alcohol age The sole propr				
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full be the	a wha	<u> </u>	the sole propr	etor or retail	alconol III	cense	
do further agree to comply with all laws, resolutions, ordinances, and regulations, fede	eral, state o	r local aff	ecting the sale o	f fermented n	nalt beve	rages and intoxical	ing liquors.
Signature: Law WWW	Email		7.83			•	
12 \ 1.0 \	Lillan		1.21.11	,	0		
Printed Name: Zachary McUnayh	Date:	>	110/24				
FOR MUNICIPALITY US	E ONLY BE	LOW THIS	LINE				
olice Department Recommendation and Comments:			mmittee:	es Paid T	ma		
	Approv	red:	Den	led:		Date:	
	-			0.10	EVans	8.1.1.053	
		Clerk's C	Office Signature		_	Date	
/ NA	Receipt						
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	-			Receapt	bi Luisa	5793	35.00
X 10 15 1M				ZACHAF	Y MEDO	<b>EDUCH</b>	
Police Chief's Signature Date				May 14.	2024	THIS AM	
The state of the s							



CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St. PO Box 529 Evansville, WI 53

01 3.14 Cdisort 31, 1				1 535	36		
New Operator's License: \$35.00 Renewa	l Operator	s Lice	nse: \$35.00		Provision	nal Licer	nse: \$15.00
NOTE: APPLICATION FEE WILL	NAT DE DECLI	men in	DENIED OF HEY	HDRAV	WAS COLORS	THE PERSON NAMED IN	
A Police check will be completed. Please read carefully and answer honestly	Entelliention a	ad law mi	######################################	to the ter		al of license	e/nermit Applicant
and conviction record from the police department and/or the countrys://www.wicourts.gov/casescolen.ntm (CCAP may not provide compreh				he Wis	consin Circuit	Court A	ccess website at:
The second state of the second state of the second	iensive list of all	arrests/	convictions).				
1. LEGAL NAME: SCHOOLER M	HV	MI		DA	TE OF BIRTH:		· ·
**(JJ),		Las	t			,	-
ADDRESS:				PH	IONE:		
CITY: 9 VANSVILLE STATE (U)		_	5353C				
STATELOT		ZIP: C	عررد	GE	NDER: Ma	le 1	(Female)
Driver's License No.:		fssuina	ş State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?			11	0011	Nin		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			r Name(s):	Y14	FIRM	12,	
120 20 From To	City		State	,	Zip	Fron	m To
15020 W 7 19106 Dr	FROD	ville	LIT	4	2520	2010	1 2020
	COD	VIII		-		101	1 2020
ARREST A	ND CONVICTI	ON REC	ORD				200 Sept 200
Z. Have you ever been cited and/or convicted of a felony?	in the United S	tates of	America).				
					Yes	2	196
3. Have you ever been cited and/or convicted of a misdemeanor?					Yes	0	No
4. Within the past ten (10) years, have you been arrested for, received a summ	nons to appear	in court	for, or forfeited a	bond fo	rany of the fol	lowless	1402
al said august age areason violation.					Yes		960
b) Operating a motor vehicle while intoxicated?					Yes	ANG.	
c) Selling or furnishing alcoholic beverages to underage person?					Yes		NA
d) Permitting underage person on licensed premises?					Yes		196
e) Allowing persons on licensed premises after closing?					Yes		DC.
f) Any alcohol related violation other than a, b, c, d, and e?					Yes		No
g) Sale of legal or Illegal drugs to include prescription medications or possession medications not prescribed to you?	n of any illegal	drugs to	Include prescriptio	n			
h) Fighting, disorderly conduct, assault, or battery?					Yes		100
i) Resisting arrest, interfering with a police officer or obstructing an officer?					YAGO		No
j) Any crime or ordinance violation not listed above other than traffic or parking	m tlekete2				Yes	196	
5. For each YES response above, you must identify all violations below. Attach	additional share				Yes		)NO
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	auditional she	ita n nec		on the	Dack of this ap	plication.	
DISTORTS ELLI CONTRACT		A Los	MONTH/YEAR		CIT	Y	STATE
Sparce of the		NON	. 2025		FVAID	11/18	1631
Both of the state							
Atteny -Clismisson Charles		20	11. 7010	7	SIAVA	1119	1.17
Within the last two (2) years, did you have and/or complete one of the folk	owing:	Attach	certificate of comp	Iorlan 6	CVCIII	VIV	101
Successfully completed a Responsible Alcohol Servers Course			An alcabel age	retion n	or kesponsible	Alconol Sel	vers Course
Held an Operator's License Issued in Wisconsin			An alcohol age				
CERTIFICATION: I do hereby swear under penalty of position that I am the			The sole propri	letor of	retail alcohol li	ense	
c. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the tatements herein are complete, true and correct. I further understand a full bac tion of this application. Additionally, I understand that this application may be en-	person who ma	igation o	signed the foregoi	ng appl	ication for an o	perator's l	icense, and that all
tion of this application. Additionally, I understand that this application and be to further agree to comply with all laws, resolutions, ordinances, and capitations.	denied if it cont	alns anv	falsification-and th	oy the Er attiwill	not be able to	Departmen	it prior to consider-
o further agree to comply with all laws, resolutions, ordinances, and regulations	s, federal, state	or local	iffecting the sale o	ferme	nted malt bever	ages and in	a 6 month period, I
ignature: ALM SCHOCKE	1						noncacing inquors.
Browner Harris and Indiana	Ema	الأحي	- 11.95	400	<del></del>		)
rinted Name: 41000 CV	Date	5	10/2026		O 1		The second of
	Date	-1	11/202	-			
FOR MUNICIPALI	TY USE ONLY B	ELOW TH	IIS LINE			7 1	
lice Department Recommendation and Comments:	Public	Safety (	Committee:				
	Appro	ved:	Den	led:	Paid To: C	ate:	
					City of Evan	asville	
		Clark	Office Signature				
			Onice Signature			Date	
M V	Receip	ot#					
proved: Denied:							********
112174				1	Receipt: L.	56795	35.00
Bolico Chieft Signature					AMY SCHOOM	WER	
Police Chief's Signature Date				3	four 1.0 2020		1990



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

New Operator's License: \$35.00 N Paneral Content of the Content o

Renewal Ope	rator's License: \$3	5.00	Provisional Lice	nse: \$15.00
NOTE: APPLICATION FEE WILL NOT BE	REFUNDED IF DENIED	<b>OR WITHDRAW</b>	N.	me in the state of
A Police check will be completed. Please read carefully and answer honestly. Falsific	ation and/or misrepreser	ntation may be gro	unds for denial of licens	e/permit. Applicant
I control reapply for a difficulty period from date of denial, if you have any doubt as to u	whether to include the fact	te of a enocific incid	lant it le rocommended a	de la company de
anotherian, if you are unsure about now to respond to any questions on this form, ch	teck with the City Clark for	r clarification. Volu	can obtain information .	
and conviction record from the police department and/or the court wit	h Which vou interacte	d or the Wisco	onsin Circuit Court A	ccess website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive	ist of all arrests/conviction	ns).	45	
1. LEGAL NAME: Appey Catherine	TWAY	DAT	E OF BIRTH:	
First / Middle	Last	- OAI	E OF BIRTH:	
ADDRESS:		nuc		
Expressible Live	Cor	PHO	JNE;	
CITY: EVANSVILLE STATE: WI	zip: 535	SGEN GEN	IDER: Male	Female
Driver's License No.:	***************************************	LIT		
	Issuing State:	<u> </u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? & YEARS	Former Name(s	1: Abbey	ITomlin	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		ate	Zip Fro	
		-	EID FILE	om To
ARREST AND CO	NVICTION RECORD			
(Anywhere within the I	Inited States of America).			
2. Have you ever been cited and/or convicted of a felony?			V	
3. Have you ever been cited and/or convicted of a misdemeanor?			Yes	No
			Yes	(No)
4. Within the past ten (10) years, have you been arrested for, received a summons to	appear in court for, or fo	rfeited a bond for	any of the following:	
a) Mily underage alcohol violation?			Yes	(No)
b) Operating a motor vehicle while intoxicated?			Yes	(No)
c) Seiling or furnishing alcoholic beverages to underage person?	Yes	(No)		
d) Permitting underage person on licensed premises?		Yes	(No <sup>1</sup> )	
e) Allowing persons on licensed premises after closing?			Yes	CNO
f) Any alcohol related violation other than a, b, c, d, and e?		Yes	(NO)	
g) Sale of legal or illegal drugs to include prescription medications or possession of an medications not prescribed to you?	y illegal drugs to include p	rescription		
h) Fighting, disorderly conduct, assault, or battery?			Yes	(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?			Yes	(No.2
j) Any crime or ordinance violation not listed above other than traffic or parking ticket			Yes	(NO.)
5. For each VES response above you must librarily all violated and traine or parking ticker	5?		Yes	(No <sup>*</sup> )
5. For each YES response above, you must identify all violations below. Attach addition			ack of this application.	CHARLES IN SAFE
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONT	H/YEAR	CITY	STATE
Within the last two (2) years, did you have and/or complete one of the following:	400 4 0 000	100		
	Attach certificat	e of completion fo	r Responsible Alcohol S	ervers Course
Account the sponsible According Servers Course			etail alcohol license	
Held an Operator's License issued in Wisconsin	☐ The:	sole proprietor of r	etail alcohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete true and correct. I further understand a full by	who made and signed th	ne foregoing applic	ation for an operator's	license, and that all
do further agree to comply with all laws, resolutions, ordinances, and regulations, feder	al, state or local affecting	the sale of fermen	ted mait beverages and	intoxicating liquors.
Signature: Ward Ward	Email:	471.45		n
Alahar Tari	ralian la	2221	<del>- 1</del>	v
Printed Name: Hobey Way	Date: 0 5	2024		
FOR MUNICIPALITY USE olice Department Recommendation and Comments:				
once bepartment recommendation and comments:	Public Safety Committe	Character Street Control Control	id fo:	
	Approved:	Denled:	Date:	
	-	1	THE RESIDENCE OF THE PARTY OF T	
	Clerk's Office S	Signature	- Das	
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myserfeet XC 1	Receipt #	W.		
pproved: Denied:		Red	ceipt: 1.157018	35.40
V() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		61	DBEY TUAY	A
100			r 16. 2024   11:53 e	SW
Police Chief's Signature Date		(118)	F AMALIEREN - EAGLAN 6	N. A.



CITY OF EVANSVILLE CITY CLERK'S OFFICE

TY New Operatoria Linux Car co				1 53			
New Operator's License: \$35.00 Renewal O					Provisio	nal License	: \$15.00
NOTE: APPLICATION FEE WILL NOT	BE REFUNI	DED IF	DENIED OR WIT	HDRA	WN.		A Sagna
A Police check will be completed. Please read carefully and answer honestly. Fals	sification and	d/or mis	representation m	ay be į	grounds for deni	al of license/pe	ermit. Applicant
cannot reapply for a 6 month period from date of denial. If you have any doubt as a information. If you are unsure about how to respond to any questions on this form	to whether to	o includi	e the facts of a spe	ecific ir	cident it is recon	nmended that	ou disclose the
and conviction record from the police department and/or the court	with which	vou i	nteracted or t	tion. Yo	ou can optain info	ormation regar	ding your arrest
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensi	ve list of all a	rrests/c	convictions)	ne w	isconsin Circuit	Court Acces	s website at:
1. LEGAL NAME: MIKHAILA Rain		L	ai Oa av	7			
First Middle			errice	C	ATE OF BIRTH:		
ADDRESS:		Last					10
			and except own.	P	HONE:	الت دس	J YM
CITY: EVANSUITE STATE: WI		ZIP: T	53536	10	ENDER: Ma	do (E	emale
			·V		LIADEN. MIC	The Crit	male
Driver's License No.:		Issuing	State: N				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 9 WONTHS		Forme	Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	ronne	State	1	7!-		
5/2 C Loth Ct	( .	Est.		-	Zip	From	То
100 5 0 01	Frans	19/10/	Mi	16	3536	6123	19173
7501 Lone Valley Ct	Raleio	h	NIC	7	7683	8/17	10172
ARREST AND			DPD .	10	1003	0111	1012
(Anywhere within the	he United Sta	ites of A	merica).				
2. Have you ever been cited and/or convicted of a felony?		***********			Ye	. 1	OTE-N
3. Have you ever been cited and/or convicted of a misdemeanor?					100.0		No
	ng sawagana		e a sevel V		Ye:		No
4. Within the past ten (10) years, have you been arrested for, received a summons a) Any underage alcohol violation?	s to appear i	n court	for, or forfeited a	bond	for any of the fo	llowing:	
b) Operating a motor vehicle while intoxicated?					Ye:		No
c) Selling or furnishing alcoholic beverages to underage person?					Yes		(No.)
d) Permitting underage person on licensed premises?					Yes	(No	
e) Allowing persons on licensed premises after closing?				-	Yes	Yes	
f) Any alcohol related violation other than a, b, c, d, and e?					Yes		(NO)
g) Sale of legal or illegal drugs to include prescription medications or possession of	any illegal di	rugs to i	nclude prescriptio	on.	163		CNO
medications not prescribed to you?					Yes		(ND)
h) Fighting, disorderly conduct, assault, or battery?					Yes		(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?					Yes		NO
Any crime or ordinance violation not listed above other than traffic or parking tic	:kets?				Yes		No
5. For each YES response above, you must identify all violations below. Attach add	litional shee	ts if nec	essary or continu	e on th	e back of this ap	plication.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR			CIT	ry	STATE
Within the last two (2) years, did you have and/or complete one of the following				Gara			
Successfully completed a Responsible Alcohol Servers Course	ig.	Attach	ertificate of comp				rs Course
Held an Operator's License issued in Wisconsin		ᅳᆜ			a retail alcohol l		
The state of the s					of retail alcohol l		
. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perstatements herein are complete, true and correct. I further understand a full backgriften of this application. Additionally, I understand that this application.	son who ma	de and	signed the forego	ing ap	plication for an	operator's lice	ise, and that all
alon of this application. Additionally, I understand that this application may be deni	led if it conta	line anu	falsification and th	h = + 1	ill nat ha ablata.	was a subject to a con-	
o further agree to comply with all laws, resolutions, ordinances, and regulations, fe	deral, state	or local	affecting the sale	of ferm	nented malt beve	rages and into	xicating liquors
ignature: Mulling la been sec						-	
	Emai						1
rinted Name: Mikhaila Heinzer	Date	51	160124		5	J	
, and the same of		-		0.	aid Yes		-
FOR MUNICIPALITY (	USE ONLY BE	LOW T	IIS LINE				
lice Department Recommendation and Comments:		0000	Committee:	549	try or Evansor	116	
	Appro	ved:	De	nied:_		Date:	
		Clerk'	Office Signature	7	-	Date	
			S S.B.iorale		ceipt: 1.1570	13 Date	35,00
proved: Denied:	Receip	N J		1	EINZER, MIKHA	ILA	
proved: Denied:					y 16, 2024 3		
VXX   brzrzu							
Polite Chief's Signature Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO E	Box 52	9, E	vansville. WI	5353	6		
New Operator's License: \$35.00 Renewal Op	erator's	Lice	nse: \$35.00	T	Provisiona	l License:	\$15.00
NOTE: APPLICATION FEE WILL NOT E	BE REFUN	DED I	POENIED OR WITH	DRAWA			
A Police check will be completed. Please read carefully and answer honestly. Falsif	fication and	d/or m	icroprocontation may	b	d	of license/per	mit. Applicant
I carriot reapply for a o month period from date of defial, if you have any doubt as to	a whether t	to inclu	do the facts of a cooci	fle locida			
information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and/or the court w	vith which	1 10011	interacted or the	n. You c	an obtain infori	mation regardi	ng your arrest
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive	e list of all	arrests	/convictions).	WISCO	iisiii Circuit i	Lourt Access	website at:
1. LEGAL NAME: Christina Ann			le	DATE	OF BIRTH		
First Middle		La		DATE	OF BIRTH:		2 2
ADDRESS:			12	PHO	NE:		
CITY: Evansule STATE: IN			53536	HP.			
		ZIP:	3393 4	GEN	DER: Male	: Fen	nale)
Driver's License No.:		Issuin	g State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		Form	er Name(s): (\( \sum \mu \)	ide	n C+	Tue laur	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	10111	State	-I CIC	Zip	From	T
					- ip	FIOR	То
ARREST AND C	ONVICTIO	ON RE	CORD	91 30	THE LOWER	101	Hallow
2. Have you ever been cited and/or convicted of a felony?	e United St	ates of	America).	1200			
3. Have you ever been cited and/or convicted of a misdemeanor?					Yes		(No)
	THE PROPERTY OF		FORMATION TO THE	7.200	Yes		(No)
4. Within the past ten (10) years, have you been arrested for, received a summons of a) Any underage alcohol violation?	to appear i	in cour	t for, or forfeited a bo	ond for a		wing:	
b) Operating a motor vehicle while intoxicated?				-	Yes		(No)
c) Selling or furnishing alcoholic beverages to underage person?					Yes Yes		(No )
d) Permitting underage person on licensed premises?				Yes		No	
e) Allowing persons on licensed premises after closing?				Yes		(No)	
f) Any alcohol related violation other than a, b, c, d, and e? g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription				Yes		(No)	
medications not prescribed to you?	my megai d	irugs to	include prescription		Yes		
h) Fighting, disorderly conduct, assault, or battery?					Yes		(No )
i) Resisting arrest, interfering with a police officer or obstructing an officer?					Yes		(No.
j) Any crime or ordinance violation not listed above other than traffic or parking tick	ets?				Yes		(No)
5. For each YES response above, you must identify all violations below. Attach addit	tional shee	ets If ne		n the b	ack of this appl	Ication.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			MONTH/YEAR		CITY		STATE
Within the last two (2) years, dld you have and/or complete one of the following	3:	Attach	certificate of comple				Course
Successfully completed a Responsible Alcohol Servers Course			An alcohol agent	t for a re	tail alcohol lice	ense	
Held an Operator's License issued in Wisconsin			The sole proprie	tor of re	tail alcohol lice	nse	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background that this application. Additionally, hunderstand that this application are the design of this application.	on who ma	ade and	signed the foregoing	g applica	ition for an op	erator's licens	e, and that all
and the application, industrially, i understand that this application may be denied	O IT IT COURTS	DIDE DOI	u ta citication and that	h  ii		1 -	
do further agree to comply with all laws, resolutions, ordinances, and regulations, fed	eral, state	or loca	affecting the sale of	ferment	ed malt bevera	iges and intoxi	cating liquors.
Signature: Charles Tua a Colo	Emai				•		Total Control of the
Maritana A Cala	- 1		1: 1				ŝ
Printed Name: Thristing A Cole	Date	: _ 2	11124				
FOR MUNICIPALITY US	SE ONLY BE	ELOW 1	THIS LINE	Paid	Iar		
olice Department Recommendation and Comments:			Committee:	PTC)	OL CASUSATIT	.e	
	Appro		Denie	d:	Da	ste:	
		Clerk	s's Office Signature			Date	
	Receip		Managar 7	Recei	pt: 1.157017		35.00
pproked: Denied:	Neceth	w L #			, CHRISTINA		
1 2 2 1	-			May 1	7, 2024 11:	34 24	
	==0						
Police Chief's Signature Date							



Approved

Police Chief's Signature

Denied

### 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: 20 DATE OF BIRTH . Middle \_\_\_ \ PHONE: STATE GENDER: Male **Driver's License No.:** Issuing State: 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 Zia From To ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? Yes No 3. Have you ever been cited and/or convicted of a misdemeanor? No Yes 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? No b) Operating a motor vehicle while intoxicated? Yes No c) Selling or furnishing alcoholic beverages to underage person? Yes No d) Permitting underage person on licensed premises? Ves No e) Allowing persons on licensed premises after closing? Yes No f) Any alcohol related violation other than a, b, c, d, and e? Yes No g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No h) Fighting, disorderly conduct, assault, or battery? Yes No i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No J) Any crime or ordinance violation not listed above other than traffic or parking tickets? No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course 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 colutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. Signature: Email: Date: ONLY BELOW THIS LINE Police Department Recommendation and Comments: Public Safety Committee: Paid To. Approved: Denied:

Clerk's Office Signature

Receipt #

Date

25 (31)

