

NOTICE

A meeting of the City of Evansville Common Council will be held at the location, on the date, and at the time stated below. Notice is further given that members of the Finance and Labor, Municipal Services, Plan Commission and Economic Development Committee may be in attendance. 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. Agendas, minutes, and packets can be found here: www.evansvillewi.gov/councilmeetings

City of Evansville Common Council
Regular Meeting
City Hall, 31 S Madison St, Evansville WI 53536
Tuesday, May 13, 2025, 7:00 p.m.

AGENDA

1. Call to Order.
2. Roll Call.
3. Motion to Approve the Agenda.
4. Motion to Waive the Reading of Minutes of the April 8, 2025 Regular Meeting, and April 15, 2025 Re-organizational Meeting and Approve as Presented.
5. Civility Reminder.
6. Citizen Appearances (Public comments on items on the agenda not requiring a public hearing and on matters which can be affected by Council action.)
 - A. WPPI Presentation – Mike Peters
7. Reports of Committees.
 - A. Library Board Report.
 - B. Parks and Recreation Board Report.
 - C. Plan Commission Report.
 - D. Finance and Labor Relations Committee Report.
 - 1) Motion to Accept the April 2025 City bills in the amount of \$2,632,289.92
 - 2) Motion to Approve the Employment Contract with Ian Reilly
 - 3) Motion to Approve Resolution 2025-12, Amending the 2025 Budget and CIP
 - 4) 1st Quarter Treasurer’s Report
 - 5) Motion to Approve the Public Works Seasonal Laborer – Light Duty Position Description
 - E. Public Safety Committee Report.
 - 1) Motion to Approve the Renewal Alcohol Beverage License Applications for a Class “A” Beer/ “Class A” Liquor License for: *(background check recommendations provided by Chief Jones, unless otherwise noted)*
 - A. Casey’s Marketing Company, Melissa A. Frank, Agent, 28 W. St. Mary St., Milton, WI 53563 d/b/a Casey’s General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
 - B. Consumers Cooperative Oil Company, Jessica Golz, Agent, 6909 N.

County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536

C. Kopecky's Worldwide Foods, Inc., James Dean Kopecky, Agent, 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.

D. 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.

2) 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 Jones, unless otherwise noted)*

A. 139 E. Main Street LLC, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.

B. Bessire Bowl, LLC, Joel Bessire, Agent, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.

C. Creekside Place Inc., Shawn Lynn, Agent, 5101 N. Coon Island Rd., d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.

D. 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.

E. 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.

F. 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.

G. 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.

H. 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

I. 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.

J. Totally Elegant, LLC, Johnnie Washington, Agent, 326 East Bluff, Madison, WI 53521, 7 E. Main Street, Evansville, WI 53536.

K. Trappers Bar & Grill LLC, Travis Schuh, Agent, 3942 State Road 213, Orfordville, WI 53576, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.

3) Discussion of the Appealed Decision of the Public Safety Committee.

4) Motion to Approve the Temporary Class “B”/ “Class B” Retailer License Application for:

Evansville Community Partnership 4th of July, Leonard Leota Park, Near Upper Diamond, James Brooks, Agent, 310 S. Sixth Street, Evansville, WI 53536

For the five consecutive dates from Wednesday, July 2, 2025 - Sunday, July 6, 2025

- Wednesday, July 2, 2025, Setup (*No Consumption*)
- Thursday, July 3, 2025, 6:00 p.m. - 12:00 a.m.
- Friday, July 4, 2025, 12:00 p.m. - 12:00 a.m.
- Saturday, July 5, 2025, 12:00 p.m. - 12:00 a.m.
- Sunday, July 6, 2025, 10:00 a.m. - 6:00 p.m. (*at Horse Barn*), and
- Sunday, July 6, 2025, 10:00 a.m. - 6:00 p.m. (*Tent*)

F. Municipal Services Report.

- 1) Motion to Approve Addendums 7.18 and 18.04 on the Multi-Year Overhead and Underground Electric Facility Installation Unit Price Contract with MP Systems, Inc.

G. Economic Development Committee Report.

H. Youth Center Advisory Board Report.

I. Historic Preservation Commission Report.

J. Fire District Report.

K. Police Commission Report.

L. Energy Independence Team Report.

M. Board of Appeals Report.

8. Unfinished Business.

9. Communications and Recommendations of the Administrator.

A. Distribution of Council Reference Books

10. Communications and Recommendations of the Mayor.

A. Mayoral Proclamation 2025-07 – Emergency Medical Services Week

B. Mayoral Proclamation 2025-08 – Public Works Week

C. Mayoral Proclamation 2025-09 – Pride Month June 2025

11. New Business.

12. Introduction of New Ordinances.

13. Upcoming Meeting Reminder:

- A. Regular Common Council Meeting, Monday June 9, 2025, at 6:00 p.m.

14. Adjourn.

Dianne C. Duggan, Mayor

City of Evansville Common Council
Regular Meeting
City Hall, 31 S Madison St, Evansville WI 53536
Tuesday, April 8, 2025, 6:00 p.m.