Receipt: 1,157039

THE NIGHT OW. May 21, 2024 10:31 AM



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	P	rovision	al License:	\$15.00
NOTE: APPLICATION FEE WILL NO	T BE REFUN	IDED IF DE	NIED OR WIT	HDRAWN.			4,114
A Police check will be completed. Please read carefully and answer honestly. For	alsification ar	d/or misrep	resentation ma	ay be groun	ds for denia	of license/perr	nit. Applicant
cannot reapply for a 6 month period from date of denial. If you have any doubt a	s to whether	to include th	e facts of a spe	cific inciden	t it is recom	mended that yo	u disclose the
information. If you are unsure about how to respond to any questions on this for	m, cneck with	n the City Cle	erk for clarificat	ion. You can	obtain Info	rmation regardii	ng your arrest
and conviction record from the police department and/or the court <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP may not provide comprehen	with which	n you inte	racted, or th	ne Wiscons	In Circuit	Court Access	website at:
	isive list of all	arrests/con	victions).				
1. LEGAL NAME: WICKELLO Marie	$ \cup$	renk	Derc	DATE O	F BIRTH:		
First , Middle ,		Last			ě		
ADDRESS:				PHONE	:	10111	E Contractor
CITY: EVANSUILLE STATE: WIT.		5	3031				
CITY: CUAVISOTICE STATE: WIT.		ZIP:	2024	GENDE	R: Mal	e (Ferr	iale)
Driver's License No.:		Issuing Sta	te Li	I.			
2		issuing ott	7.1	,			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		Former Na	ame(s):	arris	>		
Prior Street Address If Above Address is Less Than 5 Years State Zip From To	City		State	2	ip	From	То
449 Radger Dr.	Evans	11 n	1.5	539	27/	18	22
The second second	CUANC	SVIICE	WI	20	226		00
				k:	1		1
ARREST ANI	CONVICTI	ON RECOR	D	TU TO		Q 15 10 10 10 10 10 10 10 10 10 10 10 10 10	-
(Anywhere within	the United S	tates of Ame	erica).				100
2. Have you ever been cited and/or convicted of a felony?					Yes		-170
3. Have you ever been cited and/or convicted of a misdemeanor?					Yes		
4. Within the past ten (10) years, have you been arrested for, received a summo		lu					WO
a) Any underage alcohol violation?	ins to appear	in court for,	or fortelted a	bond for an		owing:	
b) Operating a motor vehicle while intoxicated?					Yes		360
c) Selling or furnishing alcoholic beverages to underage person?					Yes		NO
d) Permitting underage person on licensed premises?					Yes		Wg.
e) Allowing persons on licensed premises after closing?				_	Yes Yes		NO
f) Any alcohol related violation other than a, b, c, d, and e?					Yes		46
g) Sale of legal or illegal drugs to include prescription medications or possession of	of any illegal	drugs to incl	ude prescriptio	n	162		
medications not prescribed to you?		3. ugs to 111cm	ade presemptio	"	Yes	1	NA.
h) Fighting, disorderly conduct, assault, or battery?					Yes		NO.
i) Resisting arrest, interfering with a police officer or obstructing an officer?					Yes		
j) Any crime or ordinance violation not listed above other than traffic or parking t	tickets?				Yes		Dio
<ol><li>For each YES response above, you must identify all violations below. Attach ac</li></ol>	dditional she	ets if necess	ary or continue	on the bac	k of this apr	lication.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			ONTH/YEAR		CITY		STATE
					4111		JIAIL
Within the last two (2) years, did you have and/or complete one of the follow	ving:	Attach cert	ificate of comp	letion for R	esponsible /	Alcohol Servers	Course
Successfully completed a Responsible Alcohol Servers Course			An alcohol age				
Held an Operator's License issued in Wisconsin			The sole propi				
5. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the ne	erson who m	ade and sign	and the forest	ing applicati		anna and a firm	- 1.1 . 1
natements herein are complete, true and correct, i juriner understand a full backe	Tround invest	igation may	he conducted	hu tha Eusar	ullia Daliaa I	Danamer 4 17 -	
reserve applications required any, I understand that this application way be de-	DIECE IT IT CODE	aine any tale	itication and th	ant I will not	ha abia ta a		All the world world in
to further agree to comply with all laws, resolutions, ordinances, and regulations,	federal, state	or local affe	cting the sale of	of fermented	malt bever	ages and intoxic	ating liquors.
ilgnature:	F	и.					
	Ema	······································		4.4	- 1		
Printed Name: Michelle Dienberg	Date	41.	2312h	1 7			
				Po.2.4	Υ		
FOR MUNICIPALITY	VUSE ONLY B	ELOW THIS	LINE				
lice Department Recommendation and Comments:	Publi	Safety Con	nmittee:	CITY	of Evansvi	TIE	
	Appro			iled:	D	ate:	
						***********	******
		Clerk's Of	ffice Signature	Recei	ot: 1.1570	39 Date	35.00
proved: Denied:	Receip	ot#			NIGHT OWL		483.00
C T T T T T T T T T T T T T T T T T T T					1, 2024 1	As 74 AW	
1 1-1-1				1817 C	in court i	ALCON MIT	
XW 112174				100			
Dalla chi-di di							
Polite Chief's Signature Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00 X Renewal C			se: \$35.00	VI 333.		nal License	÷ \$15.00
NOTE: APPLICATION FEE WILL NO	T BE REFUN	DED IF	DENIED OR WI	THDRAW	N.	ELLER BOST	THE RESERVE TO SHARE THE PARTY OF THE PARTY
A Police check will be completed. Please read carefully and answer honestly. Facannot reapply for a 6 month period from date of denial. If you have any doubt as information. If you are unsure about how to respond to any questions on this for and conviction record from the police department and/or the court <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP may not provide comprehen	alsification ar s to whether m, check with with whice	to include to the City	representation retreated to the facts of a specific of clarific or the facted of the f	nay be gro pecific incid	unds for den	mmended that	you disclose the
1. LEGAL NAME: KNSTY EMILLY	r	Nac	K	DAT	E OF BIRTH:		
First Middle )		Lasi		UA.	COP BIKTH.		7
ADDRESS:		T	#0101		ONE:	V	
CITY: EVANS VIILE STATE: WI		ZIP:	63636	GEN	NDER: M	lale (F	emale)
Driver's License No.:		Issuing	State: W	[]			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 /2 yea			r Name(s):				
Prior Street Address If Above Address Is Less Than 5 Years State Zip From To	City	27.27	State	-2	Zlp	From	То
118 madison st.	James	rile	M	56	548	200	
1920 collingwood Blvd.		0	OH			2020	2021
ARREST AND (Anywhere within						2018	anac
2. Have you ever been cited and/or convicted of a felony?					Ye	25	
3. Have you ever been cited and/or convicted of a misdemeanor?  4. Within the next ton (10) years have you been exceeded.					Ye		No
4. Within the past ten (10) years, have you been arrested for, received a summo a) Any underage alcohol violation?	ns to appear	in court	for, or forfelted	a bond for	any of the fo		(No)
b) Operating a motor vehicle while intoxicated?					Ye		(No
c) Seiling or furnishing alcoholic beverages to underage person?					Ye	s .	(No.)
d) Permitting underage person on licensed premises? e) Allowing persons on licensed premises after closing?					Ye		(No)
f) Any alcohol related violation other than a, b, c, d, and e?		_			Ye Ye		(10)
g) Sale of legal or illegal drugs to include prescription medications or possession of	of any illegal	drugs to i	nclude prescript	íon	16	3	(No)
medications not prescribed to you?					Ye	s	AVO.)
h) Fighting, disorderly conduct, assault, or battery?     i) Resisting arrest, interfering with a police officer or obstructing an officer?					Ye		
Any crime or ordinance violation not listed above other than traffic or parking tickets?					Ye Ye		(No)
5. For each YES response above, you must identify all violations below. Attach at	dditional she	ets If nec	essary or contin	ue on the l	back of this a	polication.	NO
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			MONTH/YEAR			TY	STATE
Whatrage drinking/being intaken u	ndinge	Do	c. 20	11	Jan	isville	(4.2)
0 01	0					4114	
Within the last two (2) years, did you have and/or complete one of the follow	ving:		ertificate of con				ers Course
Successfully completed a Responsible Alcohol Servers Course Held an Operator's License issued in Wisconsin			An alcohol a		retail alcohol retail alcohol		
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the pe	erson who m	ade and	claned the fores	prietor or r	erall alt.01101	ncense	and store of
statements herein are complete, true and currect, rightner understand a full backs	TOUND INVEST	løation n	12V he conducte	d hy tha Eu	ancuilla Dalia	a Danartmant.	nutou bo consides
ation of this application. Additionally, I understand that this application may be de- do further agree to comply with all laws, resolutions, ordinances, and regulations,	nied if it conf	ains anv	falsification_and	that Lwill i	not be able to	roanniu for a l	Connected the second
VNCto	Teach Di State	or rocal	meeting the said	or retiner	ited mait bev	erages and into	exicating liquors.
Signature:	Ema	il:		<u></u>	-> 111	*NU- ( U	<u></u>
Printed Name: KNSTN Mark	Date	::	4/24/	24			
FOR MUNICIPALITY	Y USE ONLY E	FLOW TH	IIS LINE	David	d.Tee		
olice Department Recommendation and Comments:			Committee:	CI	cy or Evans	AXTIG	
		oved:		enled:		Date:	
				91-2			
		Clerk'	Office Signatur	e Re	eiot: 1.15	7070 Date	35.00
pproved; Denied:	Recei	at #			E MICHI OM		30 y (30
					4-25, 2024		
JUL 613/24							
Police Chief's Signature Date							



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

New Operator's License: \$35.00 Renewal Oper	Secretary Secretary				
A Police check will be completed Plant	rator's Lic	ense: \$35.00	Pr	ovisional Licen	se: \$15.00
I A CUILLE CHECK WIII DE COMDIETED. Please read carefully and anguar homosty Estation	REFUNDED	IF DENIED OR WITH	DRAWN,		
A Police check will be completed, Please read carefully and answer honestly. Falsific cannot reapply for a 6 month period from date of denial. If you have any doubt as to will information. If you have any doubt as to wi	whether to inc	urle the facts of a speci	fic incident i	A ic cocommanded sh	abreme allestana aba
I morniation, it you are unsure about now to respond to any questions on this form, ch	heck with the	Tity Clerk for clarification	n Vau can a	beats information	and the second second
and conviction record from the police department and/or the court with	h which vo	interacted or the	Wisconsin	Circuit Court Ac	cess website at:
inclusity www.wicourts.gov/casesearch.ntm (CCAP may not provide comprehensive)	list of all arres	ts/convictions).			
1. LEGAL NAME: Jeffrey Alan	Ro	ther	DATE OF	BIRTH:	
First / J Middle		ast			
ADDRESS:			PHONE:		SI VERSONS
CITY: EVANSV: 16 STATE: WI	ZIP	53536			mir and the
	ZIP		GENDER	: (Male)	Female
Driver's License No.:	Issu	Ing State: W2	-		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	Con	man Namada)			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	mer Name(s):	Zip		
	5.01	State	210	Fron	) To
ARREST AND CO					
(Anywhere within the L				102	
2. Have you ever been cited and/or convicted of a felony?				Yes	No
3. Have you ever been cited and/or convicted of a misdemeanor?				(Yes)	No
4. Within the past ten (10) years, have you been arrested for, received a summons to	appear in con	irt for, or forfeited a be	ond for any	of the following:	
a) Any underage alcohol violation?				Yes	(No )
b) Operating a motor vehicle while intoxicated?				Yes	(No)
c) Selling or furnishing alcoholic beverages to underage person? d) Permitting underage person on licensed premises?				Yes	CNO
e) Allowing persons on licensed premises after closing?				Yes	(No)
f) Any alcohol related violation other than a, b, c, d, and e?				Yes	(No)
g) Sale of legal or Illegal drugs to include prescription medications or possession of any	v illegal drugs	to include prescription		Yes	(No)
medications not prescribed to you?	, m-ger ar age	to include prescription		Yes	(No)
h) Fighting, disorderly conduct, assault, or battery?				Yes	<no.< td=""></no.<>
i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes	(No)
j) Any crime or ordinance violation not listed above other than traffic or parking tickets	:\$7			Yes	(No)
<ol> <li>For each YES response above, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE</li> </ol>	anal sheets if		on the back	of this application.	
THE OF ARREST, SUMMONS, VIOLATION ON CHARGE		MONTH/YEAR	-	CITY	STATE
Speeding / ch.T		umma / 200	22 (	attage Grove	WI
				76	
Within the last two (2) years, did you have and/or complete one of the following:	Atta	h certificate of comple	tion for Res	ponsible Alcohol Ser	vers Course
				alcohol license	101000110
Successfully completed a Responsible Alcohol Servers Course			CIOI O IELQII		
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin		The sale proprie	tor of retail		
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin CERTIFICATION: I do hereby swear, under penalty of periusy, that Lam the person	who made a	The sole proprie	tor <b>of</b> retail		cense, and that all
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License Issued in Wisconsin  CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full background that the person is the person of the person is the person of the person is the person of the person o	who made a	The sole proprie	tor of retail	n for an operator's l	The state of the s
Held an Operator's License issued in Wisconsin  CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgroun into not this application. Additionally. I understand that this application may be depiced in the person of this application.	who made a	The sole propriet  The sole prop	tor of retail g application the Evansv	for an operator's l	t prior to consider-
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin  CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgroun tition of this application. Additionally, I understand that this application may be derifed it for further agree to comply with all lows, resolutions, ordinances, and regulations, federal	who made a	The sole propriet  The sole prop	tor of retail g application the Evansv	for an operator's l	t prior to consider-
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CITY OF EVANSVILLE CITY CLERK'S OFFICE

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  MONTH/YEAR  CITY  STATI  Attach certificate of completion for Responsible Alcohol Servers Course  An alcohol agent for a retail alcohol license  The sole proprietor of retail alcohol license
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 inclodent it is recommended that you disclose 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 and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website https://www.wicourts.poy/cesseprich.htm (CCAP may not provide comprehensive list of all arrests/convictions).  1. LEGAL NAME:   DATE OF BIRTH:   DATE OF BIRTH:   Last
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. and conviction record from the police department and/or the cour with which you interacted, or the Wisconsin Circuit Court Access website https://www.wicourts.gov/cosesearch.htm (CCAP may not provide comprehensive list of ail arrests/convictions).  1. LEGAL NAME:
and conviction record from the police department and/or the court with which you Interacted, or the Wisconsin Circuit Court Access website https://www.decurst.pso/research.htm (CCAP may not provide comprehensive list of all arrests/convictions).  1. LEGAL NAME:    Comprehensive list of all arrests/convictions).   Comprehensive list of all arrests/convictions.   Comprehensive list of all arrests.   Comprehensive li
1. LEGAL NAME:   DATE OF BIRTH:   DATE O
ADDRESS: 10 30 MOY MORE ADDRESS? PHONE:  CITY: EVALUATION OF Make PHONE:  TATE: NOW LONG MAVE YOU LIVED AT ABOVE ADDRESS? Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State Zip From  ARREST AND CONVICTION RECORD  (Anywhere within the United States of America).  2. Nave you ever been cited and/or convicted of a felony?  3. Have you ever been cited and/or convicted of a misdemeanor?  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:  3) Any underage alcohol violation?  Yes No  1) Operating a motor vehicle while intoxicated?  C) Selling or furnishing alcoholic beverages to underage person?  4 Yes No  3) Allowing persons on licensed premises 3fe closing?  Yes No  4) Permitting underage person on nicensed premises 3fe closing?  Yes No  5) Sale of legal origins to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Resisting arrest, interfering with a police officer or obstructing an officer?  Yes No  1) Any orime or ordinance violation not listed above other than traffic or parking tickets?
DORESS:
Driver's License No.  HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?  Prior Street Address if Above Address is Less Than 5 Years State Zip From To  City State Zip From  ARREST AND CONVICTION RECORD  (Anywhere within the United States of America).  2. Have you ever been cited and/or convicted of a felony?  3. Have you ever been cited and/or convicted of a misdemeanor?  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.  (3) Selling or furnishing alcoholic beverages to underage person?  (4) Permitting underage person on licensed premises?  (b) Allowing persons on licensed premises after closing?  (c) Allowing persons on licensed premises after closing?  (d) Allowing persons on the retan a), b, d, and e?  (g) Sale of legal or illegal drugs to include prescription medications not prescribed to you?  (a) Saling or from the distance of the following persons on premises after dosing?  (b) Displing, disorderly conduct, assault, or battery?  (e) Saling or or ordinance volosion not listed above other than traffic or parking tickets?  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  Within the last two (2) years, did you have and/or complete one of the following:  An alcohol agent for a retail alcohol license  An alcohol agent for a retail alcohol license
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Former Name(s):   Prior Street Address if Above Address is Less Than 5 Years State Zip From To   City   State   Zip   From
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6. CERTIFICATION: I do hereby swear under greatly of portuge that I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the first I am the great who made and its of the great who made and it
the person who made and signed the foregoing application for an operator's license, and it
statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to co ation 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 prior to contain a policy for a 6 month prior to contain a pol
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 li
Simple Y Y X X X X X X X X X X X X X X X X X
Signature: Email:
Printed Name: Date: Date:
FOR MUNICIPALITY USE ONLY BELOW THIS LINE  **Olice Department Recommendation and Comments:** Public Safety Committee: Paid To:
Approved: Denied: Color Dates
LAW OF LUSINSTITIO
Clerk's Office Signature Date
Receipt #
pproved: Receipt: 1,157058 35,
XXXX 100PS KYLIE
Police Chief's Signature Date May 24, 2024 2:33 PM



# Temporary Class "B"/ "Class B" Retailer's License Application CITY OF EVANSVILLE CLERK'S OFFICE

Application Fee: \$10.00 per Licen	sed Premises	APPLICATION FEE WILL NOT BE I	REFUNDED IF DENIED OR WITHDRAWN
Number of Licensed	d Premises:	x \$10.00 = \$	10— Total Due
License Type: (Check one)	Beer Only	Wine Only	Beer & Wine
Event Name: A LAKE L.	50 FA 446	of July	
Event Date: JULY 3-7	,2024	Event Time: 1000	w-midnicht
Name of Person in Charge of Even	t: Jim Br	rooles	
		Organization	STREET,
Bona fide Club	Chui	rch	Lodge/Society
Chamber of Commerce/ sir	nilar		Louge/Society
Civic or Trade Organization	Fair	Assoc/Agricultural Society	Veteran's Organization
Organization Name: Euglusul	us Commu	INITE PARTOLINGIFIC	2
ddress: Po Box 69	1 Eup	Suluc W1 535	-3 <i>(</i>
ate Organized: 2000		ate of Incorporation: Zec	
organization is not required to hold a			
	Names and addre	sses of all Organization Officer	Wis. Stats., Check here
LX SCATION DIRSCTUR		oses of all organization officer	<b>5</b>
resident/Primary Officer: -57	in Brugs s	4	EUNUSUINE WI
ce President:		Address	City/State/Zip
Name		Address	Ch. In Phys.
cretary:		Address	City/State/Zip
Name easurer:		Address	City/State/Zip
Name		Address	City/State/Zip
cation of Premises were Beer and/o	r Wine will be serve	ed, consumed, or stored and area	s where Alcohol Beverage Records will
dress/Location Description: ム外化な	150TA PA	be stored:	(
areasy cocadon bescription: 4 778	- NOT-	IR NOTH OF 130	Sever House
premises occupy all or part of build	ing? P13/ < 5/	FILTER HORSE BANG T	INT AN ADJACENT PAIN
part of building, fully describe all pre	mises covered unde	r this application, which floor(s) a	& room(s) licenses is to cover:
claration: An officer of the organizati	on, declares under p	enaltles of law that the information	on provided in this application is true
correct to the pest of his/her knowl	eage and belief. Any	person who knowingly provides r	naterially false information in an
oncation for a license may be required	to forfeit not more	tnan \$1,000.	
Jam AM :	5/5/24	ECP	
(Officer Signature/D	ate)	(Nam	pe of Organization



EVENT DATE: JALY 3-7,2024

### 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

EVENTTIME: UMAISS NOW - MIDWIGHT

PHONE: 608 239 6587  (Retail Alcohol Beverage Licensing Information) specifies all the which you are responsible for knowing and must comply with ce and the State publication if you desire a copy. This ty Clerk's Office at 31 S Madison St, Evansville WI 53536, with ARTY  In the last two (2) years have been/or completed one of the course  agree to obey all the laws which regulate the activities planned or have asked for copies of such laws.  5/5/24  Janager/Person in Charge of event Date  ONLY BELOW THIS LINE
(Retail Alcohol Beverage Licensing Information) specifies all the which you are responsible for knowing and must comply with. ce and the State publication if you desire a copy. This ty Clerk's Office at 31 S Madison St, Evansville WI 53536, with ARTY  sin the last two (2) years have been/or completed one of the course  agree to obey all the laws which regulate the activities planned or have asked for copies of such laws.  5/5/24  Janager/Person in Charge of event  Date
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agree to obey all the laws which regulate the activities planned or have asked for copies of such laws.    Solution   Sol
agree to obey all the laws which regulate the activities planned or have asked for copies of such laws.  5/5/24  Janager/Person in Charge of event  Date
agree to obey all the laws which regulate the activities planned or have asked for copies of such laws.  5/5/24  lanager/Person in Charge of event Date
lanager/Person in Charge of event Date
ONLY BELOW THIS HAIF
dation and Comments:
Recommend with conditions
Recommend with conditions
's Signature 6321
S Signature Date
Date License Issued:
Clerk's Signature:
City of Evansville
Receipt: 1.156994 10.00 A LNE LEDTA 4TH OF JULY May 6, 2024 9:46 RM

7C-

Form.

AB-200

# Alcohol Beverage License Application

	<u>/ C-</u>
For Municipal Use Only	
Municipality	
icense Period	

License(s) Requested: (up to two boxes	may be checked)	Fees	
Class "A" Beer \$			\$ 600
Class A" Liquor \$	_ ⊠ "Class B" Liquor \$ <u>5ℓ</u>	Background Check Fee	\$ 14
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$ 100
Class C" Liquor (wine only) \$	-	Total Fees	\$714
Part A: Premises/Business Inform	ation	- <u>-</u>	<u> </u>
1. Legal Business Name (individual name if so	le proprietorship)		
Creative Collaboration 2. Business Trade Name or DBA	ve Ventures LLC		
Picture This Cra	etive Workshop	Slar's Parnit Number	
99-2482761	4. WISCOTSITI SE	-1031718054-0	2
5. Entity Type (check one)	<u> </u>		ofit Organization
Sole Proprietor Partnersh  6. State of Organization	7. Date of Organization	-8. Wisconsin DFI Registrat	
Wisconsin	4-13-2024	C128/14	-
9. Premises Address 7 E. Main St.	Ste 1		
10; City		11. State 12. Zip Code	
Evansville		$[w_1]$ 535.	SS ·
13. County Rock	14. Governing Municipality: X City of: Evan3V	Town Village 15. Alderman	NC DISTRICT
16. Premises Phone 608 - 921 - 7437	7 Premises Email Preturethis creative works	shop & Jing /, com Picture	thiscientivewor
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this apportunity of the premises is located to the premises of the premises in the premise	Iding, including living quarters. Authorized alc	ohol beverage activities and storage	of records may occur
This soite is a si	ngle room.		
20. Mailing Address (if different from premises	address)		
21. City		22. State 23. Zip Code	•
Part B: Questions	· -	2	
Has the business (sole proprietorship, violating federal or state laws or local or state laws.)	partnership, limited liability company, or ordinances? Exclude traffic offenses unle	corporation) been convicted of ess related to alcohol beverages.	☐ Yes 【XNo
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

Are charges for any offenses pending a beverages.	against the business? Excl	ude traffic offenses un	less related to alc	ohol., Yes	No.
If yes, describe the nature and status of	of pending charges using th	ne space below. Attach	additional sheets	as needed.	
,					
Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restrict.	stor with any interest in an	alcohol beverage pro	oducer or distribut	related or? Yes	İΣΝο
-					
				9	
Is the applicant business owned by and	other business entity?			Yes	X No
If yes, provide the name(s) and FEIN(s  4a. Name of Business Entity		ners below. Attach add 4b. Business Entity FEIN		needed.	
id. Name of Business Entity		to. Business Emity Fein	l	•	
5. Have the partners, agent, or sole propr	ietor satisfied the responsil	ble beverage server tr	aining requiremen	it for	
this license period?-Submit proof of cor 6. Is the applicant business indebted to al	•				W No
7. Does the applicant business owe past		<del>_</del>	· · · · · · · · · · · · · · · · · · ·	_	No ⊠ No
Part C: Individual Information					
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation of	or nonprofit organization.	applicant business of a par	or businesses listed tnership, and all m	in Part B, embers,
Include Form AB-100 for each person listed be	low. Corporations and LLCs n	nust appoint an agent by	including Form AB-	101.	
Last Name	First Name	Title		Phone	
Cortman.	William	Owner	<u> </u>	כור טטט	-1.0
Meade	Shara	DOC		608-921-	7437
	•		· · · · · · · · · · · · · · · · ·		
			<del></del>		
Part D: Attestation				<u> </u>	
One of the following must sign and attest	to this application:		<u></u>	· · · · · · · · · · · · · · · · · · ·	
• •	I partner of a partnership	one corporate		member of an L	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that I may be prosecuted for submitingly provides materially false information on the	usiness and not on behalf of a ense(s), if granted, will not be to, purchasing alcohol bevera spection will be deemed a refundation it license issued contrary to Vitting false statements and affination may be required.	ny other individual or en assigned to another indi ges from state authorize usal to allow inspection. Wis. Stat. Chapter 125 s davits in connection with ed to forfeit not more tha	tity seeking the licer vidual or entity. I ag ed wholesalers. I un Such refusal is a m shall be void under p this application, an	nse. Further, I agre gree to operate this derstand that lack isdemeanor and gi penalty of state law	e that the business of access ounds for A. I further
Last Name	First Na	William		M.I.	$\supset$
Title		0011110M		Dhone	<u>リ</u>
Member					
Signature / ) = //	<u> </u>	4-1	9-24		
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk   Licens	e Number	Date Lie	cense Granted	Date License Issa	led
Signature of Clerk/Deputy Clerk			Date Provisional L	l icense Issued (if ap	plicable)

Form AB-101

### Alcohol Beverage Appointment of Agent

Date 4-19-24

Agent Type (check one)
Original (no fee) Successor (\$10 fee for municipal licensees only)
Part A: Business Information
Legal Business Name (individual name if sole proprietor)
Creative Collaborative Ventures LLC  2. Business Trade Name or DBA  Picture This Creative Workshop
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)  5. If successor agent, provide State Permit or Municipal Retail License Number
Municipal Retail License
6. Describe the reason for appointing a successor agent, if successor is checked above.
Part B: Agent Information
1. Last Name 2. First Name 3. M.L.
Cortmon William D
4. Ema
6
7. City 9. Zip Code 10. Age 5-3
Brooklyn WT 53521 53
11. I Drivers License/State ID State of Issuance
Part C: Agent Questions
Have you satisfied the responsible beverage server training requirement?      Submit proof of completion.  Yes  No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
3. Have you been a Wisconsin resident for at least 90 continuous days?

Part D: Business Attestation		
corporation, nonprofit organization, or limite beverage activities on such premises. I certi on behalf of the entity. If I am appointing a sill understand that I may be prosecuted for su	the <b>Undersigned</b> , authorize the above-named of liability company with full authority and con ify that I am authorized by the above-named of uccessor agent, I rescind all previous agent apubmitting false statements and affidavits in corply false information on this application may be responsible.	trol of the premises and of all alcoholentity to authorize this individual to act oppointments for this premises. Further, nection with this application, and that
Last Name Cortman	First Name []] our	
Owner	Email.	Pho
Signature Win D. Ch	,	4-19-24
<i>y</i>		<u> </u>
Part E: Agent Attestation		
nonprofit organization, or limited liability com on the premises for the above-named busin	he <b>Agent</b> , herby accept this appointment as a npany and assume full responsibility for the co ness. I further understand that I may be prose tion, and that any person who knowingly proving the than \$1,000 if convicted.	nduct of all alcohol beverage activities ecuted for submitting false statements
Last Name Cor Tuan	First Name  William	M.I.
Signature W N O		Date 4-19-24

No.

Form AB-200

### Alcohol Beverage License Application

For Municipal Use Only	<u>.</u>	
Municipality		
License Period		

		Applicatio				<u>.</u>	
License(s) Reques	ted: (up to two boxes may	be checked)		ſ		Fees	
X Class "A" Beer .	\$	Class "B" Beer	\$	<u></u> .	License F	ees	\$
☐ "Class A" Liquor	<b>\$</b>	☐ "Class B" Liquor \$ Backgr		Backgroui	nd Check Fee	\$	
Class A" Liquor	(cider only) \$	Reserve "Class B"	Liquor \$		Publicatio	n Fee	\$
Class C" Liquor	(wine only) \$			ŀ	Total Fee	s	\$
				Ļ	_		
Part A: Premise	s/Business Information			*	a de la companya de l	And the second s	
_	me (individual name if sole pro RKETING COMPANY	prietorship)					
2. Business Trade Na		0500					
	ENERAL STORE #	3583	4. Wisconsin S	Callaria Dar	mit Numbor		
3. FEIN 42-143591	3		456-0000				
5. Entity Type (check			_			<b>-</b>	
Sole Proprie	<u> </u>	Limited Liability			rporation		fit Organization
6. State of Organizati	on	7. Date of Organization 03/15/1995	on		8. Wisconsin DFI Registration Number CO42322		
9. Premises Address 230 E MAIN	ST	03/13/1993			CO42	2322	
10. City			<del></del>	1	11. State	12. Zip Code	
EVANSVILLE	<u>=</u>			İ	WI	53536	
13. County	<del></del> ,	14. Governing Municip	oality: City	Town			c District
ROCK 16. Premises Phone		17. Premises Email			18. We	hsite	
(608) 424-423	36	LICENSINGTEAM@CASEYS.COM WWW.CASEYS.COM			S.COM		
are kept. Describ only on the prem	otion - Describe the building or e all rooms within the building, ises described in this application TORY PRESTRUCT	including living quarter n. Attach a map or diag	s. Authorized algram and addition	Icohol beve	rage activiti	es and storage o	
	if different from premises addre NSING, ONE SE CO		LVD				
21. City	··-				22. State	23. Zip Code	
ANKENY					IA	50021	
	ns				· 1 (A.)		
violating federal	s (sole proprietorship, partn or state laws or local ordina	inces? Exclude traffi	c offenses un	or corporat less relate	tion) been ed to alcoh	convicted of ol beverages.	Yes X No
	tails of violation below. Atta		if necessary.				
Law/Ordinance Violat	ted	Location			ין ו	rial Date	
Penalty Imposed		!		Was sent	tence com	pleted?	Yes No
Law/Ordinance Viola	ted	Location				rial Date	
Penalty Imposed				Was sen	tence com	pleted?	Yes No

Are charges for any offenses pending a beverages.	gainst the business	? Exclude traffic	offenses unl	ess related to alc	ohol 📋 `	Yes X No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interes	st in an alcohol be	everage pro	ducer or distribut		Yes 🗓 No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity ) of the business en	y? itity owners below	. Attach add	itional sheets as	needed.	Yes No
4a. Name of Business Entity			s Entity FEIN		·	
CASEY'S GENERAL STORE	•	42-093				
<ol><li>Have the partners, agent, or sole propri this license period? Submit proof of cor</li></ol>						Yes No
6. Is the applicant business indebted to ar	ny wholesaler beyor	nd 15 days for bee	er or 30 days	s for liquor/wine?	····· 🔲 ,	Yes 🔀 No
7. Does the applicant business owe past	due municipal prope	erty taxes, assess	ments, or ot	her fees?	····· 🔲 ,	Yes 🗷 No
Part C: Individual Information					y 124 TU	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director, managers, and agent of a limited liability comparation.	s, and agent of a corp	oration or nonprofit	organization,			
Include Form AB-100 for each person listed bel		LLCs must appoint		including Form AB-	<del></del>	
Last Name	First Name		Title		Phone	
PLEASE SEE ATTACHED OFFICER	LIST					
FRANK	MELISSA		AGENT			
					-	
Part D: Attestation			• .		1	a a a
One of the following must sign and attest	to this application:	um um suci u u til set		<u>and the state of </u>	<u> 788 .                                  </u>	62 456
	I partner of a partne	ership • one	corporate o	officer • one	e member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submitingly provides materially false information on the second support of	usiness and not on be ense(s), if granted, wil to, purchasing alcoho espection will be deem ny license issued con itting false statements	chalf of any other ind Il not be assigned to Il beverages from s ned a refusal to allo trary to Wis. Stat. C and affidavits in co	dividual or en another inditate authorize winspection. Chapter 125 s nnection with	tity seeking the lice vidual or entity. I a ed wholesalers. I u Such refusal is a r shall be void under this application, ar	ense. Further, gree to operat nderstand that nisdemeanor a penalty of stand that any per	I agree that the te this business lack of access and grounds for te law. I further
Last Name		First Name				M.I.
BEECH		DOUGLAS	3			М
Title ASSISTANT SECRETARY	Email LICE	NSINGTEAN	1@CASE	YS.COM	Phone	
Signature Designer in Beech		-	Date 4/22/	·· -		
Part E: For Clerk Use Only		و چ اختار کا این این ا	+1221	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	se Number	<u> </u>	Date Li	cense Granted	Date Licens	se Issued
				<del></del>	1	
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	d (if applicable)

Form		
AB	-1	01

### Alcohol Beverage Appointment of Agent

Date		
L	 	

Agent Type (check one)					
	ا مشر <del>کا می اداری اور اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری</del> است. احتاد اداری از از اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری اداری ادار	<del></del>			
X Original (no fee)	Successor (\$10 fee for mu	unicipal (icen	sees only)	_ = ===================================	
Part A: Business Inform	nation			-	· e.a — ***
1, Legal Business Name (individual CASEY'S MARKET					
2. Business Trade Name or DB	A CASEY'S GENERAL ST	ORE #35	 83		
3. Entity Type (check one)	Limited Liability Company	X	Corporation	☐ Nonprofit Or	ganization
4. Alcohol Beverage Business A  X Municipal Retail Lic	·	5. If successo	r agent, provide State	e Permit or Municipal Re	tail License Number
3. Describe the reason for appo	ointing a successor agent, if successor	is checked at	ove,		-
	•				
	·		<del>-</del>		
		· · · · · · · · · · · · · · · · · · ·			
Part B: Agent Informati	Approx 1.7	, , , , , , , , , , , , , , , , , , ,		ы <sup>5</sup>	· · · · · · · · · · · · · · · · · · ·
-		2. First Name MELISS	٨		3. M.I.
FRANK 4. Email		IVIELIOO	<u> </u>		<u>LA</u>
LICENSINGTEAM	@CASEVS COM				
6. Home Address	WOYOF 10.00M				_
,		8. State	9. Zip Code	10. Age	
HARTFORD		<u> WI</u>	53027	51	
	mber		12. Drivers Lice	nse/State ID State of Iss	
11. Drivers License/State ID Nu			100		uance
11, Drivers License/State ID Nu	<u> </u>		WI	· · · · · · · · · · · · · · · · · · ·	uance
11. Drivers License/State ID Nu			WI	<del></del>	uance
11. Drivers License/State ID Nu			WI		uance
Part C: Agent Question	I <b>S</b>	ng requireme			i de la la la la la la la la la la la la la
Part C: Agent Question  1. Have you satisfied the re Submit proof of completion	esponsible beverage server training on.		ent?		. X Yes No

Continued  $\rightarrow$ 

Part D: Business Attestation	The second secon	<u> </u>	7 m = 1 m = 1 m
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a sulfunderstand that I may be prosecuted for sulfunders any person who knowingly provides materially if convicted.	d liability company with full authority ar fy that I am authorized by the above-na uccessor agent, I rescind all previous ag ubmitting false statements and affidavits y false information on this application ma	nd control of the premise amed entity to authorize to gent appointments for this a in connection with this a	s and of all alcohol- his individual to act s premises. Further, application, and that of more than \$1,000
Last Name	First Name		M.L
BEECH	DOUGLAS		_  M
Title	Email	Phon	e
ASSISTANT SECRETARY LICENSINGTEAM@CASEYS.COM			
Signature M. Accal.		Date 4/22/24	
	<del>ang akendaran pendaran</del>	, ; ; 'c' ;	<del></del>
Part E: Agent Attestation			<u> </u>
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not mo	npany and assume full responsibility for ness. I further understand that I may be tion, and that any person who knowingly	the conduct of all alcohor e prosecuted for submitti	I beverage activities ng false statements e information on this
Last Name	First Name	·	- M.I.
FRANK	MELISSA	<u> </u>	A
Sarature	•	Date 4/22/24	
CIOFFEFIOOFBAM	<u> </u>	4122124	<del> </del>

Form	
Δ	B-200

# Alcohol Beverage License

For Municipal Use Only	
Menicipality	
•	
License Period	
Liebliog   Citad	

		Application	on ————————————————————————————————————		License Period	
License(s) Reques	ted: (up to two boxes m	ay be checked)			Fees	
☑ Class "A" Beer	\$	Class "B" Beer	\$	License	Fees	\$
Class A" Liquor .	\$	☐ "Class B" Liquor .			und Check Fee	
☐ "Class A" Liquor (	cider only) \$	Reserve *Class B		Daongro		
	wine only) \$		<u></u>	- UNITODA		\$
•				Total Fe	es	\$
Part A: Premises	/Business Informat	ion	· <del></del>		<del></del>	
1. Legal Business Nar	ne (individual name if sole	proprietorship)	<del></del>	·		<del></del>
	ooperative Oil	Company				
2. Business Trade Nar						<u> </u>
Evansville	Cenex					
3. FEIN		· · · · · · · · · · · · · · · · · · ·	4. Wisconsin Seller's	Permit Numb	 er	
39-0223180			456-102042			
5. Entity Type (check of	•					
Sole Propriet  6. State of Organization		Limited Liabilit		Corporation		fit Organization
WI	1	7. Date of Organizati		8, Wiscon	sin DFI Registration	on Number
9. Premises Address		03/12/1927				
9 John Lind	emann Dr					
10, City	omann Di					
Evansville				11. State	12. Zip Code	
13. County		14 Governing Municir	pality: City To	WI	53536 e 15. Aldermania	a Minatina
Rock	S	of Evansvi	lle	wn 🔽 Villag	e 13. Aldennank	C DISTRICT
16. Premises Phone		17. Premises Email		118 W	- I ebsite	
(608) 882-20	521	evansville.c	store@cenex1	1 .	.cenex1.co	orn
only on the premise Convenience	on - Describe the building of all rooms within the building is described in this application of the control of	ion. Attach a map or diag Station	ram and additional she	ced, sold, storeverage activities if necessa	ed, or consumed, lies and storage of try.	and related records f records may occur
backroom.	cohol sold and	i stored in d	cold vault i	n store	Also s	stored in
	ifferent from premises add					
PO Box 668	merent from premises add	ress)				
21. City				22. State	100 71- Code	<del></del>
Sauk City				WI	23. Zip Code 53583	
Part B: Questions					1 00000	<del>_</del>
Has the business (inviolating federal or inviolating federal or	sole proprietorship, part state laws or local ordin	nershin limited liability	y company, or corpo	rotion\ book		
If yes, list the detail	s of violation below. Atta	ach additional sheets it	f necessary.			
Law/Ordinance Violated		Location		17	rial Date	
Penalty Imposed			<u> </u>			
			Was se	enten <b>c</b> e com	pleted?	Yes No
Law/Ordinance Violated		Location		7	rial Date	
Penalty Imposed			······			
			Was se	entence com	pleted?	Yes No
3-200 (N, 03-24)		- 1	-	· · · · · · · · · · · · · · · · · · ·	Wiscon	sin Department of Revenue

Are charges for any offenses p beverages.	ending against the busine	ss? Exclude traffic	offenses unless related t	o alcohol 🔲	Yes 🔽 No
If yes, describe the nature and	status of pending charges	s using the space be	elow. Attach additional sl	heets as needed	i <b>.</b>
Is the applicant business or an individuals or entities a restrict If yes, provide the name of the	ea investor with any inter	rest in an alcohol be	Maraga producar as dis	other related tributor?	Yes 🔽 No
<ol><li>Is the applicant business owner if yes, provide the name(s) and</li></ol>	d by another business ent FEIN(s) of the business of	ity?	Attach additional sheet	s as peeded	Yes 🔽 No
4a. Name of Business Entity		4b. Business		o do noded,	
5. Have the partners, agent, or so	le proprietor satisfied the	responsible beverag	ge server training require	ement for	
this license period? Submit pro- 6, is the applicant business indebt	or or completion, ted to any wholesaler bey	ond 15 days for bee	r or 30 days for liquor/w	ine?	Yes  No  No
7. Does the applicant business ow	e past due municipal prop	perty taxes, assessi	ments, or other fees?		Yes 🔽 No
Part C: Individual Informatio	n i garage	医复数分析 医多类的		2.2	
List the name, title, and phone number Question 4: sole proprietor, all officers, managers, and agent of a limited liability lockide Form AB-100 for each posses.	ty company. Attach additiona	poration or nonprofit of I sheets if necessary,	rganization, all partners of	a partnership, and	listed in Part B, all members,
Include Form AB-100 for each person I Last Name					
7 1	First Name		Title	Phone	
(JO/Z	Jessico		Manager	608	882-262
Contwell	Eric		<u>CEO</u>		
Part D: Attestation			Successes Successes Successes		-
One of the following must sign and		<u> ત્રાહ્મ પ્રસુધી કેવા કે</u>	i and the second of the	6 2 m	
	attest to this application: general partner of a partn	ershin • one	corporate officer	one member of	i an II C
READ CAREFULLY BEFORE SIGNING am acting solely on behalf of the applights and responsibilities conferred by according to the law, including but not so any portion of a licensed premises devocation of this license. I understand inderstand that I may be prosecuted for ngly provides materially false informat	IG: Under penalty of law, I h licant business and not on b r the license(s), if granted, w limited to, purchasing alcoh luring inspection will be deer If that any license issued con or submitting false statement	ave answered each or ehalf of any other Indi ill not be assigned to of beverages from standard a refusal to allow that of the standard to the standard to standard	the above questions com vidual or entity seeking the another Individual or entity the authorized wholesalers inspection. Such refusal is apter 125 shall be void un pretion with this application	icense. Further, I agree to opera I understand tha a misdemeanor ader penalty of sta	ally. I agree that I agree that the te this business t lack of access and grounds for
est Name		First Name			M.I.
Cantwell		Eric			S
Title CEO	-Email			Phone	
Signature / /				4	
6-1			ate		
Part E: For Clerk Use Only	era saria, in en a recenta			5/01/24	
Pate Application Was Filed With Clerk	License Number	Santalisa & Elizabeth			
	Codise Nuliber		Date License Granted	Date Licens	se Issued
ignature of Clerk/Deputy Clerk			Date Provisio	nal License Issue	(if applicable)
-200 (N. 03-24)		-2-			

Form		
Α	<b>B-1</b>	01

Date	 · · · · · · · · · · · · · · · · · · ·	

Agent Type (check one)		4 4 4 4			•	
☑ Original (no fee)	Successor (\$10 fee for me	unicipal licens	sees only)			<u>.</u>
Part A: Business Inform	ation	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
i. Legal Business Name (individu		<u></u> .	· <del>- · · · · · · · · · · · · · · · · · ·</del>	<del>`-</del>		· · · · · · · · · · · · · · · · · · ·
	tive Oil Company					
2. Business Trade Name or DBA						
Evansville Cenex						
3. Entity Type (check one)		<del></del>	<del> ·</del> .			
	Limited Liability Company	· •	Corporation	☐ Nor	profit Organ	ization
. Alcohol Beverage Business Au		5. If successor	agent, provide State	Permit or Mu	ınicipal Retail	License Numb
Municipal Retail Lice	nse State Permit					
. Describe the reason for appoin	ting a successor agent, if successor	is checked abo	ve.			
	·					
	·					
art B: Agent Information						
	·				****	
art B: Agent Information Last Name Golz	·	2. First Name			****	3. M.I.
Last Name Golz	·				``	3. M.I.
Last Name Go1z Email		2. First Name			5. Phone	E.
Last Name Golz Email evansville.cstore		2. First Name			5. Phone	
Last Name Go1z Email		2. First Name			5. Phone	E.
Last Name Golz Email evansville.cstore		2. First Name			5. Phone	E.
Last Name Go1z Email		2. First Name Jessica	. Zíp Code		5. Phone (608)	E.
Last Name Golz Email evansville.cstore		2. First Name Jessica			5. Phone (608)	E.
Last Name Golz Email evansville.cstore		2. First Name Jessica  8. State 9	53536		5. Phone (608) 10. Age 37	E.
Last Name Golz Email evansville.cstore		2. First Name Jessica  8. State 9			5. Phone (608) 10. Age 37	E.
Last Name Golz Email evansville.cstore		2. First Name Jessica  8. State 9	53536		5. Phone (608) 10. Age 37	E.
Last Name Golz Email evansville.cstore		2. First Name Jessica  8. State 9	53536		5. Phone (608) 10. Age 37	E.
Last Name Golz Email evansville.cstore  Evansville	@cenex1.com	2. First Name Jessica  8. State 9	53536		5. Phone (608) 10. Age 37	E.
Last Name Golz Email evansville.cstore  Evansville	@cenex1.com	2. First Name Jessica  8. State 9 WI	53536 12. Drivers Licens WI		5. Phone (608) 10. Age 37	E.
Last Name Golz Email evansville.cstore  Luansville Drivers License/State ID North	@cenex1.com	2. First Name Jessica  8. State 9 WI	53536 12. Drivers Licens WI	ee/State ID St	5. Phone (608) 10. Age 37 ate of Issuand	E.
Last Name Golz Email evansville.cstore  Lyansville Drivers License/State ID North	@cenex1.com  possible beverage server training	2. First Name Jessica  8. State   9 WI	53536 12. Drivers Licens W.T.	e/State ID St	5. Phone (608) 10. Age 37 ate of Issuand	E. 882-2621