MINUTES

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

Alderson, Jim Brooks	P	Julie Roberts, City Treasurer
Alderson, Bill Lathrop	P	Leah Hurtley, City Clerk
Alderson, Ben Corridon	P	Scott Kriebs, Municipal Services Director
Mayor, Dianne Duggan	P	Bronna Lehmann, Librarian
Alderson, Joe Geoffrion	P	Nick Bubolz, Town & Country Engineer
Alderson, Abbey Barnes	P	Bill Lathrop, Aldermanic District 1 Candidate
Alderson, Gene Lewis	P	Sam Wallace, Aldermanic District 1 Candidate
Alderson, Lita Droster	P	Chief Jones, Chief of Police
Alderson, Erika Stuart	P	Jim Graham, CHS Representative
		Members of the Public, sign in sheet

3. **Motion to Approve the Agenda by Barnes, seconded by Corridon. Motion passed 7-0.**
4. **Candidate Review for Alderson District #1.**
 - A. **Applicants Opening Statements.** Each Applicant had provided a letter of interest but added:
 - 1) Sam Wallace, shared that in Madison he had joined the Neighborhood Association. In that Association, there was a focus on driving community engagement. Wallace had enjoyed his involvement and would like to look for ways to participate now that they have lived in Evansville for 5 years.
 - 2) Bill Lathrop, shared that Wallace offered several good ideas and was thinking about stepping aside and withdrawing but decided to let the Council make the decision. Lathrop continued to list the achievements acquired by employment, as a former Alder, and with continued involvement within the City of Evansville.
 - B. Council Review of Applicant's Letter of Interest and potential questions. Corridon and Droster asked questions about Wallace's former role and asked each of them how to build relationships with Council and the Community.

It was decided that there would be paper ballots to decide on the winning candidate.

Bill Lathrop: Stuart, Geoffrion, Brooks, Corridon, Barnes

Sam Wallace: Lewis, Droster
 - C. **Motion to Appoint Bill Lathrop to the Alderson District #1 seat by Corridon, seconded by Barnes. Motion passed 7-0.**
 - D. **Oath of Office:** Oath of Office was administered by the City Clerk and Alderson Lathrop took a seat with the other Council members.
5. **Motion to Waive the Reading of Minutes of the March 11, 2025 Regular Meeting and Approve as Presented by Barnes, seconded by Droster. Motion passed 8-0.**
6. **Civility Reminder:** Duggan noted the City's commitment to civility and decorum at Council Meetings.

7. **Citizen Appearances** (Public comments on items on the agenda not requiring a public hearing and on matters which can be affected by Council action.)

A. **CHS Update:** Graham shared that the project is still under evaluation. The land is purchased and has wheat planted in the fields. The DNR air permit has been approved as of April 1st. CHS is investing in community partnerships with donations to AWARE and the local FFA chapter.

B. **Public Hearing:** Assessments for Cherry Street, Mill Street, Railroad Street, Porter Road, N. Madison Street, Fairfield Avenue, Brown School Road, and Paths Adjacent to Larson Acres Park and Allen Creek.

Public Hearing: Mayor Duggan opened the meeting to the public at 6:25 p.m.

Members of the public that spoke included:

- i) Gene Heiman: 134 N. Madison Street
- ii) Samantha Alisankus: 37 S Windmill Ridge Road
- iii) Kendall Nyhus: 122 Water Street
- iv) Rita Reischel: 453 Cherry Street
- v) Ann Kolash: 39 Mill Street
- vi) Steve Reischel: 453 Cherry Street
- vii) Mike Graffin: 406 Cherry Street
- viii) Landon Vansyckle: 433 Cherry Street
- ix) Dave Miller: 116 E Main Street
- x) John Brandon: 460 Almeron Street

Public Hearing was closed at 7:02 p.m.

- 1) Staff Report
- 2) Initial Discussion by Council
- 3) **Motion to Adopt Resolution 2025-08, A Preliminary Resolution Declaring Intent to Levy Special Assessments Under Municipal Police Power Pursuant to §66.0703, Stats. by Barnes, seconded by Corridon. Motion passed by Roll Call 8-0.**

8) **Reports of Committees:**

A. **Library Board Report:** Lehmann read from the written report: General Updates – We continue to evaluate the impact of the March executive order to eliminate the Institute of Museum and Library Services (IMLS). Nationwide, libraries receive .003% of the federal budget through IMLS. In Wisconsin, these funds are used to provide DPI consulting and services to the fifteen library systems and their 381 member libraries. Losing core services like our interlibrary loan and delivery between libraries would greatly diminish our community's access to materials as about 10,000 of 47,000 checkouts in Evansville were materials owned by other libraries. Also funded through IMLS are the BadgerLink research databases, library staff continuing education, and grants to libraries. Program Updates – Happy National Library Week! As a thank you to our community for their support, The Friends of the Library will be serving cake on Wednesday starting at 11am. Author and Evansville native Mike McCabe will be discussing his novel *Miracles Along County Q* at 6pm on Thursday April 10. Stop by our table at Family Fun Night at the Grove Field House on Friday from 5:30-7:30pm. We will also be participating in the High School Job Fair on April 16. 4K Families are invited to the Library on April 23 from 5:30-7:00pm. We will be holding a Kids Clothing Swap on May 2-3. Those wanting to donate can bring gently used children's clothing to the Library from April 14-30.

B. Parks and Recreation Board Report

- 1) **Jeff Stevens:** Stevens has noticed that signs are posted to stop ATV use at Leonard Leota Park even though the streets in the Park are legal streets with street names. Stevens shared that the signs are not legal signs. Duggan shared that the situation would be investigated.

C. Plan Commission Report.

1) **Motion to Approve the Preliminary and Final Plat Application for the Windmill Ridge 2nd Addition subdivision, finding that it is in the public interest and substantially complies with Chapter 110 of the Municipal Code, subject to the following conditions:**

- i) Land Divider's Agreement completed and executed by both City and Developer.
- ii) Applicant submits Irrevocable Letter of Credit for City Engineer approval.
- iii) City Engineer approves submitted construction drawings for public infrastructure improvements.
- iv) Applicant submits a rezoning application requesting R-2 zoning for all lots in the Windmill Ridge 2nd Addition subdivision prior to receiving City signatures on the final plat document.

Motion by Barnes, seconded by Lathrop. Motion passed 7-0, with Geoffrion recused.