Part D: Business Attestation	<u> </u>				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sulany person who knowingly provides materially if convicted.	I liability com y that I am a occessor age bmitting false	npany with full authority and co nuthorized by the above-named nt, I rescind all previous agent a statements and affidavits in c	entrol of the partity to authorize a control of the partity to authorize appointments onnection with the partity on the control of the partity of the partit	remises and on norize this indi- for this premise this applicati	of all alcohol vidual to act ses. Further, on, and that
Last Name		First Name	<u> </u>		M.I.
Cantwell		Eric			S
Title	Email	<u> </u>		Phone	
CEO					
Signature & L			Date	05/09/24	
Part E: Agent Attestation			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
READ CAREFULLY BEFORE SIGNING: i, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further on, and that	sume full responsibility for the c understand that I may be pro any person who knowingly pro	onduct of all a secuted for si	alcohol bevera ubmitting false	ge activities statements
Last Name		First Name Je 55/Ca	<u>-</u>		M.I.
Signature Janich Coly			Date 5-	10.24	-
				•	

## Form AB-200

## Alcohol Beverage License Application

For Municipal Use Only	$\mu$
Municipality EuroSVII	10
License Period	

Class "A" Beer \$ Class "B" Beer \$ License Fees \$ 60    "Class A" Liquor \$ 500    "Class B" Liquor \$ Background Check Fee \$ 14    "Class A" Liquor (cider only) \$ Publication Fee \$ 10    "Class C" Liquor (wine only) \$ Total Fees \$ 714    Part A: Premises/Business Information    1. Legal Business Name (individual name if sole proprietorship)    2. Business Trade Name or DBA    3. FEIN    License Fees \$ 60    Background Check Fee \$ 14    Publication Fee \$ 10    Total Fees \$ 714    A. Wisconsing Seller's Permit Number	000
□ "Class A" Liquor (cider only) \$ □ Reserve "Class B" Liquor \$ □ Publication Fee \$ 1 € □ "Class C" Liquor (wine only) \$ □ □  Part A: Premises/Business Information  1. Legal Business Name (individual name if sole proprietorship)  **Continuous B" Liquor \$ □ Publication Fee \$ 1 €  **Total Fees \$ 7 €  **Premises/Business Information	0
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole proprietorship)  2. Business Trade Name or DBA  Class C" Liquor (wine only) \$  Total Fees \$ 714	0
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole proprietorship)  KODECILYS WORLD to the control of the	100
1. Legal Business Name (individual name if sole proprietorship)  KODECILYS WORLD to the foods Inc.  2. Business Trade Name or DBA  KODECILYS PISSLY 149SLY	7.
1. Legal Business Name (individual name if sole proprietorship)  KODECILYS WORLD TO COUSTING  2. Business Trade Name or DBA  KODECILYS PISSY 1498Y	100
KODECKYS PISSLY W9SLY	314.00
39-1715093 456-0000368472-0 5. Entity Type (check one)	3
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company 🔀 Corporation ☐ Nonprofit Organiz	ation
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: City Town Village of:	
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 are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records monly on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  This idea is the first of the store of the	
20. Mailing Address (if different from premises address)	
21. City 22. State 23. Zip Code	
Part B: Questions	
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.	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

Are charges for any offenses pending a beverages.	against the business? Ex	clude traffic offenses	unless related to alco	ohol Yes 🔀 No
If yes, describe the nature and status of	f pending charges using	the space below. Atta	ach additional sheets	as needed.
Is the applicant business or any of its individuals or entities a restricted investigation.				
If yes, provide the name of the restrict	ed investor and describe	e the nature of the in	erest.	or res
4. In the applicant business award by appl	other business entity?			□ Voc. ▼ No.
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s				
4a. Name of Business Entity		4b. Business Entity F	ΞIN	
5. Have the partners, agent, or sole propr				
this license period? Submit proof of cor 6. Is the applicant business indebted to a				
7. Does the applicant business owe past		150	35.	
Part C: Individual Information				
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director				
managers, and agent of a limited liability compa			on, an partners of a part	and an members,
Include Form AB-100 for each person listed be	ow. Corporations and LLC	s must appoint an agent	by including Form AB-1	101.
Last Name	First Name	Title	Marine	Phone
KOPECKY	JEAN	VICE	PRESIDEN	
KOPECKY	JOHN T.	MAI	WAGER	7
KOPECKY	JAMES D	. PRES	IDENT	
Part D: Attestation				
One of the following must sign and attest  • sole proprietor  • one genera		, , , , , , , , , , , , , , , , , , , ,	to officer	mambar of an LLC
	I partner of a partnership			member of an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu				
rights and responsibilities conferred by the lice	ense(s), if granted, will not	be assigned to another	individual or entity. I ag	gree to operate this business
according to the law, including but not limited				
to any portion of a licensed premises during in revocation of this license. I understand that a				
understand that I may be prosecuted for subm	tting false statements and	affidavits in connection	with this application, and	d that any person who know-
ingly provides materially false information on t			than \$1,000 if convicted	1
Last Name KOPECKY	Figst	AM ES		M.I.   D
TITLE PRESIDENT		1	1	
Signature	1	Date		
Part E: For Clerk Use Only	and	(1-0	H196190	24
Committee of the Commit	se Number	Dat	e License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional I	icense Issued (if applicable)
Signature of Olern Deputy Clerk			Date Flovisional Li	iocriae iaaueu (ii applicable)

Form AB-101



Agent Type (check one)		enge (Military Comment)		
☑ Original (no fee)	☐ Successor (\$10 fee for	municipal licensees onl	y)	
Part A: Business Inform	nation			
Legal Business Name (individual)				
Kopec	245 Work	duide +	Dods The	
2. Business Trade Name or DB.	CILYS PISS	ly luss!	4	
3. Entity Type (check one)	☐ Limited Liability Compa	ny Corpor	ation Non	profit Organization
4. Alcohol Beverage Business A		5. If successor agent, p	provide State Permit or Mu	nicipal Retail License Number
6. Describe the reason for appo	inting a successor agent, if success	sor is checked above.		
		it.		
Part B: Agent Informati	on	To Fi . N		Ta
1. Last Name		2. First Name		3. M.I.
RODECKY		James		
4. E				5 Phone
6. H				
7. City EVANSI	(1110	8. State 9. Zip Co	ode 2531	10. Age 7 7
11 Drivers License/State ID Nu	mher	12.1	Privers License/State ID S	tate of Issuance
			WI	
Part C: Agent Question	S			
Have you satisfied the re Submit proof of completion	sponsible beverage server trail on.	ning requirement?		····· Yes No
Have you completed For Submit a completed Forn	m AB-100, <i>Alcohol Beverage Ir</i> n AB-100 with this form.	ndividual Questionnaire	?	🗹 Yes 🗌 No
Have you been a Wiscor See instructions for exce	nsin resident for at least 90 controls.	tinuous days?		····· 🏚 Yes 🗌 No

READ CAREFULLY BEFORE SIGNING: I, the <b>Unde</b> corporation, nonprofit organization, or limited liability beverage activities on such premises. I certify that I on behalf of the entity. If I am appointing a successor I understand that I may be prosecuted for submitting any person who knowingly provides materially false in if convicted.	y company with full authority and am authorized by the above-nam r agent, I rescind all previous agen g false statements and affidavits in	control of the premises and of all alcohol ed entity to authorize this individual to act appointments for this premises. Further, connection with this application, and that
Last Name	First Name	M,L
KODECKY	James	(1)
Title Email		Phore
President ,		
Signature	J. J.	Date
MISTOR IN SAMO	-	(7412612024)
		1 /12 /12 /
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> nonprofit organization, or limited liability company an on the premises for the above-named business. I fu and affidavits in connection with this application, and application may be required to forfeit not more than \$	nd assume full responsibility for the urther understand that I may be p I that any person who knowingly p	e conduct of all alcohol beverage activities rosecuted for submitting false statements
Signature KO DECLY	First Name  Sames	Date Of a Date
1 ONMOS 12 1,0000	10.	(H-90 9024

Part D: Business Attestation

Form : AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	· ·
License Period	

License(s) Requested: (up to two boxes ma	ense(s) Requested: (up to two boxes may be checked)		
☑ Class "A" Beer \$	☐ Class "B" Beer \$	License Fees	\$ 600,00
☑ "Class A" Liquor \$ _500	☐ "Class B" Liquor \$	Background Check Fee	\$ 7.00
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor `\$	Publication Fee	\$ 100.00
Grant Carlot (wine only) \$		Total Fees	\$ 707.00
Part A: Premises/Business Informati  1. Legal Business Name (individual name if sole p  MADISON STREET	roprietorship)		
2. Business Trade Name or DBA  ALL - N - ON E			
3. FEIN 04-3738143		Geller's Permit Number 80000637428-03	
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	☑ Corporation ☐ Nonpro	fit Organization
6. State of Organization  WISLOWSIW	7. Date of Organization 3/2003	8. Wisconsin DFI Registration M 0 5 8 16 4	
9. Premises Address /by 5. MA DI So	,		-
10. City EVANSUILLE	,	11. State 12. Zip Code 5 3 5 3	
13. County ROCK	14., Governing Municipality: Ocity of: EVANSULLL	Town Village 15. Aldermania	c District
16. Premises Phone 6-8-881-4757	17. Premises Email PSEKHON 4966@0	SMAIL 18. Website	
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this applica	or buildings where alcohol beverages are g, including living quarters. Authorized al- tion. Attach a map or diagram and additio	produced, sold, stored, or consumed, cohol beverage activities and storage o	
20. Mailing Address (if different from premises add	dress)	-	
21. City		22. State 23. Zip Code	
Part B: Questions		* * *	10 Sept. 1
Has the business (sole proprietorship, par violating federal or state laws or local ordinal.      If yes, list the details of violation below. At	inances? Exclude traffic offenses unl	r corporation) been convicted of ess related to alcohol beverages.	Yes 🔀 No
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

					7
Are charges for any offenses pending beverages.	against the business? E	xclude traffic offe	enses unless related to a	alcohol Tyes	Ŋ <b>O</b> No
If yes, describe the nature and status	of pending charges using	g the space belo	w. Attach additional shee	ets as needed.	
3. Is the applicant business or any of its	officers directors mem	hers agent em	nlovees owners or oth	er related	
individuals or entities a restricted inve If yes, provide the name of the restric	estor with any interest in	an alcohol beve	rage producer or distrib		No No
4. Is the applicant business owned by ar If yes, provide the name(s) and FEIN(					No No
4a. Name of Business Entity		4b. Business E	ntity FEIN		
			* -*	•	
<ol><li>Have the partners, agent, or sole prop this license period? Submit proof of co</li></ol>					□ No
this incense period? Submit proof of co 5. Is the applicant business indebted to				<del></del>	No
7. Does the applicant business owe past	- ·	-	•		∑ No
Part C: Individual Information				<del></del>	
List the name, title, and phone number for ear Question 4: sole proprietor, all officers, director managers, and agent of a limited liability com nclude Form AB-100 for each person listed b	ors, and agent of a corporati pany. Attach additional shee	ion or nonprofit orgets if necessary.	anization, all partners of a	partnership, and all m	embers,
ast Name ,	First Name	Titl		* Phone	
SEKHOW	DARMINDE	ER 1	PRESIDENT	.	
		s 1 "	-		
	-			2	
Don't Dr. Addandading					
Part D: Attestation					
The of the following must sign and attes	t to this application:	~			
	t to this application: al partner of a partnersh	ip cone co	orporate officer • c	nne member of an L	LC
<ul> <li>sole proprietor</li> <li>one gener</li> <li>READ CAREFULLY BEFORE SIGNING: Unit</li> <li>I am acting solely on behalf of the applicant I rights and responsibilities conferred by the lie according to the law, including but not limited to any portion of a licensed premises during revocation of this license. I understand that a understand that I may be prosecuted for subreme</li> </ul>	al partner of a partnershider penalty of law, I have a business and not on behalf cense(s), if granted, will not to, purchasing alcohol be inspection will be deemed a land license issued contrary nitting false statements and	enswered each of the form of any other indivi- of any other indivi- to be assigned to an averages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne	he above questions compl dual or entity seeking the landher individual or entity. e authorized wholesalers. It is spection. Such refusal is a pter 125 shall be void und action with this application,	etely and truthfully. I icense. Further, I agre to operate this understand that lack a misdemeanor and ger penalty of state law and that any person was the same that any person was that the same true that the same true that the same true that the same true true true true true true true tru	agree that ee that the s business of access rounds for w. I further
sole proprietor     one general contents of the applicant lights and responsibilities conferred by the lig	al partner of a partnershider penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not to, purchasing alcohol be inspection will be deemed any license issued contrary nitting false statements and this application may be rec	answered each of to of any other indivi- to be assigned to an everages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne- quired to forfeit not st Name	he above questions compl dual or entity seeking the I nother individual or entity. e authorized wholesalers. I aspection. Such refusal is a pter 125 shall be void und action with this application, a more than \$1,000 if convi	etely and truthfully. I icense. Further, I agre I agree to operate this understand that lack a misdemeanor and ger penalty of state lawand that any person acted.	agree that ee that the s business of access rounds for w. I further who know-
• sole proprietor • one gener READ CAREFULLY BEFORE SIGNING: Un am acting solely on behalf of the applicant I rights and responsibilities conferred by the lie according to the law, including but not limited or any portion of a licensed premises during revocation of this license. I understand that it understand that I may be prosecuted for subringly provides materially false information on Last Name	al partner of a partnershider penalty of law, I have a business and not on behalf cense(s), if granted, will not it to, purchasing alcohol be inspection will be deemed a any license issued contrary nitting false statements and this application may be recommended.	answered each of the form of any other indivi- to be assigned to an experience from state and refusal to allow in the form of	he above questions compl dual or entity seeking the I nother individual or entity. e authorized wholesalers. I aspection. Such refusal is a pter 125 shall be void und action with this application, a more than \$1,000 if convi	etely and truthfully. I icense. Further, I agre I agree to operate this understand that lack a misdemeanor and ger penalty of state lawand that any person acted.	agree that ee that the s business of access rounds for w. I further who know-
• sole proprietor • one gener READ CAREFULLY BEFORE SIGNING: Un am acting solely on behalf of the applicant I rights and responsibilities conferred by the line according to the law, including but not limited to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for subringly provides materially false information on Last Name	al partner of a partnershider penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not to, purchasing alcohol be inspection will be deemed any license issued contrary nitting false statements and this application may be rec	answered each of to of any other indivi- to be assigned to an everages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne- quired to forfeit not st Name	he above questions compl dual or entity seeking the I nother individual or entity. e authorized wholesalers. I aspection. Such refusal is a pter 125 shall be void und action with this application, a more than \$1,000 if convi	etely and truthfully. I icense. Further, I agre I agree to operate this understand that lack a misdemeanor and ger penalty of state lawand that any person acted.	agree that ee that the s business of access rounds for w. I further who know-
• sole proprietor • one gener READ CAREFULLY BEFORE SIGNING: Unam acting solely on behalf of the applicant lights and responsibilities conferred by the lights and responsibilities conferred by the lights and responsibilities conferred by the lights and responsibilities conferred by the lights and responsibilities during evocation of a licensed premises during evocation of this license. I understand that I may be prosecuted for submingly provides materially false information on last Name  SEKHOW  Fille  PRESIDENT	al partner of a partnershider penalty of law, I have a business and not on behalf cense(s), if granted, will not it to, purchasing alcohol be inspection will be deemed a any license issued contrary nitting false statements and this application may be recommended.	answered each of to of any other indivi- to be assigned to an everages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne- quired to forfeit not st Name	he above questions compl dual or entity seeking the I nother individual or entity. e authorized wholesalers. I ispection. Such refusal is a pter 125 shall be void und ection with this application, more than \$1,000 if convi	etely and truthfully. I icense. Further, I agred to operate this understand that lack a misdemeanor and ger penalty of state laward that any person stated.  M.I.	agree that ee that the s business of access rounds for w. I further who know-
• sole proprietor • one gener  READ CAREFULLY BEFORE SIGNING: Un  I am acting solely on behalf of the applicant I  rights and responsibilities conferred by the lie according to the law, including but not limited to any portion of a licensed premises during revocation of this license. I understand that a  understand that I may be prosecuted for subringly provides materially false information on  Last Name  SEKHOW  Title  PRESIDENT  Signature	al partner of a partnershider penalty of law, I have a business and not on behalf cense(s), if granted, will not it to, purchasing alcohol be inspection will be deemed a any license issued contrary nitting false statements and this application may be recommended.	answered each of to of any other indivi- to be assigned to an everages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne- quired to forfeit not st Name	he above questions compl dual or entity seeking the I nother individual or entity. e authorized wholesalers. I ispection. Such refusal is a pter 125 shall be void und ection with this application, more than \$1,000 if convi	etely and truthfully. I icense. Further, I agre I agree to operate this understand that lack a misdemeanor and ger penalty of state lawand that any person acted.	agree that ee that the s business of access rounds for w. I further who know-
• sole proprietor • one gener  READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant I rights and responsibilities conferred by the live according to the law, including but not limited to any portion of a licensed premises during revocation of this license. I understand that I understand that I may be prosecuted for subr ingly provides materially false information on Last Name  SEXHOW  Title  PRESIDENT  Signature  Part E: For Clerk Use Only	al partner of a partnershider penalty of law, I have a pusiness and not on behalf cense(s), if granted, will not do, purchasing alcohol be desmed a lany license issued contrary mitting false statements and this application may be recommended.    Email	answered each of to of any other indivi- to be assigned to an everages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne- quired to forfeit not st Name	he above questions complibudal or entity seeking the latest individual or entity. The authorized wholesalers. It is pection. Such refusal is a pter 125 shall be void und action with this application, more than \$1,000 if convidual to the property of the p	etely and truthfully. I icense. Further, I agree to operate this understand that lack a misdemeanor and ger penalty of state law and that any person seted.  M.I.	agree that ee that the s business of access frounds for w. I further who know-
READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant I rights and responsibilities conferred by the lie according to the law, including but not limited to any portion of a licensed premises during revocation of this license. I understand that a understand that I may be prosecuted for subr ingly provides materially false information on Last Name  SEKHOW  Title  PRESIDENT  Signature  Part E: For Clerk Use Only	al partner of a partnershider penalty of law, I have a business and not on behalf cense(s), if granted, will not it to, purchasing alcohol be inspection will be deemed a any license issued contrary nitting false statements and this application may be recommended.	answered each of to of any other indivi- to be assigned to an everages from state a refusal to allow in y to Wis. Stat. Cha d affidavits in conne- quired to forfeit not st Name	he above questions compl dual or entity seeking the I nother individual or entity. e authorized wholesalers. I ispection. Such refusal is a pter 125 shall be void und ection with this application, more than \$1,000 if convi	etely and truthfully. I icense. Further, I agred to operate this understand that lack a misdemeanor and ger penalty of state laward that any person stated.  M.I.	agree that ee that the s business of access frounds for w. I further who know-

High Tillin

Form AB-101

#### Alcohol Beverage Appointment of Agent

Date 4-17-202	4
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Agent Type (check one)	<del>-</del>		··	<u> </u>	
V Original (no fee) ☐ Su	uccessor (\$10 fee for mur	nicipal licensee	s only)		
,	,			٠	•
Part A: Business Information				•	
Legal Business Name (individual name if	f sole proprietor)			•	7
MADISON ST	REET E	KPRES	S, INC		
2. Business Trade Name or DBA	N- ONE		•		
3. Entity Type (check one)	mited Liability Company		orporation	Nonprofit Organiza	tion
4. Alcohol Beverage Business Authorization Municipal Retail License	(check one) 5	. If successor ag	ent, provide State Pe	rmit or Municipal Retail Lic	ense Number
6. Describe the reason for appointing a suc	cessor agent, if successor is	checked above.	· · · · · · · · · · · · · · · · · · ·		
Part B: Agent Information		·		<del> </del>	
1. Last Name	2.	. First Name	<u> </u>	<u>.</u>	3. M.1.
SEKHON		PARMI	WDER		1<
4. Email				5 Phone	
6. Home Add					
7. City FITCH BURG		8. State   9. Z	Zip Code 53711	10. Age	
				State ID State of Issuance かんらりん	
		·			
Part C: Agent Questions		,	<u>-</u>		
Have you satisfied the responsible Submit proof of completion.	beverage server training	requirement?		····· 🖎	Yes No
2. Have you completed Form AB-100, Submit a completed Form AB-100	, <i>Alcohol Beverage Indivi</i> with this form.	idual Questioni	naire?	<b>I</b>	Yes No
Have you been a Wisconsin reside See instructions for exceptions.	nt for at least 90 continuo	ous days?		<b>V</b>	Yes No

Continued  $\rightarrow$ 

#### 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 SEKHOW		First Name PARMIN DE	ER	M.I.
Title PAESIDENT	Email		Phone	
Signature Powell!	Ser	4	4-1)-202	4

#### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby 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.
Signature	Pour Ser	Date 4-13-2	024

Save Print Clear

Form

# Alcohol Beverage License

	For	Municipal Use Only	
Munici	pality	Black Loss of the Colonial Col	
Licens	e Peri	ori	

AB-200	Application	Application License Period			
License(s) Requested: (up to two boxes	may be checked)		Andrew Control of Control	Fees	
Class "A" Beer \$	\$ \$ Beer \$			License Fees	
Class A* Liquor \$	Class B" Liquor		Background Check Fee		
Class A" Liquor (cider only) \$ Reserve "Class B" Liquor \$			ckgroun	d Check Fee	5
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor	\$ PL	blication	Fee	S
*Class C* Liquor (wine only) \$	and the same of th	To	tal Fees		\$
Part A: Premises/Business Inform	ation				
1 Legal Business Name (individual name if so	ole proprietorship)				
SD EVANSVILLE MINIMART	INC				
2. Business Trade Name or DBA					
3 FEIN	I A Wiece	nsın Seller's Permit	Number		
93-1567128		-1031439814			
5 Entity Type (check one)	1 250	100110701			
Sole Proprietor Partnersh	nip	ny Corpo	ration	Nonpro	fit Organization
6 State of Organization	7. Date of Organization				
WI	05/24/2023		S1481	09	
9. Premises Address					
350 UNION ST			100		
10 City		11.	State	12 Zip Code	
EVANSVILLE			WI	53536	
13 County	14 Governing Municipality	City Town	] Village	75 Aldermani	c District
Rock	of EVANSVILLE				
16 Premises Phone	17. Premises Email		18. Web	osite	
(847) 410-2139	SDBUSINESS532@GMA				
Premises Description - Describe the build are kept. Describe all rooms within the build only on the premises described in this app.  ATTACHED	alding, including living quarters. Authorize	zed alcohol beverag	e activitie	s and storage o	
20 Mailing Address (if different from premises	s address)				
21 City					
		22	State	23 Zip Code	
Part B: Questions		22	State	23 Zip Code	
Part B: Questions  1 Has the business (sole proprietorship, violating federal or state laws or local or state laws	partnership, limited liability compa ordinances? Exclude traffic offense	any, or corporation	ı) been o	convicted of	Yes V
1 Has the business (sole proprietorship,	ordinances? Exclude traffic offense	any, or corporation	ı) been o	convicted of	Yes 🗸
Has the business (sole proprietorship, violating federal or state laws or local control	ordinances? Exclude traffic offense	any, or corporation	n) been co o alcoho	convicted of	Yes 🗸
Has the business (sole proprietorship, violating federal or state laws or local if yes, list the details of violation below	ordinances? Exclude traffic offense v Attach additional sheets if necess	any, or corporation	n) been co o alcoho	convicted of beverages	Yes V
Has the business (sole proprietorship, violating federal or state laws or local of the first sole of the federal of the f	ordinances? Exclude traffic offense v Attach additional sheets if necess	any, or corporation es unless related t sary	n) been co alcoho	convicted of beverages	