2) **Motion to Approve the Land Divider's Agreement for Windmill Ridge 2nd Addition by Barnes, second by Droster. Motion passed by Roll Call 7-0, with Geoffrion recused.**

D. Finance and Labor Relations Committee Report:

1) **Motion to Accept the March 2025 City bills in the amount of \$1,841,054.28 by Barnes, seconded by Corridon. Motion passed by Roll Call 8-0.**

Roberts and Kriebs answered Corridon's question to the utility refund on page 1. It was due to the miscommunication of water meters. The charges were flipped between the upstairs and downstairs customers on a property.

2) **Motion to Approve Resolution 2025-06 Amending the City of Evansville's Fee Schedule - Swimming Pool Rates by Brooks, seconded by Corridon. Motion passed by Roll Call 8-0.**

Brooks shared that the resolution originally included a reduced rate in the non-resident daily fee but could purchase a 10-punch pass that would reduce the price to 50¢ more than a resident.

3) **Motion to Approve Resolution #2025-07: Establishing the Municipal Judge's Salary for the Term Starting in Year 2025 by Brooks, seconded by Corridon. Motion passed by Roll Call 8-0.**

4) **Motion to Approve Attendance at the APPA Business and Financial Conference by Brooks, seconded by Corridon. Motion passed 8-0.**

Brooks shared that most of the cost of this will be covered by WPPI. Utility finances are a rough spot for the City so this will help strengthen Sargeant's skills.

Barnes stepped out at 7:36 p.m.

5) **Motion to Approve Fiscal Policy Handbook by Brooks, seconded by Corridon. Motion passed 7-0.**

Barnes returned at 7:40 p.m.

E. Public Safety Committee Report:

1) Discussion on plans for the 4th of July with Evansville Community Partnership President Jim Brooks.

Brooks shared his plans to begin the event on the evening of July 3 and have the event run through Sunday evening with a car show. Brooks reached out to check on pricing from outside security companies. There was additional discussion of the staffing situation for the Police Department as the Police Department is currently down 4 positions and will be for some time.

- F. **Municipal Services Report:** Brooks shared that there was discussion about the Windmill Ridge addition. It was also announced that the Evansville Water & Light received the Diamond Award for Safety. Only 7 utilities were awarded for the state Wisconsin.
 - G. **Economic Development Committee Report:** Brooks shared that Morgan from Congressman Pocan's office was in attendance. There was discussion on a variety of items from soybeans to railroad tracks.
 - H. **Youth Center Advisory Board Report:** Corridon shared that there was discussion about the Recreation Coordinator position.
 - I. **Historic Preservation Commission Report:** Lewis shared that 129 W Liberty is going to replace windows, side entry and storm door. There was discussion about garage demo at 33 N Second. 205 W Liberty wanted to replace Wood Soffit/Fascia with aluminum, which was denied. 16 E Main wants to expand the Hops Garden and need to replace windows, doors, framing, and trim.
 - J. **Fire District Report:** Brooks shared that there is Clerk position posted and will be open until May 24th.
 - K. **Police Commission Report:** There was a meeting this morning that Sergeant Reilly will be promoted to Lieutenant pending a contract.
 - L. **Energy Independence Team Report:** Did Not Meet. Will meet in May.
 - M. **Board of Appeals Report:** Did Not Meet.
8. **Unfinished Business:** None.
9. **Communications and Recommendations of the Administrator:** Duggan shared Sergeant's report of thanks for the outpouring of support for the last two weeks. Sergeant also wanted to thank Chief Reese and now Chief Jones in filling in as Acting Administrator in Sergeant's absence.
10. **Communications and Recommendations of the Mayor.**
- A. **Mayoral Proclamation 2025-04 - Arbor Day 2025**
 - B. **Mayoral Proclamation 2025-05 - World Migratory Bird Day**
 - C. **Mayoral Proclamation 2025-06 - Annual Municipal Clerks Appreciation Week**
 - D. **Motion to Approve Resolution 2025-09 - Commending James A. Brooks for Service to the City of Evansville by Corridon, seconded by Droster. Motion passed 8-0.**
 - E. **Motion to Approve Resolution 2025-10 - Commending Gene Lewis for Service to the City of Evansville by Corridon, seconded by Droster. Motion passed 8-0.**
11. **New Business:** None
12. **Introduction of New Ordinances:**
- A. **First Reading of Ordinance 2025-03, An Ordinance to Reimburse Building Permit Fees For Affordable Housing Projects** read by Barnes.
13. **Upcoming Meeting Reminder:**
- A. Reorganizational Common Council Meeting, Tuesday April 15, 2025, at 6:00 p.m.

- B. Regular Common Council Meeting, Tuesday May 13, 2025, at 6:00 p.m.
 - C. League of Wisconsin Municipalities Spring Conference: April 28-29, 2025, at Wilderness Resort in Wisconsin Dells
14. **Adjourn: Motion to adjourn by *Brooks*, seconded by *Barnes*. Motion passed at 8:09 p.m.**

City of Evansville Common Council
Organizational Meeting
City Hall, 31 S Madison St, Evansville WI 53536
Tuesday, April 15, 2025, 6:00 p.m.

MINUTES

Administer Oral Oath of Office to District #1 Alderperson Abbey Barnes, District #2 Alderperson Kelly Shannon, District #3 Alderperson Chuck Boyce, and District #4 Alderperson Ben Corridon.

1. **Call to Order:** Mayor Duggan called the meeting to order at 6:00 p.m.

2. **Roll Call of New Council:**

Mayor, Dianne Duggan	P	Leah Hurtley, City Clerk
Alderperson, Bill Lathrop		Jason Sergeant, City Administrator
Alderperson, Abbey Barnes	P	Julie Paton, Citizen
Alderperson, Erika Stuart	P	Jeff Stevens, Citizen
Alderperson, Kelly Shannon	P	
Alderperson, Chuck Boyce	P	
Alderperson, Joe Geoffrion	P	
Alderperson, Ben Corridon	P	
Alderperson, Lita Droster	P	

3. **Motion to Approve the Agenda by Corridon, seconded by Droster. Motion carried 8-0.**

A change was made by Mayor Duggan striking ~~8J Abraham Rodriguez, 461 S 5th St, for a three-year term to the Youth Center Advisory Board, expiring 2028.~~

4. **Nomination and Election of Council President.** Stuart nominated Abbey Barnes, seconded by Lathrop, no other nominations were made.