2 Are charges for any offenses pending a beverages	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 us	ing the space be	elow. Attach additional s	heets as needed		
Is the applicant business or any of its condividuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest	in an alcohol be	everage producer or dis		es 🗸 No	
<ol> <li>Is the applicant business owned by and if yes, provide the name(s) and FEIN(s)</li> </ol>			Attach additional sheet		es 🗸 No	
4a Name of Business Entity	, or the business ent	_	s Entity FEIN	3 d3 ficedeo		
,		10 2001103	o Enny / Enn			
5 Have the partners, agent, or sole propri	ietor satisfied the res	nonsible bevera	ge server training requir	ement for		
this license period? Submit proof of cor		portatore bevera	ge server danning require	Processed .	es No	
6 Is the applicant business indebted to an	ny wholesaler beyond	d 15 days for bee	er or 30 days for liquor/w	ne? Y	es 🔽 No	
7. Does the applicant business owe past of	due municipal proper	ty taxes, assess	ments, or other fees?	Y	es V No	
Part C: Individual Information						
List the name, title, and phone number for each	person or entity holdin	g the following pos	sitions in the applicant busin	ness or businesses lis	sted in Part B.	
Question 4: sole proprietor, all officers, director, managers, and agent of a limited liability compa	s, and agent of a corpor	ration or nonprofit				
include Form AB-100 for each person listed be		LLCs must appoint				
Last Name	First Name		Title	Phone		
SARWAN	SINGH		PRESIDENT	(574) 5	32-7858	
Manvic	Singh					
	0					
Part D: Attestation						
One of the following must sign and attest						
	I partner of a partner			one member of a		
READ CAREFULLY BEFORE SIGNING: Und						
rights and responsibilities conferred by the lice	ense(s), if granted, will i	not be assigned to	another individual or entit	y. I agree to operate	this business	
according to the law, including but not limited to any portion of a licensed premises during in	to, purchasing alcohol spection will be deeme	beverages from si	tate authorized wholesalers winspection. Such refusal	s I understand that I is a misdemeanor ar	ack of access	
revocation of this license I understand that ar	ny license issued contri	ary to Wis Stat. C	chapter 125 shall be void u	inder penalty of state	law I further	
understand that I may be prosecuted for submi	itting false statements a his application may be	required to forfeit	not more than \$1,000 if co	on, and that any pers invicted	on who know-	
Last Name		First Name			MI	
SINGH		SARWAN				
Title	Email			Phone		
PRESIDENT						
Signature A C			Date			
			0	05/09/24		
Part E: For Clerk Use Only		70.62.50.51.5				
Date Application Was Filed With Clerk Licens	e Number		Date License Grante	d Date License	sissued	

AB-101

Date				
05	10	9/	20	24

Agent Type (check one)						
Original (no fee) Successor (\$	510 fee for munic	ipal licens	sees only)			
Part A: Business Information						
Legal Business Name (individual name if sole proprie	etor)					
SD EVANSVILLE MINIMART INC						
Business Trade Name or DBA						
Entity Type (check one)	lity Company	V	Corporation	□ No	nprofit Organ	nization
Alcohol Beverage Business Authorization (check one	) 5. If	successor	agent, provide Sta	ite Permit or M	unicipal Retail	License Numbe
✓ Municipal Retail License ☐ State F	Permit 2	23/24-	39			
Describe the reason for appointing a successor agen	nt, if successor is ch	hecked abo	ove.			
ORIGINAL AGENT RESIGNED						
Part B: Agent Information						
	2 FI	irst Name				3. M.I
		irst Name				3. M.I
Last Name SINGH					5 Phone	3. M I
Last Name SINGH					5. Phone	3. M.I
Last Name SINGH Email					5 Phone	3. M I
Last Name SINGH Email					5. Phone	3 M I
Last Name SINGH Email	М	IANVIR	9 Zin Code			3 M I
Last Name SINGH Email	М	IANVIR	9 Zip Code 53520		10 Age	3 M I
Email City BRODHEAD	М	IANVIR	53520	enca/State ID	10 Age 23	
Last Name SINGH Email	М	IANVIR	53520 12 Drivers Lic	ense/State ID	10 Age 23	
Last Name SINGH Email	М	IANVIR	53520	ense/State ID	10 Age 23	
Last Name SINGH Email	М	IANVIR	53520 12 Drivers Lic	ense/State ID	10 Age 23	
Last Name SINGH Email	М	IANVIR	53520 12 Drivers Lic	ense/State ID	10 Age 23	
Last Name SINGH Email	М	IANVIR	53520 12 Drivers Lic	ense/State ID	10 Age 23	
Email  City  BRODHEAD  Drivers License/State ID Number	М	IANVIR	53520 12 Drivers Lic	ense/State ID	10 Age 23	
Email  City  BRODHEAD  1 Drivers License/State ID Number	М	IANVIR	53520 12 Drivers Lic	ense/State ID	10 Age 23	
Last Name SINGH Email	M	8. State WI	53520 12 Drivers Lic IN	ense/State ID	10 Age 23 State of Issuar	
Email  BRODHEAD  1 Drivers License/State ID Number  Part C: Agent Questions  Have you satisfied the responsible beverage s	server training re	8. State WI	53520 12 Drivers Lic IN	ense/State ID	10 Age 23 State of Issuar	nce

Part D. Business Attestation			The second secon
READ CAREFULLY BEFORE SIGNING I corporation, nonprofit organization, or limit beverage activities on such premises. I ce on behalf of the entity. If I am appointing a I understand that I may be prosecuted for any person who knowingly provides material if convicted.	ited liability company with full authority are ertify that I am authorized by the above-na a successor agent, I rescind all previous ag a submitting false statements and affidavits	nd control of the premises a amed entity to authorize this gent appointments for this p is in connection with this app	and of all alcohol is individual to act iremises. Further, plication, and that more than \$1,000
Last Name	First Name		M.L.
SINGH	SARWAN		
Title	Email	Phone	
PRESIDENT			
Signature		Date 65-12-2	24
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, nonprofit organization, or limited liability or on the premises for the above-named but and affidavits in connection with this application may be required to forfeit not in	ompany and assume full responsibility for isiness. I further understand that I may be cation, and that any person who knowingly	the conduct of all alcohol be prosecuted for submitting	false statements
Last Name	First Name		M.I.
SINGH	MANVIR		
Signature		Date () C 1 2	2 14

Form

**AB-200** 

# Renewal Alcohol Beverage License Application

	1.
For Municipal Use Only	_
Municipality	$\neg$
	ì
	_

License Period July 1-24-June30,25

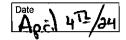
License(s) Requested: (up to two boxes	may be checked)	Fees	i
☐ Class "A" Beer \$	_ 🔀 Class "B" Beer \$ 🔟	License Fees	\$ 600
"Class A" Liquor	_ 🗷 "Class B" Liquor \$ <u>. 5</u>	Background Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$ 15.00
☐ "Class C" Liquor (wine only) \$	-	Total Fees	\$ 615.00
Part A: Premises/Business Inform	ation		
1. Legal Business Name (individual name if sol			
2. Business Trade Name or DBA	IN STREET LLC	•	
Allen Creek COF	Fee Horse		
3. FEIN	_ ***	Seller's Permit Number	_
92-1236271	456-	- 1031168196 - 02	3.
5. Entity Type (check one)  Sole Proprietor Partnershi	ip KLimited Liability Company	☐ Corporation ☐ Nonpre	ofit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registrat	
Wisconsin	August 2022		
9. Premises Address	U		
137 EAST MAI	N 21 KEET		
10. City Evansuille		11. State   12. Zip Code	
13. County	14. Governing Municipality: K City	=	
Rock	of: Evansuille		
16. Premises Phone	17. Premises Email	18. Website N/A	-
608-882-1248	Allencreekeoffe	chouse egmail.com	
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this appropriate with the Apartic and Retail space, and Sales	lding, including living quarters. Authorized a lication. Attach a map or diagram and addit	alcohol beverage activities and storage ional sheets if necessary.	of records may occur
Harve music patio , Buckyal			
20. Mailing Address (if different from premises	address)	T IN SOMEWED. MAY IN	MIE VENO DOS
Forme			
21. City		22. State 23. Zip Code	
Part B: Questions	·		
Has the business (sole proprietorship,	partnership limited liability company o	or corporation) been convicted of	
violating federal or state laws or local of	ordinances? Exclude traffic offenses un	less 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	<u> </u>	Was sentence completed?	☐ Yes ☐ No
		Trad sentence completed:	☐ 169 ☐ 140

Are charges for any offenses pending a beverages.	gainst the business?	Exclude traffic	offenses unless	related to alc	ohol  Yes	<b>⋉</b> No
If yes, describe the nature and status o	f pending charges usi	ng the space be	elow. Attach add	itional sheets	as needed.	
Is the applicant business or any of its of individuals or entities a restricted investigation.	officers, directors, me	mbers, agent, o	employees, own everage produce	ers, or other er or distribut	related	<b>▼</b> No
If yes, provide the name of the restricte	ed investor and descr	ribe the nature	of the interest.			
						Mar No.
4. Is the applicant business owned by and if yes, provide the name(s) and FEIN(s	of the business entity?	y owners below	. Attach addition	al sheets as	Yes needed.	<b>⋉</b> No
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
		71.1			-	· · ·
5. Have the partners, agent, or sole propr this license period? Submit proof of cor						☐ No
6. Is the applicant business indebted to ar	-					No.
7. Does the applicant business owe past	due municipal propert	y taxes, assess	ments, or other	fees?	Yes	<b>∠</b> No
Part C: Individual Information		*,		·	**	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corpora	ation or nonprofit	organization, all pa	cant business of a par	or businesses liste rtnership, and all n	nembers,
Include Form AB-100 for each person listed be		LCs must appoin		ding Form AB-		
Last Name	First Name	<i>(</i>	Title	<u>-</u>	Phone	
HANNA	TALO Fiche	(Jonny)	OWNE Manga	12 marge		
HAWNA	JAW Ficher Simbin	•	Mange	r		
					_	
Part D: Attestation	the state of the s	. Par a la como	**	i.		
One of the following must sign and attest	·					
, ,	I partner of a partners	•	e corporate office	44	e member of an	
READ CAREFULLY BEFORE SIGNING: Und	usiness and not on beha	alf of any other in	dividual or entity s	eeking the lice	ense. Further, I ag	ree that the
rights and responsibilities conferred by the lice according to the law, including but not limited	to, purchasing alcohol b	peverages from s	tate authorized wi	holesalers. I ui	nderstand that lac	k of access
to any portion of a licensed premises during in revocation of this license. I understand that a	ny license issued contra	ary to Wis. Stat. (	Chapter 125 shall	be void under	penalty of state la	aw. I furthe
understand that I may be prosecuted for submingly provides materially false information on t	itting false statements a this application may be i	nd affidavits in co required to forfeit	onnection with this not more than \$1	application, ar ,000 if convicte	nd that any persor ed.	who know
Last Name	F	irst Name	+		M.	
HANNA Title	Email	1 AwFic	k (lom	my)	Phone	<u>M</u>
OWNER / manager				,	Hone	
Signature			Date			
		•	A ra			
(GW)	е	<b>,</b>	April	4n -	2024	
Part E: For Clerk Use Only  Date Application Was Filed With Clerk Licens	se Number		Date Licens		Date License Is	ssued
	se Number		Date Licens	e Granted		

AB-200 (N. 03-24)

À

Form
AB-101



Agent Type (check one)				· -
Original (no fee) Successor (\$10 fee for n	municipal licen	sees only)	<u>'</u>	
Part A: Business Information			,	
Legal Business Name (individual name if sole proprietor)		<u> </u>		•
139 EAST MAIN STREE	ET LL	<u> </u>		
2. Business Trade Name or DBA			• •	
Allen Creek Coffee House	<u> </u>			
3. Entity Type (check one) Limited Liability Compar	ny 🗆	Corporation	□ Nonprofit Orga	nization
4. Alcohol Beverage Business Authorization (check one)	5. If successo	r agent, provide State Per	mit or Municipal Reta	il License Number
Municipal Retail License State Permit  6. Describe the reason for appointing a successor agent, if successor	<u> </u>			
Part B: Agent Information  1. Last Name  4. Email  6. Home Address	2. First Name	Fick (Tomm	5 Phone	3. M.I.
<u>.                                    </u>				
7. ony	8. State	9. Zip Code	10. Age	<b>a</b>
11. Driven License (State ID Number	MI	12. Drivers License/S	State ID State of Issue	<del>≠</del> ince
		<u>-</u>	•	
		·		
Part C: Agent Questions		,		
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requireme	nt?	• • • • • • • • • • • • • • • • • • • •	Yes 📋 No
Have you completed Form AB-100, Alcohol Beverage Inc.     Submit a completed Form AB-100 with this form.	dividual Quest	ionnaire?		Yes No
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	inuous days?.			Yes No

#### 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. M.I. Last Name First Name Title Phone Signature Part E: Agent Attestation READ CAREFULLY BEFORE SIGNING: I, the Agent, herby 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

Signature

7E-2

#### Form 大 AB-200

## Alcohol Beverage License Application

<u> </u>	/ L- <u>∠</u>
For Municipal Use Only	
Municipality	
icense Period	

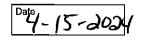
License(s) Requested: (up to two boxes ma	ay be checked)			Fees	
☐ Class "A" Beer \$	☑ Class "B" Beer \$ <u> </u>	00	License Fee	es	\$ (000
☐ "Class A" Liquor \$	☐ "Class B" Liquor \$	00	Background	Check Fee	\$
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publication I	Fee	\$
Class C" Liquor (wine only) \$		-	Total Fees		\$
		L			
Part A: Premises/Business Informati  1. Legal Business Name (individual name if sole p					
Be ssile Ba					
2. Business Trade Name or DBA					<u>-</u> -
2 CEIN	4 Wisconsin	Seller's Per	mit Number		
84-2796748	456	<u>-103</u>	0476	0445	-02
5. Entity Type (check one)  Sole Proprietor Partnership		☐ Coi	rporation	☐ Nonpro	fit Organization
6. State of Organization	7. Date of Organization			DFI Registration	
9. Premises Address	09-13-2019				-
108 E, MO	lin St.			<u>-</u>	
10. City Evansville			11. State	12. Zip Code 5 3 5	536
13. County ROCK	14. Governing Municipality: 又 City of: <u>Evanside</u>	Town	Village		
16: Promisos Phono	17. Premises Email	-			
608-882 - 9850	Bessive@BlueDeniBe	· · · · · ·			
<ol> <li>Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this applica</li> </ol>	ng, including living quarters. Authorized a	cohol beve	rage activities		
Inside building in b	sar, alley, coolers	in t	sar (3	) and	wollers
and shelves in baser					
20. Mailing Address (if different from premises ad	dress)				<u></u>
21. City		··	22. State	23. Zip Code	
21. Only			ZZ. Glate	25. 21p code	
Part B: Questions			•		
Has the business (sole proprietorship payiolating federal or state laws or locality)	de traffic offenses un	or corporat less relate	ion) been co d to alcohol	nvicted of beverages.	☐ Yes 🄀 No
If yes, list the details of violation below. A				10-1-	
Law/Ordinance Violated	. · Location		I ria	ıl Date	,
Penalty Imposed		Was sent	tence comple	eted?	Yes No
Law/Ordinance Violated	Location		Tria	ıl Date	
Penalty Imposed		Was sent	tence comple	eted?	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.  6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?						79.
Beverages.  If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.  It yes, percent the property of the percent of the status of pending charges using the space below. Attach additional sheets as needed.  It yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name (s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  A law the applicant business cowned by another business entity owners below. Attach additional sheets as needed.  If yes, provide the crame(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the crame(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes provides the owners are the status of business entity owners below. Attach additional sheets as needed.  If yes provides the crame(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes provides the crame(s) and FEIN(s) of the business entity towners below. Attach additional sheets as needed.  If yes provides the crame(s) and the status of the surface of the surface sheets as needed.  If yes provides the crame(s) and the surface sheets as needed.  If yes provides the crame(s) and the surface sheets are sheet sheets.  If yes provides the crame(s) and the surface sheets are sheet sheets.  If yes provides a sheet sheets are sheet sheets.  If yes provides a sheet sheets are sheet sheets.  If yes provides a sheet sheets are sheet sheets.  If yes provides a sheet sheet sheets are sheet sheets.  If yes provides a sheet sheet sheets are sheet sheets.  If yes provides a sheet sheet sheet sheets are sheet sheets.  If yes provides a sheet sheet sheet sheets are sheet	2 Are charges for any offenses pendi		2 Exclude traffic o	fenses unless related to	alcohol T Yes	X1 No
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 I yes, provide the name of the restricted investor and describe the nature of the interest.  1. Is the applicant business owned by another business entity? Yes I yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  1. Is the applicant business owned by another business entity owners below. Attach additional sheets as needed.  1. Is the applicant business and proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion Yes I yes applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes I yes applicant business one past due municipal property taxes, assessments, or other fees? Yes I yes I yes applicant business one wast due municipal property taxes, assessments, or other fees? Yes I yes I yes and phone number for each passon or entity holding the following positions in the applicant business or businesses listed in Pabuston 4: one proprietor all inflorars directors, and agent of a portional property taxes, assessments, or other fees? Yes I yes I		ig againer the business	. LAGIAGO HAMO O	ionada amada raidida k	- u.co	
If yes, provide the name of the restricted investor with any interest in an alcohol beverage producer or distributor?    If yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes yes yes a subject of submit proof of completion.  If yes yes yes yes yes yes yes yes yes yes	If yes, describe the nature and state	us of pending charges us	sing the space bel	ow. Attach additional sh	eets as needed.	
If yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name of the restricted investor and describe the nature of the interest.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.  If yes, provide the name of Business Entity  If		,		,		
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.    Ab. Business Entity	individuals or entities a restricted in	nvestor with any interes	t in an alcohol be	verage producer or dist		<b>⊠</b> No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.    Ab Business Entity						
Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  It is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?   Yes	. Is the applicant business owned by If yes, provide the name(s) and FE	another business entity N(s) of the business ent	?	Attach additional sheets		X No
this license period? Submit proof of completion	a. Name of Business Entity		4b. Business	Entity FEIN		
Part C: Individual Information  Ist the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Paluestion 4: sole progrietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all member nanagers, 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.  Bessice  Bessice  Title  Prione  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 fruthfully. I agree 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 the gifts and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business are any portion of a licensed premises during impaction will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and ground evocation of this license. I understand that lack of account of this license is a misdemeanor and ground evocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. If understand that in any be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who keep provided and penalty of state law. If understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who keep provided and penalty of state law. If understand that law information on this application may be required to f	. Have the partners, agent, or sole p this license period? Submit proof or	roprietor satisfied the res	sponsible beverag	e server training require	ement for	☐ No
ist the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Parluestion 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all member hanagers, 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.  BESSICE  BESSICE  The Manager  First Name  First Name  Title  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 team and additional sheets of the above questions completely and truthfully. I agree 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 the any application of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and ground evocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. If moderstand that I may be prosecuted for submitting false statements and affidavits in connection with his application, and that any person who kingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  BESSIVE  Business First Name  First Name  Part E: For Clerk Use Only  Date Application Was Filed With Clerk  License Number  Date License Granted  Date License Granted  Date License I ssued	·					⊠ No ⊠ No
Duestion 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all member nanagers, 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.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person and attention and LLCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporations and ILCs must appoint an agent by including Form AB-101.  Include Form AB-100 for each person listed below. Corporation and AB-101.  Include Form AB-100 form AB-101.  Include Form AB-100 form AB-101.  Include F	Part C: Individual Information		-			
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 the am acting solely on behalf of the applicant business and not on behalf of or any other individual or entity seeking the license. Further, I agree the ights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this businescording to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of a only portion of a license premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and ground 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 funderstand that I may be prosecuted for submitting false statements and affidiavits in connection with this application, and that any person who ken in the law is a misdemeanor and ground revocation of this application, and that any person who ken in the submitting false statements and affidiavits in connection with this application, and that any person who ken in the submitting false statements and affidiavits in connection with this application, and that any person who ken in the submitted of the foreit not more than \$1,000 if convicted.  Be SSIVE Blue Deal Bowl. On Phone  First Name  Be SSIVE Blue Deal Bowl. On Phone  Date License Issued  Date License Issued  Date License Issued	Question 4: sole proprietor, all officers, dire nanagers, and agent of a limited liability of	ectors, and agent of a corpo ompany. Attach additional s	ration or nonprofit o heets if necessary.	rganization, all partners of	a partnership, and all m	
Bessire  Deart 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 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 the gibts and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business corring to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of activity of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and ground evocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I funderstand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who k right provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  ast Name  Bessive  First Name  First Name  First Name  Date  H/15/Jay  Part E: For Clerk Use Only  Date Application Was Filed With Clerk  License Number  Date License Granted  Date License Issued			T			
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 penelty of law, I have answered each of the above questions completely and truthfully. I agree 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 ights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this busines coording to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of accountary to Wis. Stat. Chapter 125 shall be void under penalty of state law. If it inderstand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who kingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  Bessive Bessive Business Busin		T II ST Name		On to a c	THORE	
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 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 gifts and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business of an orange of the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including a missed to allow inspection. Such refusal is a misdemeanor and ground evocation of this license. I understand that a may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who kingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  BUSING BURCHARD PARE FOR Clerk Use Only  Date License Granted  Date License Granted  Date License Issued	Bessile	Differ	,	Marcher	_	Ė
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 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 the ights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and ground evocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I funderstand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who kingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  BESSIVE  First Name    Date   Phone   Phon		7 13 700	7	1 mage	***	. •
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 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 the ights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and ground evocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I funderstand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who kingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  BESSIVE  First Name    Date   Phone   Phon						
• 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 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 gights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this busine configuration to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of action and it is a misdemeanor and ground evocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I funderstand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who kingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.  BESSIVE  Busines  Bassive  Bas	Part D: Attestation	-				•
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree 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 ights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business and not on behalf of any other individual or entity. I agree to operate this business of the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of according to the law, including the lack of according to the law, including the purchasing alcohol beverages from s		, ,			-	
Bessive  Bessive  Bessive  But Bowl. com  Bate  4/15/24  Part E: For Clerk Use Only  Date Application Was Filed With Clerk  Date License Granted  Date License Issued	READ CAREFULLY BEFORE SIGNING: am acting solely on behalf of the applicating the and responsibilities conferred by the according to the law, including but not lime or any portion of a licensed premises during the according to this license. I understand the understand that I may be prosecuted for second to the according to the a	Under penalty of law, I hav nt business and not on be e license(s), if granted, will ited to, purchasing alcohol ng inspection will be deem at any license issued cont ubmitting false statements	ve answered each on nalf of any other ind not be assigned to beverages from stangled a refusal to allow rary to Wis. Stat. Ci and affidavits in cor	f the above questions convidual or entity seeking the another individual or entity ate authorized wholesalers inspection. Such refusal apter 125 shall be void unection with this application	npletely and truthfully. I e license. Further, I agr y. I agree to operate thi s. I understand that lack is a misdemeanor and of nder penalty of state la on, and that any person	agree that ee that the s business of access grounds for w. I further
Part E: For Clerk Use Only  Date 4/15/24  Date 4/15/24  Date 4/15/24  Date License Granted Date License Issued	Last Name Bessire		First Name	Jo	m.i	Ð.
Part E: For Clerk Use Only Date Application Was Filed With Clerk   License Number   Date License Granted   Date License Issued	Owner	Email Be	ssire@Blu		Phone	
Part E: For Clerk Use Only Date Application Was Filed With Clerk   License Number   Date License Granted   Date License Issued	Signature Juli -			· · ·		
	Part E: For Clerk Use Only					
Signature of Clerk/Deputy Clerk  Date Provisional License Issued (if application of Clerk/Deputy Clerk)	Date Application Was Filed With Clerk L	cense Number		Date License Granted	Date License Is:	sued
	Signature of Clerk/Deputy Clerk		• • • •	Date Provisi	onal License Issued (if a	applicable)