Motion to elect Abbey Barnes for Council President, by Stuart, seconded by Lathrop. Motion carried 8-0.

5. **Motion to appoint the Janesville Gazette as the City of Evansville's official newspaper for a term of one year, by Barnes, seconded by Corridon. Motion carried 8-0.**

6. **Citizen Appearances** (Public comments on items on the agenda not requiring a public hearing and on matters which can be affected by Council action.)

Bill Lathrop – Shared feedback from an unnamed constituent regarding letters that were sent out from Evansville Water & Light.

7. **Motion to approve the Committee Aldermanic Appointments of:**

A. Ald. Abbey Barnes as Chair and Ald. Bill Lathrop and Ald. Ben Corridon as committee members to the Finance and Labor Relations Committee.

B. Ald. Abbey Barnes and Ald. Bill Lathrop to the Plan Commission.

C. Ald. Ben Corridon as Chair and Ald. Abbey Barnes and Ald. Lita Droster as committee member to the Municipal Services Committee.

D. Ald. Lita Droster and Ald. Erika Stuart to the Evansville Fire District Board, and Ald. Chuck Boyce as alternate.

E. Ald. Joe Geoffrion and Ald. Kelly Shannon to the Economic Development Committee.

F. Ald. Erika Stuart to the Park and Recreation Board.

G. Ald. Erika Stuart as Chair and Ald. Joe Geoffrion and Ald. Chuck Boyce and as committee members to the Public Safety Committee.

- H. Ald. Lita Droster and Ald. Chuck Boyce to the Redevelopment Authority.
- I. Ald. Kelly Shannon to the Historic Preservation Commission.
- J. Ald. Ben Corridon as Chair and Ald. Lita Droster to the Evansville Youth Center Board.

By Barnes, seconded by Lathrop. Motion carried 8-0.

- 8. Motion to approve the Committee Citizen Appointments of:
 - A. Jonathan Hollingsworth, 671 Windsor Ln, and Idalia Winger, 315 W Liberty St, for a three-year term to the Eager Free Public Library Board of Trustees expiring 2028 and Laurie Crandall, 7728 N Morning Meadow Ln, Evansville, WI 53536, as the School Representative appointment, expiring 2028.
 - B. Gina Wyse, for a five-year term to the Board of Review, expiring 2030.
 - C. Paul Liesse, 119 Garfield Ave, and Brandon Rutz, 7901 N Tolles Rd, Evansville, WI 53536 for a three-year term to the Economic Development Committee, expiring 2028.
 - D. Amy Corridon, 29 W Liberty St, Katilyn Sacker, 25 N. Second St, and Dan Stephans, 54 Deanna Dr, for a two-year term to the Historic Preservation Commission, expiring 2027.
 - E. Carolyn Butts, 302 S Madison St, for a five-year term to the Housing Authority Committee, expiring 2030.
 - F. Matthew Pook, 470 W Church St, for a three-year term to the Park and Recreation Board, expiring 2028.
 - G. Susan Becker, 233 Garfield Ave, and Mike Scarmon, 20 Garfield Ave, for a three-year term to the Plan Commission, expiring 2028.
 - H. Jay Oren, 520 S 5th St, for a five-year term to the Police Commission, expiring 2030.
 - I. Susan Becker, 233 Garfield Ave, to the Redevelopment Authority, for a five-year term expiring 2030.
 - J. ~~Abraham Rodriguez, 461 S 5th St, for a three-year term to the Youth Center Advisory Board, expiring 2028.~~
 - K. Dennis Hughes, 715 Badger Dr, as Chair for a three-year term to the Zoning Board of Appeals, expiring 2028.

By Barnes, seconded by Stuart. Motion carried 7-0, with Corridon abstaining for reasons of conflict of interest.

- 9. Unfinished Business.
- 10. Communications and Recommendations of the Mayor.
Mayor Duggan thanked the new Alderpeople for their motivation to serve the public by means of Council. Duggan made note of meeting decorum, attendance and communication expectations.
- 11. Upcoming Meeting Reminder:
 - A. League of Wisconsin Municipalities Spring Conference: April 28-29, 2025, at Wilderness Resort in Wisconsin Dells
 - B. Regular Common Council Meeting, Tuesday May 13, 2025, at 6:00 p.m.
- 12. Adjourn at 6:24 p.m.

*Respectfully submitted by:
Leah L. Hurlley, City Clerk*

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
010-1000130	UTILITY CASH CLEARING	922872	LARSON ACRES	REFUND OVERPAYMENT	2025 REFUN	04/07/2025	124.58	54742	.00	0	
Total 0101000130:							124.58		.00		
100-2127500	REIMBURSABLE DEV COSTS	1885	CONSIGNY LAW FIRM SC	ATTY FEES-COMMUNITY DEVELOPMENT - REIMBURSABLE DEV COSTS	62624	04/10/2025	437.50	54770	.00	0	
Total 1002127500:							437.50		.00		
100-2131100	FEDERAL W/H TAX DEDUCTIO	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT FEDERAL WITHHOLDING TAX Pay Period: 3/21/2025	PR0321251	04/02/2025	12,062.64	2201	.00	0	
100-2131100	FEDERAL W/H TAX DEDUCTIO	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT FEDERAL WITHHOLDING TAX Pay Period: 4/4/2025	PR0404251	04/16/2025	19,676.30	2219	.00	0	
Total 1002131100:							31,738.94		.00		
100-2131200	STATE W/H TAX DEDUCTION	5550	WI DEPT OF REVENUE-EF	SWT STATE WITHHOLDING TAX Pay Period: 3/21/2025	PR0321251	04/02/2025	5,624.47	2200	.00	0	
100-2131200	STATE W/H TAX DEDUCTION	5550	WI DEPT OF REVENUE-EF	SWT STATE WITHHOLDING TAX Pay Period: 4/4/2025	PR0404251	04/16/2025	7,470.20	2218	.00	0	
Total 1002131200:							13,094.67		.00		
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INSURANCE - SINGLE Pay Period: 3/21/2025	PR0321251	04/17/2025	4,692.24	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - SINGLE (PRE TAX) Pay Period: 3/21/2025	PR0321251	04/17/2025	1,813.88	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - FAMILY (PRE TAX) Pay Period: 3/21/2025	PR0321251	04/17/2025	517.20	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - FAMILY (PRE TAX) Pay Period: 3/21/2025	PR0321251	04/17/2025	26,507.38	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - FAMILY (PRE TAX)2 Pay Period: 3/21/2025	PR0321251	04/17/2025	953.24	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - FAMILY (PRE TAX)2 Pay Period: 3/21/2025	PR0321251	04/17/2025	3,981.88	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INSURANCE - SINGLE Pay Period: 3/21/2025	PR0321251	04/17/2025	184.52	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP RETIREE HEALTH CARE PAYMENTS Pay Period: 4/4/2025	PR0404251	04/17/2025	3,297.22	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS -							

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
				SINGLE (PRE TAX) Pay Period: 4/4/2025	PR0404251	04/17/2025	181.19	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - SINGLE (PRE TAX) Pay Period: 4/4/2025	PR0404251	04/17/2025	5,116.19	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - FAMILY (PRE TAX) Pay Period: 4/4/2025	PR0404251	04/17/2025	1,464.44	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS DED/EXP HEALTH INS - FAMILY (PRE TAX) Pay Period: 4/4/2025	PR0404251	04/17/2025	29,300.16	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS ADJUSTMENT	PR0404251	04/17/2025	973.04-	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS ADJUSTMENT	PR0404251	04/17/2025	906.94-	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS ADJUSTMENT	PR0404251	04/17/2025	486.48-	2013270	.00	0	
100-2132110	HEALTH INSURANCE	1997	WI DEPT-EMPLOYEE TRU	HEALTH INS ADJUSTMENT	PR0404251	04/17/2025	1,195.14	2013270	.00	0	
Total 1002132110:							76,838.22		.00		
100-2132120	DENTAL INSURANCE	1998	DELTA DENTAL OF WISCO	DENTAL INS DED/EXP DENTAL INSURANCE Employer Pay Period: 4/4/2025	PR0404251	04/25/2025	3,980.71	54849	.00	0	
100-2132120	DENTAL INSURANCE	1998	DELTA DENTAL OF WISCO	ADJUSTMENT	PR0404251	04/25/2025	80.37-	54849	.00	0	
100-2132120	DENTAL INSURANCE	1998	DELTA DENTAL OF WISCO	ADJUSTMENT	PR0404251	04/25/2025	40.81-	54849	.00	0	
Total 1002132120:							3,859.53		.00		
100-2132121	VISION INSURANCE	1998	DELTA DENTAL OF WISCO	VISION INS/EXP VISION INSURANCE Pay Period: 4/4/2025	PR0404251	04/25/2025	225.94	54849	.00	0	
Total 1002132121:							225.94		.00		
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS ELECTED Pay Period: 3/7/2025	PR0307250	04/11/2025	71.73	2214	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS GENERAL Pay Period: 3/7/2025	PR0307250	04/11/2025	5,915.04	2214	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS GENERAL Pay Period: 3/7/2025	PR0307250	04/11/2025	5,913.67	2214	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS PROTECTED UNION Pay Period: 3/7/2025	PR0307250	04/11/2025	2,743.03	2214	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS PROTECTED UNION Pay Period: 3/7/2025	PR0307250	04/11/2025	5,924.13	2214	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS ELECTED Pay Period: 3/7/2025	PR0307250	04/11/2025	71.73	2214	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS PROTECTED UNION Pay Period: 3/21/2025	PR0321250	04/11/2025	5,051.94	2215	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS GENERAL Pay Period: 3/21/2025	PR0321250	04/11/2025	6,358.80	2215	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS GENERAL Pay Period: 3/21/2025	PR0321250	04/11/2025	6,358.80	2215	.00	0	
100-2132130	RETIREMENT PAYABLE	5610	WISCONSIN RETIREMENT	WIS RETIRE EXP WRS PROTECTED							