AB-200 (N. 03-24)

<sub>III</sub>IIIIII Form

**AB-101** 



	<b>b</b>
Agent Type (check one)	
☑ Original (no fee) ☐ Successor (\$10 fee for municip	oal licensees only)
Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor)  Bessice Bowl LL	
2. Business Trade Name or DBA  Blue Deil Bow	
3. Entity Type (check one) Limited Liability Company	☐ Corporation ☐ Nonprofit Organization
Municipal Retail License	successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is che	ecked above.
<b>Y</b>	·
Part B: Agent Information	
1. Last Name Bessice 2. Fire	st Name Joe 1 3. M.I. D.
4 Email	5 Dhana
Bessile@BlueDevil Boul (	com
6. H	
	State 9. Zip Code 10. Age 38
11. Deliver License (Clote ID Number	12. Drivers License/State ID State of Issuance
	Wisconsin
•	
Part C: Agent Questions	
Have you satisfied the responsible beverage server training red Submit proof of completion.	
Have you completed Form AB-100, Alcohol Beverage Individual     Submit a completed Form AB-100 with this form.	al Questionnaire?
Have you been a Wisconsin resident for at least 90 continuous See instructions for exceptions.	days?

READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a sucl understand that I may be prosecuted for such any person who knowingly provides materially if convicted.	liability company with full authority and or that I am authorized by the above-name occessor agent, I rescind all previous agenomitting false statements and affidavits in	control of the premises and of all alcoholed entity to authorize this individual to act appointments for this premises. Further, connection with this application, and that
Bessice	First Name Joel	W.I.
Title Owner	Bessivee Blue Da	ilBaul com
Signature M B	. 1.23.	Date 4-15-2024
Part E: Agent Attestation		, i
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	eany and assume full responsibility for the ess. I further understand that I may be pr on, and that any person who knowingly pr	conduct of all alcohol beverage activities osecuted for submitting false statements
Last Name	First Name	M.I.
Signature		Data

Mill Mill

Part D: Business Attestation

7E-3

# Form AB-200

## Alcohol Beverage License Application

	/ E-:
For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes m	nay be checked)			Fees	
Class "A" Beer \$	Class "B" Beer \$		License Fees	S	\$
Class A" Liquor \$	(Class B" Liquor \$		Background	Check Fee	\$
Class A" Liquor (cider only) \$			Publication F	ee	\$
Class C" Liquor (wine only) \$		Į	Total Fees		\$
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole  Creekside Plan	proprietorship)				
2. Business Trade Name or DBA	ice Vic				
3. FEIN		sin Seller's Per			
20-850968	50 4	56-1	0263	1961	12-05
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Compan	v 🗆 Coi	rporation	X Nonpro	fit Organization
6. State of Organization	7. Date of Organization		8. Wisconsin D		
9. Premises Address					
10. City	\		11. State	12. Zip Code	
Evansville			WI	535	36
13. County	14. Governing Municipality: 💢	City Town		15. Aldermani	
Rock	of: Evansvi	He			
16. Premises Phone	17. Premises Email		18. Websi		
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application of the building of the bu	g or buildings where alcohol beverage ing, including living quarters. Authorize	ed alcohol beve	, sold, stored, orage activities	or consumed, and storage o	of records may occu
21. City			22. State	23. Zip Code	
Part B: Questions					
Has the business (sole proprietorship, payiolating federal or state laws or local ord	dinances? Exclude traffic offenses	unless relate	tion) been cored to alcohol b	nvicted of beverages.	☐ Yes 💢 N
If yes, list the details of violation below. A	Location	ary.	Tria	l Date	
Law/Ordinance violated	Location		IIIa	Date	
Penalty Imposed		Was sen	tence comple	ted?	Yes N
Law/Ordinance Violated	Location		Tria	l Date	
Penalty Imposed		Was sen	tence comple	eted?	Yes N

	· · <del>-</del>			<del> </del>	
Are charges for any offenses pen	ding against the business? Fx	clude traffic offenses	unless related to alco	ohol  Yes	TĀĪ No
beverages.					Д
If yes, describe the nature and sta	atus of pending charges using	the space below. Att	ach additional sheets	as needed.	
Is the applicant business or any of individuals or entities a restricted If yes, provide the name of the restricted in the restricted	investor with any interest in a	an alcohol beverage	producer or distribute	related or?  Yes	Ŋ No
Is the applicant business owned business owned business, provide the name(s) and F					∑ No
4a. Name of Business Entity		4b. Business Entity F	EiN		-
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the respon	sible beverage serve	er training requiremen	t for	
6. Is the applicant business indebted	i to any wholesaler beyond 15	days for beer or 30	days for liquor/wine?.	٦ -	<b>⊠</b> No
7. Does the applicant business owe	past due municipal property to	axes, assessments, o	or other fees?	Yes	Ŋ No
Part C: Individual Information	·			. <del></del>	
List the name, title, and phone number for Question 4: sole proprietor, all officers, di managers, and agent of a limited liability	irectors, and agent of a corporatio	n or nonprofit organizat	the applicant business o ion, all partners of a part	r businesses listed nership, and all m	I in Part B, embers,
Include Form AB-100 for each person list			t by including Form AB-1		
Last Name	First Name	Title		Phone	
Beltran	Dierdre	<u>`</u> Łı	resident	<u> </u>	
<u>Carr</u>	Patrick	Vice	-Presiden	-	
St Clair	Robin	5	ecretary		
AH.	Maru !	Anne T	.· reasurar	į	
Part D: Attestation				, - :-	
One of the following must sign and a	ittest to this application:				
<ul> <li>sole proprietor</li> <li>one get</li> </ul>	eneral partner of a partnership	one corpora	ate officer • one	member of an L	.LC
READ CAREFULLY BEFORE SIGNING  1 am acting solely on behalf of the applic rights and responsibilities conferred by t according to the law, including but not lii to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted for ingly provides materially false informatio	cant business and not on behalf of the license(s), if granted, will not to mited to, purchasing alcohol bevoiring inspection will be deemed a that any license issued contrary to submitting false statements and a	of any other individual of the assigned to another erages from state author refusal to allow inspect to Wis. Stat. Chapter 1 affidavits in connection	r entity seeking the licer individual or entity. I ag orized wholesalers. I un ion. Such refusal is a m 25 shall be void under p with this application, and	ise. Further, I agrouped to operate this derstand that lack isdemeanor and goenalty of state law that any person were that any person were the secondary person	ee that the s business of access rounds for w. 1 further
Last Name WOONEX	N	Name NCNOLL		M.I.	
Executive Dibect	Q.C.			Phone 408-882 -	-0407
Signature Wicholl Yu		. Date	4/18/2024		
Part E: For Clerk Use Only		<u>r- —</u>	· ·		
Date Application Was Filed With Clerk	License Number	Dat	e License Granted	Date License Iss	sued
Signature of Clerk/Deputy Clerk			Date Provisional L	icense Issued (if a	pplicable)

AB-200 (N. 03-24)

## Form AB-101

#### Alcohol Beverage Appointment of Agent

Date		

	<u> </u>		
Agent Type (check one)		<u> </u>	
Original (no fee)	Successor (\$10 fee for mu	inicipal licensees only)	
Part A: Business Information			
Legal Business Name (individual n	name if sole proprietor)		
Creekside	· Ylace, I	nc	
Business Trade Name or DBA			-
3. Entity Type (check one)	☐ Limited Liability Company	☐ Corporation	☐ Nonprofit Organization
4. Alcohol Beverage Business Author		5. If successor agent, provide Stat	e Permit or Municipal Retail License Number
Municipal Retail License			
6. Describe the reason for appointing	a successor agent, it successor i	s checked above.	
Part B: Agent Information	1,	N. Frankla	10.00
1. Last Name		2. First Name	3. M.I.
4. Email		Jenniter	5. Phone
			1040-682-0401
6. Ham			1000 000 0101
7. City	0	8. State 9. Zip Code	10. Age
Evansville		UT 5353	36 42
11. Drivers License/State ID Number		12. Drivers Lice	nse/State ID State of Issuance
Part C: Agent Questions	* *, *		
Have you satisfied the responsible Submit proof of completion.	sible beverage server training	g requirement?	MPKET, UC IN PAST 2 YRS
Have you completed Form AB- Submit a completed Form AB-	8-100, Alcohol Beverage Indiv	vidual Questionnaire?	∑ Yes □ No
Have you been a Wisconsin respection     See instructions for exception		ious days?	Yes □ No

 $\textit{Continued} \rightarrow$ 

beverage activities on such premises. I ce on behalf of the entity. If I am appointing a I understand that I may be prosecuted for	ited liability company with full authority and control ertify that I am authorized by the above-named en a successor agent, I rescind all previous agent app submitting false statements and affidavits in conn ially false information on this application may be rec	tity to authorize this individual to act pointments for this premises. Further, pection with this application, and that
Last Name	First Name	M.I.
Wagner	Nicholle	
Executive Director	Email	Phone 608-882-0907
Signature Will Will		4/18/2024
Part E: Agent Attestation		<u> </u>
nonprofit organization, or limited liability or on the premises for the above-named bu	I, the <b>Agent</b> , herby accept this appointment as age ompany and assume full responsibility for the cond isiness. I further understand that I may be prosed cation, and that any person who knowingly provide more than \$1,000 if convicted.	duct of all alcohol beverage activities attended for submitting false statements
Last Name	First Name	M.I.
Wieder	JENNIFER_	<u> </u>
Signăture // Y		H/18/24
Mr.		•

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named

Part D: Business Attestation

## Form AB-200

## Alcohol Beverage License Application

For Municipal Use Only					
Municipality					
\$					
License Period					

License(s) Requested: (up to two boxes may	be checked)	Fee	s
☐ Class "A" Beer	Class "B" Beer \$	License Fees	\$
☐ "Class A" Liquor	🗹 "Class B" Liquor \$	Background Check Fe	e \$
Class A" Liquor (cider only) \$ [	Reserve "Class B" Liquor \$	Publication Fee	\$
Class C" Liquor (wine only) \$		Total Fees	\$
Part A: Premises/Business Informatio  1. Legal Business Name (individual name if sole pro		· · · · · · · · · · · · · · · · · · ·	
	Evansville	LL C	
2. Business Trade Name or DBA			
3. FEIN	4. Wisconsin S	Seller's Permit Number	
	456-	1030363278-0	2
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	☐ Corporation ☐ Nonp	rofit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registra	
WI	1 218		
9. Premises Address		,	•
609 E Mayh Sf		11. State 12. Zip Cod	e
Evanville		W1 5	7556 nic District
13. County	14. Governing Municipality: City of:	Town Village 15. Alderma	nic Disfrict
16. Premises Phone	17. Premises Email	 .   18. Website	
608 882- 1069			
19. Premises Description - Describe the building or are kept. Describe all rooms within the building			
only on the premises described in this application			or records may cood
Vestvarg14 on	el WGIX in	cooler	
20. Mailing Address (if different from premises addr		(00,07	<u> </u>
21. City		22. State 23. Zip Coo	e
Part B: Questions	*		
1. Has the business (sole proprietorship, partr			
violating federal or state laws or local ordin  If yes, list the details of violation below. Atta		ess related to alcohol beverages	.   Yes   No
Law/Ordinance Violated	Location 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 a			_		
beverages.	gainst the business? Exc	clude traffic offe	nses unless related to al	cohol Tyes	Ø No
If yes, describe the nature and status o	f pending charges using f	the space belov	v. Attach additional shee	ts as needed.	
	•				
Is the applicant business or any of its of individuals or entities a restricted investigation. If yes, provide the name of the restricted investigation.	stor with any interest in a	n alcohol beve	rage producer or distribi		No No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity? ) of the business entity o	wners below. At	tach additional sheets as	Yes needed.	[☑ No
4a. Name of Business Entity		4b, Business Er	ntity FEIN		** <u>,</u>
Have the partners, agent, or sole propr this license period? Submit proof of cor				ent for	M/No
6. Is the applicant business indebted to a	•			? Yes	[☑/No
7. Does the applicant business owe past	due municipal property ta	xes, assessme	nts, or other fees?	Yes	☑ No
Part C: Individual Information					_
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporatior	n or nonprofit orga	ns in the applicant business anization, all partners of a p	s or businesses listed artnership, and all m	in Part B, embers,
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an	agent by including Form Af	3-101.	
Last Name	First Name	Titl	e	Phone	
Narco	tugo		WNAZ	_{	
, ,					
				•	
		1			
	l .	I			
Part D: Attestation	<u></u>			<u> </u>	
Part D: Attestation One of the following must sign and attest	to this application:			<u> </u>	
One of the following must sign and attest	to this application:	• one co	orporate officer • or	ne member of an L	LC
One of the following must sign and attest • sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice	Il partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not b	swered each of the fany other individual in any other individual in any other and to any other and in any other individual in any other individual in any other individual in any other individual in any other individual in any other individual	ne above questions comple dual or entity seeking the li- other individual or entity.	etely and truthfully. I cense. Further, I agre agree to operate this	agree that ee that the s business
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in	Il partner of a partnership ler penalty of law, I have ans usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve aspection will be deemed a r	swered each of the fany other individual for any other individual for an area assigned to an area for a state of the factor of t	ne above questions comple dual or entity seeking the li- other individual or entity. I authorized wholesalers. I spection. Such refusal is a	etely and truthfully. I cense. Further, I agre agree to operate this understand that lack misdemeanor and g	agree that ee that the s business of access rounds for
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited	Il partner of a partnership ler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol bevenspection will be deemed a r ny license issued contrary to itting false statements and a	swered each of the fany other individual fany other individual fan assigned to an erages from state refusal to allow in the Wis. Stat. Chauffidavits in connections	ne above questions comple dual or entity seeking the li- other individual or entity. I a authorized wholesalers. I ispection. Such refusal is a pter 125 shall be void unde- ection with this application,	etely and truthfully. I cense. Further, I agreage to operate this understand that lack misdemeanor and ger penalty of state later and that any person to	agree that ee that the s business of access rounds for w. I further
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on t	Il partner of a partnership Iler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve ispection will be deemed a r iny license issued contrary to itting false statements and a this application may be requ	swered each of the fany other individue assigned to an erages from state refusal to allow in the Wiss. Stat. Chauffidavits in connectined to forfeit not Name	ne above questions completed and or entity seeking the literature individual or entity. It authorized wholesalers I espection. Such refusal is a pter 125 shall be void under the with this application, a more than \$1,000 if convicions.	etely and truthfully. I cense. Further, I agreage to operate this understand that lack misdemeanor and ger penalty of state later and that any person to	agree that ee that the s business of access rounds for w. I further who know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the	Il partner of a partnership Iler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve ispection will be deemed a r iny license issued contrary to itting false statements and a this application may be requ	swered each of the fany other individual for any other individual for any other fands of the fant of t	ne above questions completed and or entity seeking the literature individual or entity. It authorized wholesalers I espection. Such refusal is a pter 125 shall be void under the with this application, a more than \$1,000 if convicions.	etely and truthfully. I cense. Further, I agriagree to operate this understand that lack misdemeanor and ger penalty of state largent that any person toted.	agree that ee that the s business of access rounds for w. I further who know-
One of the following must sign and attest	Il partner of a partnership Iler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve respection will be deemed a r ny license issued contrary to itting false statements and a this application may be requ	swered each of the fany other individue assigned to an erages from state refusal to allow in the Wiss. Stat. Chauffidavits in connectined to forfeit not Name	ne above questions completedual or entity seeking the lite other individual or entity. I authorized wholesalers. I spection. Such refusal is a pter 125 shall be void underston with this application, more than \$1,000 if convidual.	etely and truthfully. I cense. Further, I agriagree to operate this understand that lack misdemeanor and ger penalty of state lated.  M.I.	agree that ee that the s business of access rounds for w. I further who know-
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on t Last Name	Il partner of a partnership Iler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve respection will be deemed a r ny license issued contrary to itting false statements and a this application may be requ	swered each of the fany other individue assigned to an erages from state refusal to allow in the Wiss. Stat. Chauffidavits in connectined to forfeit not Name	ne above questions completed and or entity seeking the literature individual or entity. It authorized wholesalers I espection. Such refusal is a pter 125 shall be void under the with this application, a more than \$1,000 if convicions.	etely and truthfully. I cense. Further, I agriagree to operate this understand that lack misdemeanor and ger penalty of state lated.  M.I.	agree that ee that the s business of access rounds for w. I further who know-
One of the following must sign and attest	Il partner of a partnership Iler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve respection will be deemed a r ny license issued contrary to itting false statements and a this application may be requ	swered each of the fany other individue assigned to an erages from state refusal to allow in the Wiss. Stat. Chauffidavits in connectined to forfeit not Name	ne above questions completedual or entity seeking the lite other individual or entity. I authorized wholesalers. I spection. Such refusal is a pter 125 shall be void underston with this application, more than \$1,000 if convidual.	etely and truthfully. I cense. Further, I agriagree to operate this understand that lack misdemeanor and ger penalty of state lated.  M.I.	agree that ee that the s business of access rounds for w. I further who know-
One of the following must sign and attest  • sole proprietor • one general  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant or rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on to Last Name  Title  Signature  Part E: For Clerk Use Only	Il partner of a partnership Iler penalty of law, I have ansusiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve respection will be deemed a r ny license issued contrary to itting false statements and a this application may be requ	swered each of the fany other individue assigned to an erages from state refusal to allow in the Wiss. Stat. Chauffidavits in connectined to forfeit not Name	ne above questions completedual or entity seeking the lite other individual or entity. I authorized wholesalers. I spection. Such refusal is a pter 125 shall be void underston with this application, more than \$1,000 if convidual.	etely and truthfully. I cense. Further, I agriagree to operate this understand that lack misdemeanor and ger penalty of state lated.  M.I.	agree that ee that the s business of access rounds for w. I further who know-

AB-200 (N. 03-24)

Form		
Α	<b>B-1</b>	01

#### Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)		A STATE OF THE STA	14 m 24 m	, , ,	k i set i i
☑ Original (no fee) ☐ Successor (\$10 fee for m	unicipal licens	ees only)			
	•				
Part A: Business Information	<del></del>		<u> </u>		*
Legal Business Name (individual name if sole proprietor)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
FI Vallarta					,
2. Business Trade Name or DBA					٠,
3. Entity Type (check one)  Limited Liability Company	/ 🗆	Corporation	☐ Non	profit Organizati	on
4. Alcohol Beverage Business Authorization (check one)  ✓ Municipal Retail License ☐ State Permit	5. If successor	agent, provide State	Permit or Mu	inicipal Retail Lice	nse Number
6. Describe the reason for appointing a successor agent, if successor	~ ~ ~	ve.		-	
renew Alcohol bevered	e ha	1 DE			
,				•	•
<u> </u>					
Part B: Agent Information			*	3	2 ,
1. Last Name	2. First Name				3. M.I.
wgo	<u>nem</u>				+
				5 Phone	
		_			
7. City	8. State	9. Zip Code		<sup>10. Age</sup> <b>45</b>	
7. City EVANOVIVQ	TW	53530	o	cp.	
11. Drivers License/State ID Number		12. Drivers Licer	se/State ID S	tate of Issuance	
		, ÷	5.		<del></del>
Part C: Agent Questions			A. C. C.		
Have you satisfied the responsible beverage server training     Submit proof of completion.	ng requireme	nt?		\ \ \ \ \ \	es ಝ No
Have you completed Form AB-100, Alcohol Beverage Ind Submit a completed Form AB-100 with this form.		onnaire?		Į.	es 🗌 No
Have you been a Wisconsin resident for at least 90 continuous for exceptions.				· ·	es 🗌 No
<del></del>					