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
				UNION Pay Period: 3/21/2025	PR0321250	04/11/2025	2,339.18	2215	.00	0	
Total 1002132130:							40,748.05		.00		
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT SOCIAL SECURITY Pay Period: 3/21/2025	PR0321251	04/02/2025	8,535.60	2201	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT SOCIAL SECURITY Pay Period: 3/21/2025	PR0321251	04/02/2025	7,115.43	2201	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 3/21/2025	PR0321251	04/02/2025	1,664.10	2201	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 3/21/2025	PR0321251	04/02/2025	1,664.10	2201	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT SOCIAL SECURITY Pay Period: 4/4/2025	PR0404251	04/16/2025	11,333.03	2219	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT SOCIAL SECURITY Pay Period: 4/4/2025	PR0404251	04/16/2025	10,104.46	2219	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 4/4/2025	PR0404251	04/16/2025	2,363.15	2219	.00	0	
100-2133100	FICA DEDUCTIONS	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 4/4/2025	PR0404251	04/16/2025	2,363.15	2219	.00	0	
Total 1002133100:							45,143.02		.00		
100-2134300	LIFE INS DEDUCTION	3515	SECURIAN FINANCIAL GR	LIFE INS DED/EXP LIFE INSURANCE Pay Period: 4/4/2025	PR0404253	04/17/2025	513.73	54831	.00	0	
100-2134300	LIFE INS DEDUCTION	3515	SECURIAN FINANCIAL GR	LIFE INS DED/EXP LIFE INSURANCE Pay Period: 4/4/2025	PR0404253	04/17/2025	968.24	54831	.00	0	
100-2134300	LIFE INS DEDUCTION	3515	SECURIAN FINANCIAL GR	ADJUSTMENT	PR0404253-	04/17/2025	.85	54831	.00	0	
100-2134300	LIFE INS DEDUCTION	3515	SECURIAN FINANCIAL GR	ADJUSTMENT	PR0404253-	04/17/2025	1.02-	54831	.00	0	
100-2134300	LIFE INS DEDUCTION	3515	SECURIAN FINANCIAL GR	ADJUSTMENT	PR0404253-	04/17/2025	23.58-	54831	.00	0	
100-2134300	LIFE INS DEDUCTION	3515	SECURIAN FINANCIAL GR	ADJUSTMENT	PR0404253-	04/17/2025	.01-	54831	.00	0	
Total 1002134300:							1,458.21		.00		
100-2136100	UNION DUES DEDUCTIONS	5603	WI PROFESSIONAL POLIC	UNION DUES POLICE UNION DUES-POLICE Pay Period: 4/4/2025	PR0404251	04/17/2025	365.60	54842	.00	0	
Total 1002136100:							365.60		.00		
100-2137000	PAYROLL DEDUCTION MISC	5708	WI SCTF	CHILD SUPPORT DED CHILD SUPPORT Pay Period: 4/4/2025	PR0404252	04/11/2025	785.73	2216	.00	0	
100-2137000	PAYROLL DEDUCTION MISC	5708	WI SCTF	CHILD SUPPORT DED CHILD SUPPORT Pay Period: 4/18/2025	PR0418252	04/24/2025	785.73	2225	.00	0	
Total 1002137000:							1,571.46		.00		
100-2138000	ICMA RETIREMENT CORP DEF	2849	SECURITY BENEFIT LIFE I	DEF COMP-SBG DEFERRED COMP - SBG-% OF AMT Pay Period: 4/4/2025	PR0404251	04/11/2025	18,263.39	2217	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-2138000	ICMA RETIREMENT CORP DEF	2849	SECURITY BENEFIT LIFE I	DEF COMP-SBG DEFERRED COMP - SBG-% OF AMT Pay Period: 4/18/2025	PR0418251	04/24/2025	858.86	2223	.00	0	
100-2138000	ICMA RETIREMENT CORP DEF	2849	SECURITY BENEFIT	POLICE/VIBA DEFERRED - SBG - AMOUNT Pay Period: 4/18/2025	PR0418250	04/24/2025	400.00	2224	.00	0	
100-2138000	ICMA RETIREMENT CORP DEF	2855	MISSION SQUARE RETIRE	DEF COMP DED DEFERRED COMP - ICMA - AMOUNT Pay Period: 3/21/2025	PR0321251	04/07/2025	250.00	54751	.00	0	
100-2138000	ICMA RETIREMENT CORP DEF	2855	MISSION SQUARE RETIRE	DEF COMP DED DEFERRED COMP - ICMA - AMOUNT Pay Period: 4/4/2025	PR0404251	04/17/2025	250.00	54823	.00	0	
Total 1002138000:							20,022.25		.00		
100-2140000	AFLAC ACC INS DEDUCTION	1065	AFLAC	ACC/MED/CCARE DED AFLAC ACCIDENT INSURANCE Pay Period: 3/7/2025	PR0307251	04/07/2025	12.42	2013270	.00	0	
100-2140000	AFLAC ACC INS DEDUCTION	1065	AFLAC	ACC/MED/CCARE DED AFLAC ACCIDENT INSURANCE Pay Period: 3/21/2025	PR0321251	04/07/2025	12.42	2013270	.00	0	
Total 1002140000:							24.84		.00		
100-2141000	AFLAC MED INS DEDUCTIONS	1065	AFLAC	ACC/MED/CCARE DED AFLAC MEDICAL Pay Period: 3/7/2025	PR0307251	04/07/2025	28.28	2013270	.00	0	
100-2141000	AFLAC MED INS DEDUCTIONS	1065	AFLAC	ACC/MED/CCARE DED AFLAC Pay Period: 3/21/2025	PR0321251	04/07/2025	28.27	2013270	.00	0	
Total 1002141000:							56.55		.00		
100-45110-520	COURT PENALTIES & COSTS	4700	ST OF WIS CONTROLLER'	COURT FINES/ASSESS-MAR	2025-03	04/07/2025	2,033.13	54758	.00	0	
Total 10045110520:							2,033.13		.00		
100-46750-55	AQUATIC CENTER REVENUE	922879	MICHELLE DALTON	CANDY FOR FAMIULY FUN NIGHT	2025-04	04/17/2025	10.48	54822	.00	0	
Total 10046750550:							10.48		.00		
100-46753-55	BASEBALL REVENUE-YOUTH	922879	MICHELLE DALTON	CANDY FOR FAMILY FUN NIGHT	2025-04	04/17/2025	10.49	54822	.00	0	
Total 10046753550:							10.49		.00		
100-51010-30	COUNCIL EXPENSES & SUPPL	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-COUNCIL	IN15117885	04/17/2025	11.33	54815	.00	0	
100-51010-30	COUNCIL EXPENSES & SUPPL	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-COUNCIL	IN15132483	04/25/2025	45.62	54851	.00	0	
100-51010-30	COUNCIL EXPENSES & SUPPL	9017	US BANK	M365 COUNCIL	6123-246921	04/25/2025	10.93	2013271	.00	0	
100-51010-30	COUNCIL EXPENSES & SUPPL	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-COUNCIL	BDR-0425	04/10/2025	33.74	54769	.00	0	