Continued  $\rightarrow$ 

Part D: Business Attestation	- 1 Table 1 Ta	·	
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	I liability company with full authority fy that I am authorized by the above accessor agent, I rescind all previous bmitting false statements and affida	y and control of the premises e-named entity to authorize the sagent appointments for this wits in connection with this a	s and of all alcohol nis individual to act premises. Further, pplication, and that
Last Name	First Name		M.I.
11/10	Marco.		
Title	Email	Phone	
OWNAL			
Signature	1	Date	, ,
1/anco- 1 May CO		,	
Part E: Agant Attachetion			
Part E: Agent Attestation	<u> </u>	•	
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability comes on the premises for the above-named busin and affidavits in connection with this application may be required to forfeit not more	pany and assume full responsibility ess. I further understand that I may ion, and that any person who knowing	for the conduct of all alcohol be prosecuted for submitting	beverage activities og false statements
Last Name	First Name		M.I.
1406	Marco-		
Signature Larco-4 - 1090		Date 5 - 10 -	24
			·

#### Form

**AB-200** 

#### Alcohol Beverage License Application

For Municipal Use Only	7E	5
Municipality Municipal Use Only		
License Period		

License(s) Requested: (up to two boxes may be checked)			Fees		
	Class "B" Beer \$ 10		e Fees	\$600	
Class A" Liquor \$	Class B" Liquor \$	Backg	round Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publica	ation Fee	\$ 100	
Class C" Liquor (wine only) \$		Total I	ees	\$ D D D	
Part A: Premises/Business Information	on				
1. Legal Business Name (individual name if sole pr				a "1	
2. Business Trade Name or DBA , VFW Mew ovial PC	st 6905		7 19 "		
3. FEIN 39-1555281		eller's Permit Nun	72923-0	2	
5. Entity Type (check one)	Limited Liability Company	☐ Corporation	n Monne	ofit Organization	
Sole Proprietor Partnership  6. State of Organization	Limited Liability Company     Date of Organization		onsin DFI Registrati		
WISCONSIN	1946	0	3		
9. Premises Address	t.			7.7 R. M.	
10. City Evansuille		11. Stat	e 12. Zip Code 535	36	
13. County	14. Governing Municipality: City of:	Town Vill	age 15. Alderman	ic District	
16. Premises Phone / 608 882- 2335	17. Premises Email Post 6905 @ VFW Pos		Website		
19. Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this applicate Old Railvoad Station Box & Been Sanden, 5	g, including living quarters. Authorized alc ion. Attach a map or diagram and additio	cohol beverage ac nal sheets if nece	tivities and storage ssary.		
20. Mailing Address (if different from premises add	ress)			j digital	
21. City		22. Sta	te 23. Zip Code	3 2	
Part B: Questions				en a deservición de la composição de la composição de la composição de la composição de la composição de la co	
Has the business (sole proprietorship, part violating federal or state laws or local ordin If yes, list the details of violation below. Att	nances? Exclude traffic offenses unle	corporation) be ess related to al	een convicted of cohol beverages.	☐ Yes 🂢 No	
Law/Ordinance Violated	Location		Trial Date	19-1-19-1	
Penalty Imposed		Was sentence of	completed?	Yes No	
Law/Ordinance Violated	Location	1 2	Trial Date		
Penalty Imposed		Was sentence of	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.				
E 48 M.EE; A				
		1 00		
<ol> <li>Is the applicant business or any individuals or entities a restricted If yes, provide the name of the re</li> </ol>	d investor with any interest in a	n alcohol beverage produc	ners, or other related er or distributor? \( \sum \) Yes \( \sum \) No	
8.1				
*				
			N. Ph. Section (Physics)	
<ol><li>Is the applicant business owned if If yes, provide the name(s) and F</li></ol>	by another business entity? EIN(s) of the business entity ov	vners below. Attach addition	nal sheets as needed.	
4a. Name of Business Entity		4b. Business Entity FEIN		
			F133 3	
<ol><li>Have the partners, agent, or sole this license period? Submit proof</li></ol>				
6. Is the applicant business indebted	d to any wholesaler beyond 15	days for beer or 30 days for	r liquor/wine? Yes 🔀 No	
7. Does the applicant business owe	past due municipal property ta	xes, assessments, or other	fees? Yes 📈 No	
Part C: Individual Information				
	lirectors, and agent of a corporation	or nonprofit organization, all p	cant business or businesses listed in Part B, artners of a partnership, and all members,	
Include Form AB-100 for each person lis	ted below. Corporations and LLCs	must appoint an agent by inclu	uding Form AB-101.	
Last Name	First Name	Title	Phone	
Shmerday	John	Bar lap	nt	
2he	ton	Common	der	
Schneider	John	Quarter	nater	
Layrsen	1	- IA	av.	
Part D: Attestation	Lynda	Deal M	3v -	
One of the following must sign and a	attest to this application:		Control of the second s	
	eneral partner of a partnership	one corporate offic	er • one member of an LLC	
I am acting solely on behalf of the applic rights and responsibilities conferred by a according to the law, including but not li- to any portion of a licensed premises du revocation of this license. I understand	cant business and not on behalf of the license(s), if granted, will not b imited to, purchasing alcohol beveuring inspection will be deemed a rathat any license issued contrary to submitting false statements and a	any other individual or entity see assigned to another individurages from state authorized wefusal to allow inspection. Such Wis. Stat. Chapter 125 shall ffidavits in connection with this	stions completely and truthfully. I agree that seeking the license. Further, I agree that the all or entity. I agree to operate this business holesalers. I understand that lack of access the refusal is a misdemeanor and grounds for be void under penalty of state law. I further application, and that any person who know-,000 if convicted.	
Last Name Schneider	First I	Name	M.I.	
Title Bar Agent	Email Dost 60	9050, VANDOST 60	205 net	
Signature de James de		Date O4/1	7/2024	
Part E: For Clerk Use Only			1	
Date Application Was Filed With Clerk	License Number	Date Licens	e Granted Date License Issued	
Signature of Clerk/Deputy Clerk		Da	te Provisional License Issued (if applicable)	

Form AB-101

Date	
Date	

Agent Type (check one)				
	that we seem the court	4. (基础) 1. (19) (19) (19) (19)		
Original (no fee)	Successor (\$10 fee for mu	inicipal licensees only)		
		And I		
		z 1		
Part A: Business Information	on			
1. Legal Business Name (individual n	10 +10 -1	VFW	-y W	- / 1 / 2
2. Business Trade Name or DBA	6905			
3. Entity Type (check one)	Limited Liability Company	☐ Corporation	Nonprofit Organization	on
Alcohol Beverage Business Author     Municipal Retail License	. /	5. If successor agent, provide State	e Permit or Municipal Retail Licens	se Number
6. Describe the reason for appointing	a successor agent, if successor	is checked above.		
* -				
Part B: Agent Information				
Part B: Agent Information  1. Last Name		2. Firşt Name	3.	M.j.
1. Last Name		2. First Name	3.	М.ј.
		1-6.	5. Phone	M.L.
1. Last Name Schmelder		1-6.		M. J.
1. Last Name Schmelder		1-6.		M.J.
1. Last Name Schweider 4. Email		John	5. Phone	M.J.
1. Last Name Schwelder 4. Email 6. F		8. State 9. Zip Code		M.J.
1. Last Name Schwelder 4. Email 6. H 7. City Evansville		8. State 9. Zip Code WI 53536	5. Phone	M. J.
1. Last Name Schwelder 4. Email 6. F		8. State 9. Zip Code WI S3536 12. Drivers Lice	5. Phone  10. Age  7.5  nse/State ID State of Issuance	M.J.
1. Last Name Schwelder 4. Email 6. H 7. City Evansville		8. State 9. Zip Code WI 53536	5. Phone  10. Age  7.5  nse/State ID State of Issuance	M. J.
1. Last Name Schwelder 4. Email 6. H 7. City Evansville		8. State 9. Zip Code WI S3536 12. Drivers Lice	5. Phone  10. Age  7.5  nse/State ID State of Issuance	M. J.
1. Last Name  Schmelder  4. Email  6. H  7. City  Evansuille  11. Drivers Lieusse/State ID Number		8. State 9. Zip Code WI S3536 12. Drivers Lice	5. Phone  10. Age  7.5  nse/State ID State of Issuance	M. J.
1. Last Name  Schmer dev  4. Email  6. H  7. City  Evansuille  11. Drivers License State ID Number		8. State 9. Zip Code WI S3536 12. Drivers Lices WISC	10. Age 75 nse/State ID State of Issuance	
1. Last Name  Schmelder  4. Email  6. H  7. City  Evansuille  11. Drivers Lieusse/State ID Number		8. State 9. Zip Code WI S3536 12. Drivers Lices WISC	5. Phone  10. Age  7.5  nse/State ID State of Issuance	
1. Last Name  Schmer dev  4. Email  6. H  7. City  The Valle of the ID Number  1. Deivers Lieuwe (State ID Number)  Part C: Agent Questions  1. Have you satisfied the response	sible beverage server training	8. State 9. Zip Code WI S3536  12. Drivers Licer WISCO	5. Phone  10. Age  7.5  nse/State ID State of Issuance	s No
1. Last Name  Schmeder  4. Email  6. F  7. City  11. Driver Lieuwe State ID Number  11. Have you satisfied the responsibility proof of completion.  2. Have you completed Form AE	sible beverage server trainings-100, Alcohol Beverage India- 100 with this form.  esident for at least 90 continu	8. State 9. Zip Code WI S3536  12. Drivers Licer WISCO	5. Phone  10. Age  7.5  nse/State ID State of Issuance  (N 51 N)  Ye	s No

corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am an on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatif convicted.	uthorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co	entity to authorize this ind ppointments for this premi nnection with this applicat	ividual to act ses. Further, ion, and that
Last Name Schm-ender	First Name	1 2	M.L.
Bar Agent, Post	6905@VFWpost	6905 net	
Signature wind a demender		Date 04/17/10	450
		at the gira	45 11 1
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that a application may be required to forfeit not more than \$1,000.	sume full responsibility for the co understand that I may be pros any person who knowingly prov	enduct of all alcohol beversecuted for submitting falso	age activities e statements
Last Name	First Name		M.I.
Signature		Date	1
	to althou		

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named

Part D: Business Attestation

## Form AB-200

	<u> </u>
For Municipal Use Only	- IX. line
Municipality	
License Period	

icense(s) Requested: (up to two boxes n	Fees	
Class "A" Beer \$	☑ Class "B" Beer \$ 10	O License Fees \$ (L)
"Class A" Liquor \$	☑ "Class B" Liquor \$ 5	Background Check Fee \$
"Class A" Liquor (cider only) \$		
"Class C" Liquor (wine only) \$		Total Fees \$714
Part A: Premises/Business Informa		
1. Legal Business Name (individual name if sole	proprietorship)	
2. Business Trade Name or DBA LOVEGOOD'S COFF	ce + Coartails	
93-2145905	4. Wisconsin S 456-1	eller's Permit Number 031461851-02
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	☐ Corporation ☐ Nonprofit Organization
6. State of Organization WISCOSIO	7. Date of Organization	8) Wisconsin DFI Registration Number
9. Premises Address		
10. City & Uansville		11. State 12. Zip Code 63536
13. County ROCK	14. Governing Municipality: Scity of: ONSVILL	
16. Premises Phone 715(307021	17. Premises Email  O DV LO GOODS CO DON	18. Website
<ol> <li>Premises Description - Describe the building are kept. Describe all rooms within the build</li> </ol>	g or buildings where alcohol beverages are ding, including living quarters. Authorized alcotation. Attach a map or diagram and additional control of the con	produced, sold, stored, or consumed, and related records ohol beverage activities and storage of records may occur nal sheets if necessary.  A Seperate 2-bed aparmy is a seperate 2-bed aparmy is a seperate 1.5 aparts of the following space is a seperator of the service of the
zo. Maning / lauroso (il amoroni il oni promisso a	address) Utility Clox or	handicap resmon.
16 W Main St Evansuille		22. State 23. Zip Code 53536
Part B: Questions	protection of the	
Has the business (sole proprietorship, p violating federal or state laws or local or		
If yes, list the details of violation below.		
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.	2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol						
	If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
	Is the applicant business or any individuals or entities a restricte If yes, provide the name of the r	d investor with any interest in a	n alcohol bevera	ge producer or distrib	er related utor? \( \sum \) Yes \( \sum \) No		
					. 09		
4.	Is the applicant business owned	by another business entity?			Yes No		
	If yes, provide the name(s) and f	FEIN(s) of the business entity ov	wners below. Attac	ch additional sheets as	s needed.		
4a	. Name of Business Entity		4b. Business Entity	y FEIN			
				* 1- 12			
5.	Have the partners, agent, or sole this license period? Submit proof						
6	Is the applicant business indebte						
	Does the applicant business owe		5		0.		
210120	art C: Individual Information						
	at the name, title, and phone number		following positions	in the applicant business	s or businesses listed in Part B		
QL	uestion 4: sole proprietor, all officers, anagers, and agent of a limited liability	directors, and agent of a corporation	or nonprofit organi				
Inc	clude Form AB-100 for each person li	sted below. Corporations and LLCs	must appoint an ag	ent by including Form Al	B-101.		
La	st Name	First Name	Title		Phone		
	O'Brien	Hannah	Co	-Owner			
(	O'Brien	Logan	Co	-Owner			
			* *		1 1 2 2 2 2		
-							
	art D: Attestation ne of the following must sign and	attact to this application:					
Oi		general partner of a partnership	• one corp	orate officer • o	ne member of an LLC		
RF	EAD CAREFULLY BEFORE SIGNIN				75.10		
I a	m acting solely on behalf of the appl	licant business and not on behalf of	any other individua	al or entity seeking the li	cense. Further, I agree that the		
	hts and responsibilities conferred by cording to the law, including but not						
to	any portion of a licensed premises d vocation of this license. I understand	luring inspection will be deemed a	efusal to allow insp	ection. Such refusal is a	misdemeanor and grounds for		
un	derstand that I may be prosecuted for	or submitting false statements and a	ffidavits in connecti	on with this application,	and that any person who know-		
	gly provides materially false informat			ore than \$1,000 if convid			
La	st Name O'Brien		annah		M.I.		
Tit	le OWNER	LOVEGO	ods ccoq	mail-com	715 630 7626		
Sig	gnature Haroh	WB-	D	5/10/20	4		
P	art E: For Clerk Use Only						
	art E: For Clerk Use Only ate Application Was Filed With Clerk	License Number		Date License Granted	Date License Issued		
Da		License Number			Date License Issued  al License Issued (if applicable)		

Form	
AE	3-101

## Alcohol Beverage Appointment of Agent

Date		
9 0 1		

Agent Type (check one)		A Company of the Comp	
Original (no fee)	Successor (\$10 fee for munic	pal licensees only)	
1			
Part A: Business Infor			
1. Legal Business Name (indiv	idual name if sole proprietor)		
2. Business Trade Name or DE	S Coffer & Co	cktails	Z 3 134 22/2
3. Entity Type (check one)	Limited Liability Company	Corporation	□ Nonprofit Organization
Alcohol Beverage Business     Municipal Retail Lie		successor agent, provide State	e Permit or Municipal Retail License Number
6. Describe the reason for app	ointing a successor agent, if successor is ch	necked above.	r = who i
			ALL BOARD
Part B: Agent Informat	tion		
1. Last Name	2. F	irst Name	3. M.I.
O'Brien		Hannan	(0.0)
4. Email Wego	oots lovegood	sa Domai	5. Phone 715 6307621
6. Ho	× * * *		
7. City Evansuil	18 453	8. State 9. Zip Code 5353 G	10. Age
11. Private Lisanna/Chata ID N	wahar	12. Drivers Lice	nse/State ID State of Issuance
		1 00	
Part C: Agent Questio	ns		
Have you satisfied the r Submit proof of complet	esponsible beverage server training re- tion.	equirement?	No Yes No
	orm AB-100, <i>Alcohol Beverage Individu</i> rm AB-100 with this form.	ual Questionnaire?	Yes No
Have you been a Wisco     See instructions for exc	nsin resident for at least 90 continuou	s days?	Yes No
COO III GII GOIGII GI GAC	options.		

### 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 Title amoul con Signature Date Part E: Agent Attestation READ CAREFULLY BEFORE SIGNING: I, the Agent, herby 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

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

"WALLAGIA

Signature

Part D: Business Attestation

**7E**-7

Form AB-200

	<i>_</i>
For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)			Fees			
	Class "B" Beer \$ 100 License Fees \$ 6				\$ 60	0,00
☐ "Class A" Liquor \$	*Class B" Liquor \$_	500	Backgrou	nd Check Fee		
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$ P			n Fee	\$	
Class C" Liquor (wine only) \$			Total Fee	s	\$	
	,	_				<u> </u>
Part A: Premises/Business Information			•			-
1. Legal Business Name (individual name if sole prop PETE'S INN INC	prietorship)					
2. Business Trade Name or DBA PETES INN	<del></del> -		-			
3. FEIN	4. Wiscons	n Seller's Pe	ermit Number	•		
39-1893894						
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	<b>i</b> xi c	orporation	☐ Nonpro	ifit Organi	zation
6. State of Organization	7. Date of Organization	<u> </u>		n DFI Registrati		
WISCONSIN						
9. Premises Address IHN. MAN SON ST.		_	_		-	
10. City EVANSVILLE			11. State	12. Zip Code 535	536	
13. County	14. Governing Municipality:	ty 🔲 Town	Village	15. Aldermani		
RUCK	of:	· · ·				
16. Premises Phone  (008-882-4170	17. Premises Email		18. We	bsite		
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. BEHIND BAR, BACK WALK IN COOLER + BASEMENT STORAGE CAGE						
20. Mailing Address (if different from premises address	(22					
	,					
21. City			22. State	23. Zip Code		-
Part B: Questions		ή,		ž	٠,٠	
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal continuation).					☐ Yes	M No
If yes, list the details of violation below. Attac	ch additional sheets if necessar	y.				/-
Law/Ordinance Violated	Location		Т	rial Date		
Penalty Imposed		Was ser	ntence com	oleted?	☐ Yes	
Law Ordinary and Nicolate of	11					
Law/Ordinance Violated	Location		1	rial Date		
Penalty Imposed	•	Was ser	ntence com	oleted?	☐ Yes	☐ No

	<del></del>	<del></del>						-
	2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes No beverages.							
If ye	If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
3 le th	ne applicant business or any	of its officers dire	ctore mamb	ere agent er	mnlovees (	nwnere or other	rolated	
indi	viduals or entities a restricte es, provide the name of the r	d investor with any	/ interest in a	n alcohol bev	erage prod	ducer or distribute		M No
						•		
								t
4. Is th	ne applicant business owned	by another busine	ss entity?				Yes	X No
lf ye	es, provide the name(s) and F	FEIN(s) of the busi	ness entity ov	vners below.	Attach addi	itional sheets as r	reeded	<del>1,20</del>
4a. Nar	ne of Business Entity			4b. Business	Entity FEIN			
							•	,
5. Hav	re the partners, agent, or sole license period? Submit proo	proprietor satisfie	d the respons	sible beverage	e server tra	ining requiremen	t for	¥ No
	•	•						<u>احت</u> ا
	ne applicant business indebte	-	-	-	-	•	<u> </u>	∐ No
7. Doe	es the applicant business owe	e past due municip	al property ta	xes, assessm	ents, or ot	ner fees?	····· L Yes	∐ No
Part (	C: Individual Information	า		,		-		,
Questic	name, title, and phone number to on 4: sole proprietor, all officers, de ers, and agent of a limited liability	directors, and agent of	of a corporation	or nonprofit or				
- Indudo	Form AB-100 for each person list	oted below. Corners	tions and LLCs	must appoint a	n agont by i	naludina Form AP 1	101	
Last Na		First Name	ions and LLCs		itle	ricidaling ( Offit Ab-	Phone	
A) \	inte ,	Cilo	01		Do soc	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ Indie	
RIT	DICK	SHE	$\aleph$	, ,	PKES	10501	(a	-
RIN	NIVI	211	ルコ	, i	11000	DOCCUMI	<del>/</del> 2	)
<u> UIL</u>		DLA	スピ			(CE21700)		j.
<b>-</b>				<u> </u>		<del></del>	<u> </u>	
	D: Attestation							
	f the following must sign and							
•	sole proprietor • one of	general partner of	a partnership	• one	corporate c	officer • one	member of an L	rc
I am ad rights a accordi to any p revocat	CAREFULLY BEFORE SIGNIN ting solely on behalf of the appl and responsibilities conferred by ing to the law, including but not portion of a licensed premises d tion of this license. I understand tand that I may be prosecuted for	icant business and n the license(s), if gra limited to, purchasin uring inspection will I that any license iss	not on behalf of inted, will not b g alcohol beve be deemed a r ued contrary to	any other indi e assigned to a rages from sta efusal to allow o Wis. Stat. Ch	vidual or ent another indiv te authorize inspection. apter 125 s	ity seeking the lice vidual or entity. I ag d wholesalers. I un Such refusal is a m hall be void under p	nse. Further, I agre gree to operate this derstand that lack iisdemeanor and g penalty of state law	ee that the s business of access rounds for w. I further
	rovides materially false informat							MIIO KIIOW-
Last Na				Name		-	M.I.	-
131	MICK		1,51	HFR1			1 1	.
Title			Email	16171			Phono	
			8					
Signatu	ıre				5010			
Part I	E: For Clerk Use Only				ı			
	oplication Was Filed With Clerk	License Number			Date Lin	ense Granted	Date License Iss	ued
	production that the state							
							1	
Signatu	re of Clerk/Deputy Clerk					Date Provisional L	icense Issued (if a	pplicable)

AND DESIGNATION AND ADDRESS OF THE PARTY OF

Form	
AB-10 <sup>4</sup>	1

## Alcohol Beverage Appointment of Agent

Date	

	•		
Agent Type (check one)	<u> </u>		
☑ Original (no fee) ☐ Successor	r (\$10 fee for municipal lice	nsees only)	
_	*		
Part A: Business Information	***		and the second s
1. Legal Business Name (individual name if sole pro	prietor)	, , , , , , , , , , , , , , , , , , ,	
2. Business Trade Name or DBA PETES INN, INC.			
3. Entity Type (check one)	ability Company	Corporation	☐ Nonprofit Organization
	te Permit		ermit or Municipal Retail License Number
6. Describe the reason for appointing a successor ag	gent, if successor is checked a	bove.	,
		i.	
			•
Part B: Agent Information		<u> </u>	
1. Last Name BIDDICK	2. First Nam	e >>> 1	3. M.I.
4. Email	OTIE	- K-1	6 Phone
			2
6. Home Address 694 Wx Main St.			
7. City	8. State	9. Zip Code 53536	10. Age
11_Drivers License/State ID Number			e/State ID State of Issuance
	•	W1.	
<b>1</b>	· · · · ·		
Part C: Agent Questions			
Have you satisfied the responsible beverage Submit proof of completion.	ge server training requirem	ent?	····· Yes No
Have you completed Form AB-100, Alcoho     Submit a completed Form AB-100 with this		stionnaire?	Yes No
Have you been a Wisconsin resident for at See instructions for exceptions.	least 90 continuous days?	·	Yes No

- 1 -

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersign</b> corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am an on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatif convicted.	pany with full authority and cor uthorized by the above-named nt, I rescind all previous agent a statements and affidavits in co	ntrol of the premises and on entity to authorize this indiction appointments for this premison propertion with this application	of all alcohol vidual to act ses. Further, ion, and that
Lest Name BIDDICUL	First Name SHEW		M.I.
PRESIDENT		Phono	
Signature hora Beldeo	(	(P) 4/18/20	124
Part E: Agent Attestation	,	•	
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000	sume full responsibility for the co understand that I may be pros any person who knowingly prov	onduct of all alcohol bevera secuted for submitting false	age activities e statements
Last Name	First Name		M.I.
Signature		Date	

-7E-8

Form AB-200

	C-				
For Municipal Use Only					
Municipality					
License Period					

License(s) Requested: (up to two boxes may be checked)		Fees				
☐ Class "A" Beer \$	🗖 Class "B" Beer	\$	Lice	ense Fe	es	\$
☐ "Class A" Liquor \$	🛱 "Class B" Liquor	\$	Вас	kground	d Check Fee	.\$
☐ "Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	Put	Publication Fee		\$
Class C" Liquor (wine only) \$			Tot	Total Fees		\$
Book A. Boomisso / Duningso Informatio						à ,
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole presented in the pres	<del></del>	· · · · · · · · · · · · · · · · · · ·		. ' '		
J'IN GOIF	,					
2. Business Trade Name or DBA						
3. FEIN		4. Wisconsin S	eller's Permit I	Number		
88-2040513		456-10	3108373	1-07	<u>_</u>	
5. Entity Type (check one)	<b>—</b>	_				
Sole Proprietor Partnership	Limited Liability		Corpor			fit Organization
6. State of Organization	7. Date of Organization	on	8. W	/isconsin	DFI Registration	on Number
9. Premises Address 1 E Main St	1		<u>'</u>			
10 City			11.9	State	12. Zip Code	<del>.</del>
Evansvi lle			h	Jį	53536	
13. County	14. Governing Municipality:     Town   Village   15. Aldermanic District   15. Aldermanic Distri					
16. Premises Phone	17. Premises Email 18. Website					
(008-882-1044 Slicegolf Will Outlook. com Www. Slicegolf Wilcom					Wi.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.  Bur where beverages are Servel and sold in the main room on 1st floor of building. Secure shirage will have coolers. With out door scann when permissible.						
20. Mailing Address (if different from premises address to the second se	ress)					`
21. City Evansville		-	22. W	State 	23. Zip Code 5353 6	
Part B: Questions		· 9		٠, ٠	* * * * * * * * * * * * * * * * * * *	
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.						
If yes, list the details of violation below. Attach additional sheets if necessary.						
Law/Ordinance Violated	Location , ,	t. 🛫		Tri	al Date	,
Penalty imposed			Was sentend	e comp	eted?	Yes No
Law/Ordinance Violated	Location	<del>.</del>		Tri	al Date	<del></del> !
Penalty Imposed	1		Was sentend	e comp	eted?	Yes No

						The state of the s
Are charges for any offenses pending a beverages.	against the business? Exc	clude traffic offe	nses unle	ess related to alco	ohol Yes	Mo No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
			Ą			
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any interest in a	in alcohol beve	rage proc	ducer or distribute	related or?  Yes	№ No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s						√ No
4a. Name of Business Entity		4b. Business En			·	24.
Stile Bolf LLC		88 - 204				
<ol><li>Have the partners, agent, or sole propr this license period? Submit proof of cor</li></ol>	ietor satisfied the respons	sible beverage s	server tra	ining requirement	t for	. No
6. Is the applicant business indebted to a	-					☑ No
7. Does the applicant business owe past		•	•	•	<u>=</u>	∑ No
Part C: Individual Information	-					<u>-</u>
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparing line form AB-100 for each person listed believed.	rs, and agent of a corporation any. Attach additional sheets	n or nonprofit orga if necessary.	anization, a	all partners of a part	tnership, and all me	in Part B, embers,
Last Name	First Name	Title		ncluding rotal Ab- i	Phone	<del></del>
Vilas	Clivila >		) Wher	,		
Tomlin	Andrew		JULY			
<b>,</b> ,	,		•	5	, =	
Part D: Attestation				<del> </del>	<u></u>	
One of the following must sign and attest	to this application:	*	- ,	-		* * *
• sole proprietor • one genera	al partner of a partnership	• one co	rporate o	fficer. • one	member of an L	rc
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that au understand that I may be prosecuted for submingly provides materially false information on the	usiness and not on behalf of ense(s), if granted, will not but to, purchasing alcohol beve enspection will be deemed a run ny license issued contrary to itting false statements and a	f any other indivice assigned to and arages from state refusal to allow in the Wis. Stat. Chapuffdavits in conne	dual or entiother indiverselves authorized spection. Spection with	ity seeking the licer ridual or entity. I ag d wholesalers. I und Such refusal is a mi hall be void under p this application, and	nse. Further, I agre gree to operate this derstand that lack isdemeanor and groenalty of state lav denalty of state laved that any person v	ee that the s business of access rounds for w. I further
Last Name	Sa	Name Nah			M.I.	
Title	Email			-	Phone ,	
Signature Anlw	_		Date 4 - /4	9-24		·
Part E: For Clerk Use Only			<u> </u>			,
Date Application Was Filed With Clerk Licens	se Number		Date Lic	ense Granted	Date License Iss	ued
Signature of Clerk/Deputy Clerk	,			Date Provisional Li	icense Issued (if ap	pplicable)

ملالك مالازالة

Form AB-101

### Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)			\$^, · ·		
☐ Original (no fee)	Successor (\$10 fee for mu	unicipal licen	sees only)		
F.)					
Part A: Business Informat	ion				<u> </u>
1. Legal Business Name (individual	name if sole proprietor)		1 5	•	, V . 1
2. Business Trade Name or DBA			<del></del> -	· ·	
3. Entity Type (check one)	Limited Liability Company		Corporation	☐ Nonprofit Orç	ganization
4. Alcohol Beverage Business Auth		5. If successo	r agent, provide Sta	te Permit or Municipal Re	tail License Number
<ul><li>Municipal Retail Licens</li><li>6. Describe the reason for appointing</li></ul>					
	<b>₹</b> : `			/ <sup>**</sup>	× 9
Part B: Agent Information				· · · · · · · · · · · · · · · · · · ·	
1. Last Name		2. First Name	rucala	*.	3. M.I.
4 Email 0		<u> </u>	<u>Iran</u>	C. Dhana	M
6. Home Address				5. Phone	,
		8. State	9. Zip Code	10. Age	
7. City Evansville		MI	53536	32	
11. Drivers License/State ID Number	er		12. Drivers Lic	ense/State ID State of Iss	uance
			,		
Part C: Agent Questions	8	ą ·			
Have you satisfied the responsibility of the satisfied the responsibility.					
Have you completed Form A     Submit a completed Form A	AB-100, <i>Alcohol Beverage Indi</i> B-100 with this form.	vidual Quesi	ionnaire?		Yes No
Have you been a Wisconsin     See instructions for exception		uous days?.			Yes No
				<del></del>	·

READ CAREFULLY BEFORE SIGNING: I, corporation, nonprofit organization, or limite beverage activities on such premises. I cer on behalf of the entity. If I am appointing a sI understand that I may be prosecuted for sany person who knowingly provides materia if convicted.	ed liability company with full authority a tify that I am authorized by the above-n successor agent, I rescind all previous a submitting false statements and affidavit	and control of the premises a named entity to authorize this agent appointments for this p ts in connection with this app	and of all alcohol s individual to act premises. Further, plication, and that
Last Name	First Name		M.I.
- CAIN	JUrun	1	177
OWWY	Email	Phone	
Signature A		Date 4-19-24	-
Part E: Agent Attestation			-
READ CAREFULLY BEFORE SIGNING: I, in nonprofit organization, or limited liability cort on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not me	mpany and assume full responsibility for iness. I further understand that I may b ation, and that any person who knowing	r the conduct of all alcohol boe prosecuted for submitting	everage activities false statements
Last Name Lips	First Name		M.I. <b>6</b> 1
Signature Aul U		Date 4-19-24	

" CHE WHILL

Part D: Business Attestation

### Form AB-200

		_/ <b>_</b>
	For Municipal Use Only	
Munic	cipality	
Licen	se Period	

License(s) Requested: (up to two boxes may	be checked)	00	Fees						
☐ Class "A" Beer \$	Class "B" Beer \$	Licens	e Fees \$ (a)						
Class A" Liquor \$	"Class B" Liquor \$ <u>5</u> 0	1/9	round Check Fee \$ 14 00						
Class A" Liquor (cider only) \$ [	Reserve "Class B" Liquor \$	Publica	ation Fee \$ 100						
Class C" Liquor (wine only) \$	Total F	Fees \$ 71400							
Part A: Premises/Business Informatio	Part A: Premises/Business Information								
1. Legal Business Name (individual name if sole pro	oprietorship) PL Food ESP	eits I	Tue.						
2. Business Trade Name or DBA	1 - Sports Fi	h 85A	tery						
3. FEIN 20-4558759	. /	eller's Permit Num	2153003						
5. Entity Type (check one)		2							
☐ Sole Proprietor ☐ Partnership	☐ Limited Liability Company	Corporation	on Nonprofit Organization						
6. State of Organization	7. Date of Organization	8. Wisc	onsin DFI Registration Number						
Cest									
9. Premises Address 189 E. MAW ST									
10. City EURNSVILLE		11. State	e 12. Zip Code 53536						
13. County Rock	14. Governing Municipality: City Town Village of:								
16. Premises Phone 17. Premises Email 18. Website 18. Website 408-882-9973 The WISHTOWL SPORTS PUBLISHED SATCRY 9 MAIL									
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized ald	ohol beverage act	tivities 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 PATIONAL EGIZEEN SPACE WEST  OF BUILDING PATIONAL EGIZEEN SPACE WEST									
20. Mailing Address (if different from premises addre	ess)								
/									
21. City		22. Stat	te 23. Zip Code						
Part B: Questions			Total Strike Strike						
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. Atta	ch 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		Vas sentence c	ompleted? Yes No						

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes key No beverages.				
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.				
A	· · · · · · · · · · · · · · · · · · ·			
<ol> <li>Is the applicant business or any condition individuals or entities a restricted.</li> <li>If yes, provide the name of the remarks of the remarks.</li> </ol>	investor with any interest in a	n alcohol beverage pr	oducer or distribute	related or?    Yes No
Is the applicant business owned b     If yes, provide the name(s) and FE				
4a. Name of Business Entity	(-,	4b. Business Entity FEI		
TI				3.
5. Have the partners, agent, or sole this license period? Submit proof				
6. Is the applicant business indebted	to any wholesaler beyond 15	days for beer or 30 da	ys for liquor/wine?.	Yes 🔀 No
7. Does the applicant business owe	past due municipal property ta	xes, assessments, or o	other fees?	Yes 💢 No
Part C: Individual Information				T-Way
List the name, title, and phone number fo Question 4: sole proprietor, all officers, di managers, and agent of a limited liability	rectors, and agent of a corporation	or nonprofit organization	applicant business on all partners of a part	r businesses listed in Part B, tnership, and all members,
Include Form AB-100 for each person list	ed below. Corporations and LLCs	must appoint an agent b	y including Form AB-1	101.
Last Name	First Name	Title	1	Phone
HRDISSON	TRAVIS	MAN	ASET	1
		ti i		
oles				
Part D: Attestation		Y THE		
One of the following must sign and a			officer	member of an LLC
	eneral partner of a partnership	one corporate	25	
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by ti according to the law, including but not li to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information	cant business and not on behalf of the license(s), if granted, will not be mited to, purchasing alcohol beve ring inspection will be deemed a re that any license issued contrary to submitting false statements and a	any other individual or e e assigned to another in- rages from state authori- efusal to allow inspection o Wis. Stat. Chapter 125 ffidavits in connection wi	entity seeking the liceledividual or entity. I ac dividual or entity. I ac zed wholesalers. I un n. Such refusal is a m shall be void under i th this application, an	nse. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who know-
Last Name First Name M.I.				
Title SPESI deut	Email			Phone
Signature Ay (		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 L	icense Issued (if applicable)

Form AB-101

## Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)	
Original (no fee) Successor (\$10 fee for n	municipal licensees only)
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)  THE W. GITT OWN	FRED 2 Spirits INC
2. Business Trade Name or DBA	FOOD & Spirits INC FOOTS Pub & Entory
3. Entity Type (check one)  Limited Liability Compar	1/
4. Alcohol Beverage Business Authorization (check one)	If successor agent, provide State Permit or Municipal Retail License Number
Municipal Retail License State Permit  6. Describe the reason for appointing a successor agent, if successor	as in checked phase
*	
Part B: Agent Information	
1. Last Name	2. First Name 3. M.I.
4. Email 6	5. Phone
6. Horne Burness	10 00 to 10 75 Onto
EMISVILLE	8. State 9. Zip Code 10. Age 65
11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
Part C: Agent Questions	
Have you satisfied the responsible beverage server train Submit proof of completion.	ning requirement? Yes No
Have you completed Form AB-100, Alcohol Beverage Inc.     Submit a completed Form AB-100 with this form.	dividual Questionnaire?
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	inuous days? Yes No

Part D: Business Attestation
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b> , 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 First Name M.I.
Title PESIDENT Emai
Signature
Part E: Agent Attestation
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , herby 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 PLECRY, M.I.
Signature Start All Signature Date 5/1/24

Form AB-200

<u>/ F I</u>	U
For Municipal Use Only	Ĭ
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)					Fees			
Class "A" Beer	. \$ \ <u>\</u>	Class "B" Beer .	\$	Lice	ense Fe	es	\$	
Class A" Liquor	. \$ C	"Class B" Liquor	. <i>:</i>	Вас	kground	d Check Fee	\$	
☐ "Class A" Liquor (cider only	) \$	Reserve "Class E	3" Liquor \$	Put	olication	Fee	\$	
Class C" Liquor (wine only	) \$			Tot	al Fees		\$	
						- ,	·	
Part A: Premises/Busine  1. Legal Business Name (individual)		•					e e	· 8
Trappers	$\sim$	A	ri II	LLC				
2. Business Trade Name or DBA								
3. FEIN 97-06	3651	09		Seller's Permit I		1297	nu	
5. Entity Type (check one)			100	<u> </u>	<i>)</i> - <i>i</i>	1010		
Sole Proprietor	Partnership	Limited Liabili		Corpor			fit Organiz	ation
6. State of Organization		7. Date of Organiza		8. V	visconsin	DFI Registration	on Number	
9. Premises Address	nn SI	,		<u> </u>				*
10. City 0	· · ·	r		11.3	State	12. Zip Code		
Evansvi			111 1111	<u></u>	7	539	<u> </u>	
13. County ROCK		14. Governing Munic of:G	ipality: X City	Town [	Village	15. Aldermani	c District	
16. Premises Phone 17. Premises Email 18. Website 18. Vapurs Var 50 Commit								
19. Premises Description - Description are kept. Describe all rooms	ribe the building or b	ouildings where alcoh	ol beverages ar	e produced, sol				
only on the premises describ	ped in this application	n. Attach a map or dia	agram and additi	onal sheets if n	ecessary.	moom	nt	ay occur
2 main dinir	smoon by	a bar	area-	alla	صلاه	ol isk	JP+	
20. Mailing Address (if different for	ir will	asered	adult			-	·	<del></del>
Zo. Mailing Address (if different if	om premises addres	55)					÷ (	
21. City				22.	State	23. Zip Code		
Part B: Questions	, , , , , , , , , , , , , , , , , , ,	- 'c'			, .	*	* *	\$*
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	- 14.7	Location			Tri	al Date		
Penalty Imposed	<u> </u>	1	~	Was sentence	e compl	eted?	Yes	☐ No
Law/Ordinance Violated		Location			Tri	al Date		
Penalty Imposed				Was sentend	e compl	leted?	☐ Yes	
				**a3 351115116	o compi			□ 140

Are charges for any offenses pending beverages.	against the business? Exc	clude traffic offenses un	lless related to alco	ohol Yes No		
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
Is the applicant business or any of its individuals or entities a restricted involved If yes, provide the name of the restriction.	estor with any interest in a	in alcohol beverage pro	oducer or distribute			
4. Is the applicant business owned by a lf yes, provide the name(s) and FEIN						
4a. Name of Business Entity		4b. Business Entity FEIN	l			
<ul><li>5. Have the partners, agent, or sole prophis license period? Submit proof of c</li><li>6. Is the applicant business indebted to</li><li>7. Does the applicant business owe pas</li></ul>	ompletion	days for beer or 30 day	ys for liquor/wine?.	Yes No		
Part C: Individual Information				10 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg		
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability com	ors, and agent of a corporation	or nonprofit organization				
Include Form AB-100 for each person listed b	elow. Corporations and LLCs	must appoint an agent by	including Form AB-	101.		
Last Name	First Name	Title		Phone		
Schuh	Travis	OWY	Ver			
Slye	Vanessa	man	ager			
Part D: Attestation				20 Mark - 25 3 / / 10 20 Mark - 25 3 / / 10		
One of the following must sign and attest	t to this application:					
sole proprietor     one generation	ral partner of a partnership	<ul> <li>one corporate</li> </ul>	officer • one	member of an LLC		
READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant rights and responsibilities conferred by the li according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub ingly provides materially false information or	business and not on behalf of cense(s), if granted, will not be d to, purchasing alcohol beve- inspection will be deemed a rany license issued contrary to mitting false statements and a	f any other individual or ele e assigned to another inderages from state authorized refusal to allow inspection to Wis. Stat. Chapter 125 diffidavits in connection with	ntity seeking the lice lividual or entity. I ag ted wholesalers. I un . Such refusal is a m shall be void under h this application, an	nse. Further, I agree that the gree to operate this business derstand that lack of access hisdemeanor and grounds for penalty of state law. I further id that any person who know-		
Title Owner	First	Name	e e e	M.I.		
	Email .			Phone		
Signature		Date	5-9-24	<i>(</i>		
Part E: For Clerk Use Only						
	nse Number	Date L	icense Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			Date Provisional L	License Issued (if applicable)		

HIHIT THEF

Form AB-101

# Alcohol Beverage Appointment of Agent

Date	

			· · · · · · · · · · · · · · · · · · ·
Agent Type (check one)		<u></u>	
Original (no fee)	☐ Successor (\$10 fee for r	nunicipal licensees only)	
Part A: Business Informat	tion	·	- In
Legal Business Name (individua	Λ.	and Carll	
2. Business Trade Name or DBA	15 15W	and brill	<u> </u>
Z. Business Trade Name of BBA		~	-
3. Entity Type (check one)	Limited Liability Compar	y Corporation	☐ Nonprofit Organization
Alcohol Beverage Business Auth     Municipal Retail License		5. If successor agent, provide State	Permit or Municipal Retail License Number
6. Describe the reason for appointing	ng a successor agent, if successor	or is checked above.	
	•	•	:
		٠	
Part B: Agent Information		•	
1. Last Name SCMWh	N	2. First Name	3. M.I.
		2. First Name	3. M.l. 5. Phone
1. Last Name SCMUM 4. Email		2. First Name	
1. Last Name SChuh		2. First Name	5. Phone
1. Last Name SCMM 4. Email		2. First Name  TYOUTS  8. State 9. Zip Code  W 5357	
1. Last Name  4. Email  6. Ho		8. State 9. Zip Code 5357	5. Phone
1. Last Name  4. Email  6. Ho		8. State 9. Zip Code 5357	5. Phone  10. Age 43
1. Last Name  4. Email  6. Ho	er	8. State 9. Zip Code 5357	5. Phone  10. Age 43  Ise/State ID State of Issuance
1. Last Name  4. Email  6. Hol  7. Quantum License/State ID Numb  Part C: Agent Questions	er onsible beverage server train	8. State 9. Zip Code 5357	5. Phone  10. Age 43  Ise/State ID State of Issuance
4. Email 6. Ho 7. Ca  11. Drivers License/State ID Numb  Part C: Agent Questions  1. Have you satisfied the response Submit proof of completion.	onsible beverage server train	8. State 9. Zip Code 5357	5. Phone  10. Age 43  Ise/State ID State of Issuance

Part D: Business Attestation	4 ,
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 inc	dividual to act
on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this prem	ises. Further,
I understand that I may be prosecuted for submitting false statements and affidavits in connection with this applica	ition, and that
any person who knowingly provides materially false information on this application may be required to forfeit not mor	e than \$1,000

WEDS WILL

if convicted.	*	•
Last Name C A L L M	First Name	M.I.
Title	Email 1	
Signature 7	Date	
10	5-9-	24

### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby 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	2 1	First Name		M.I.
<	Shuh	Travis		]
Signature			Date	C B 211
~ V	V 346		4	5-4-69



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 4<sup>th</sup> 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

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

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

Agency: EVPD

Incident Type Description	# of Inicdents	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	ВСК
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	воом
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

Page 1 of 2

This report excludes calls with the following dispostions: ATL, CAN, DUP, INFO, REPO, TEST, TOTO, TEST

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

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

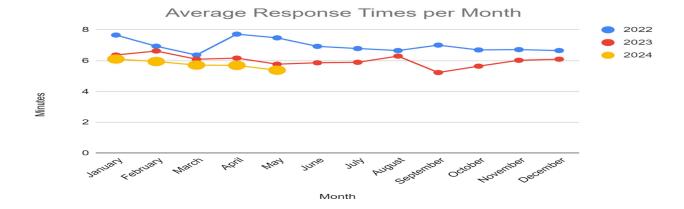
### 1. Calls for Service:

- 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 19<sup>th</sup> -May 25<sup>th</sup> 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 utilitize 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 8<sup>th</sup> 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	Total: 100.00%