100-51010-30	COUNCIL EXPENSES & SUPPL	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - COUNCIL	BDR-0425	04/10/2025	172.68	54769	.00	0	
100-51010-30	COUNCIL EXPENSES & SUPPL	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - COUNCIL	2025-03	04/10/2025	18.38	54791	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 10051010300:							292.68		.00		
100-51020-30	MAYOR EXPENSES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-MAYOR	IN15117885	04/17/2025	.76	54815	.00	0	
100-51020-30	MAYOR EXPENSES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-MAYOR	IN15132483	04/25/2025	3.06	54851	.00	0	
100-51020-30	MAYOR EXPENSES	9017	US BANK	M365 MAYOR	6123-246921	04/25/2025	1.82	2013271	.00	0	
100-51020-30	MAYOR EXPENSES	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM MAYOR - M365 ACCOUNT	2336729010	04/10/2025	13.70	54767	.00	0	
100-51020-30	MAYOR EXPENSES	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-MAYOR	BDR-0425	04/10/2025	5.62	54769	.00	0	
100-51020-30	MAYOR EXPENSES	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - MAYOR	BDR-0425	04/10/2025	28.78	54769	.00	0	
100-51020-30	MAYOR EXPENSES	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - MAYOR	2025-03	04/10/2025	.06	54791	.00	0	
Total 10051020300:							53.80		.00		
100-51030-28	MUNI COURT FINES/ASSESS	4320	ROCK COUNTY TREASUR	COURT FINES/ASSESS-MAR	2025-03 CO	04/07/2025	462.02	54756	.00	0	
Total 10051030281:							462.02		.00		
100-51030-30	MUNICIPAL COURT EXPENSE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-MUNI COURT	IN15117885	04/17/2025	.71	54815	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-MUNI COURT	IN15132483	04/25/2025	2.87	54851	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	9017	US BANK	ZOOM. US	6004-240113	04/25/2025	15.99	2013271	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	9017	US BANK	HILTON	6004-749060	04/25/2025	127.05	2013271	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	9017	US BANK	HILTON	6004-749060	04/25/2025	17.05-	2013271	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	9017	US BANK	M365 COURT	6123-246921	04/25/2025	1.82	2013271	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM COURT - M365 ACCOUNT	2336729010	04/10/2025	13.70	54767	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-COURT	BDR-0425	04/10/2025	5.62	54769	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - COURT	BDR-0425	04/10/2025	28.78	54769	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	1090	AT&T	MONTHLY AT&T CHARGES-MUNI COURT	6088822281-	04/17/2025	8.81	54802	.00	0	
100-51030-30	MUNICIPAL COURT EXPENSE	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - MUNI COURT	2025-03	04/10/2025	22.76	54791	.00	0	
Total 10051030300:							211.06		.00		
100-51040-21	LEGAL SERVICES	1885	CONSIGNY LAW FIRM SC	ATTY FEES-COMMUNITY DEVELOPMENT - PROFESSIONAL SERVICES	62625	04/10/2025	542.50	54770	.00	0	
100-51040-21	LEGAL SERVICES	1885	CONSIGNY LAW FIRM SC	ATTY FEES-GENERAL FUND	62626	04/10/2025	3,650.50	54770	.00	0	
Total 10051040210:							4,193.00		.00		
100-51040-21	LEGAL SERVICES MUNI COUR	1885	CONSIGNY LAW FIRM SC	ATTY FEES-MUNI COURT - MDK	62626	04/10/2025	490.00	54770	.00	0	
100-51040-21	LEGAL SERVICES MUNI COUR	1885	CONSIGNY LAW FIRM SC	ATTY FEES-CIRCUIT COURT APPEAL	62627	04/10/2025	210.00	54770	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 10051040215:							700.00		.00		
100-51070-21	ELECTION EQUIP MAINT/SUP	9017	US BANK	AMAZON	6887-249064	04/25/2025	8.43	2013271	.00	0	
100-51070-21	ELECTION EQUIP MAINT/SUP	9017	US BANK	USPS	6887-249064	04/25/2025	1.65	2013271	.00	0	
Total 10051070210:							10.08		.00		
100-51090-21	ACCOUNTING/AUDITING	2938	JOHNSON BLOCK & COMP	PRELIMINARY AUDIT & MUNICIPAL ACCOUNTING SERVICES FOR DEBT & PLANT ACCOUNTING	525623	04/07/2025	5,500.00	54739	.00	0	
Total 10051090210:							5,500.00		.00		
100-51100-210	ASSESSOR SERVICES	1220	ASSOCIATED APPRAISAL	INTERNET POSTING OF PARCELS BY ASSESSMENT TECHNOLOGIES	179566	04/07/2025	53.26	54724	.00	0	
100-51100-210	ASSESSOR SERVICES	1220	ASSOCIATED APPRAISAL	PROFESSIONAL SERVICES-APR	179566	04/07/2025	1,800.00	54724	.00	0	
Total 10051100210:							1,853.26		.00		
100-51100-310	ASSESSOR SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-ASSESSOR	IN15117885	04/17/2025	2.19	54815	.00	0	
100-51100-310	ASSESSOR SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-ASSESSOR	IN15132483	04/25/2025	8.83	54851	.00	0	
Total 10051100310:							11.02		.00		
100-51110-290	FINANCE PUBLISHING CONTR	922873	APG OF SOUTHERN WISC	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT	369985	04/17/2025	72.75	54801	.00	0	
100-51110-290	FINANCE PUBLISHING CONTR	922873	APG OF SOUTHERN WISC	LAND DIVISION PUBLIC HEARING	371029	04/17/2025	33.32	54801	.00	0	
100-51110-290	FINANCE PUBLISHING CONTR	922873	APG OF SOUTHERN WISC	PUBLIC HEARING NOTICE	371482	04/17/2025	45.77	54801	.00	0	
100-51110-290	FINANCE PUBLISHING CONTR	922873	APG OF SOUTHERN WISC	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT BIDS	373002	04/17/2025	102.06	54801	.00	0	
100-51110-290	FINANCE PUBLISHING CONTR	922951	ROCK VALLEY PUBLISHIN	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT	469215	04/17/2025	70.68	54830	.00	0	
100-51110-290	FINANCE PUBLISHING CONTR	922951	ROCK VALLEY PUBLISHIN	POLLING LOCATION	468598	04/17/2025	54.93	54830	.00	0	
100-51110-290	FINANCE PUBLISHING CONTR	922951	ROCK VALLEY PUBLISHIN	NOTICE OF PUBLIC HEARING ON SPECIAL ASSESSMENTS FOR PUBLIC IMPROVEMENTS	469771	04/17/2025	42.01	54830	.00	0	
Total 10051110290:							421.52		.00		
100-51110-300	FINANCE ADMIN EXPENSE	921939	ICMA MEMBERSHIP RENE	ICMA MEMBERSHIP RENEWAL	1128296-042	04/10/2025	806.00	54782	.00	0	
Total 10051110300:							806.00		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-51110-310	FINANCE OFFICE SUPPLIES &	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-FINANCE OFFICE	IN15132483	04/25/2025	67.64	54851	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	2540	GORDON FLESCH CO INC	ROUNDING ISSUE	IN15132483	04/25/2025	.02-	54851	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	3695	OFFICE PRO INC	SHREDDING SERVICE	726923-0	04/07/2025	18.00	54753	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	3695	OFFICE PRO INC	SHREDDING SERVICE	728307-0	04/17/2025	18.00	54825	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - PAIR OF NEW REPLACEMENT KEYS FOR HON FILE CABINETS	0981-240113	04/25/2025	19.29	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - 25FT EXTRA LONG USB 2.0	0981-240113	04/25/2025	11.16	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - THE ORIGINAL DONUT SHOP REGULAR	0981-240113	04/25/2025	24.97	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	THE LODGE AT MAUSTON	0981-243254	04/25/2025	119.99	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	THE LODGE AT MAUSTON	0981-243254	04/25/2025	119.99	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - BROTHER HI-L5000D BUSINESS LASER PRINTER	0981-246921	04/25/2025	271.64	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - OFFICEMATE LARGE INCLINE 8 COMPARTMENT WIRE CADDY	2200-240113	04/25/2025	15.34	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - SWINGLINE PRODUCTS RUBBER FINGER TIPS	2200-246921	04/25/2025	6.80	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - EARLY BUY POP STICKY NOTES	2200-246921	04/25/2025	5.99	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	PILOT G2 PREMIUM GEL ROLLER PENS	2200-246921	04/25/2025	5.97	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	PILOT G2 MECHANICAL PENCILS	2200-246921	04/25/2025	9.99	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	BOUNCIE	6123-240113	04/25/2025	9.00	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - PACK OF 1.5 INCH DURABLE D RING	6123-246921	04/25/2025	18.56	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	9017	US BANK	AMAZON - PACK OF KEYBOARD AND MOUSE LOGITECH MX KEYS COMBO FOR BUSINESS	6123-246921	04/25/2025	209.89	2013271	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	4600	STAPLES BUSINESS ADVA	MOUNT IT LIGHT BAR, CARPET CHAIR MAT, BANKER BOXES, AVERY LABELS, POCKET FOLDER, COLOR PAPER, NOTE PADS, DESKTOP CALCULATOR	7004650146	04/07/2025	629.16	54759	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - FINANCE	2025-03	04/10/2025	193.98	54791	.00	0	
100-51110-310	FINANCE OFFICE SUPPLIES &	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - FINANCE	2025-03	04/10/2025	165.69	54791	.00	0	
Total 10051110310:							1,941.03		.00		
100-51110-330	FINANCE PROFESSIONAL DE	9017	US BANK	ASSOCIATION OF PUBLIC TREASURERES OF THE UNITED STATES AND CANADA	2200-242078	04/25/2025	599.00	2013271	.00	0	
100-51110-330	FINANCE PROFESSIONAL DE	9017	US BANK	CREWS DCA LLC	6123-246921	04/25/2025	54.10	2013271	.00	0	
100-51110-330	FINANCE PROFESSIONAL DE	9017	US BANK	THE MAYFLOWER HOTEL	6123-246921	04/25/2025	423.22	2013271	.00	0	
Total 10051110330:							1,076.32		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-51110-361	FINANCE COMMUNICATIONS	1240	THRYV	ADVERTISING/WHITE PAGES-CITY HALL	800370190-0	04/25/2025	29.00	54864	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	9017	US BANK	M365 FINANCE	6123-246921	04/25/2025	8.20	2013271	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	9017	US BANK	ROUNDING ISSUES	6123-246921	04/25/2025	.03	2013271	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM FINANCE - M365 ACCOUNT	2336729010	04/10/2025	61.64	54767	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	1730	CHARTER COMMUNICATI	ROUNDING - M365 ACCOUNT	2336729010	04/10/2025	.01-	54767	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-FINANCE	BDR-0425	04/10/2025	25.30	54769	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - FINANCE	BDR-0425	04/10/2025	129.51	54769	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	1850	COMPUTER KNOW HOW L	ROUNDING ISSUE	BDR-0425	04/10/2025	.04	54769	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	5035	U S CELLULAR	MONTHLY CELL PHONE SERVICE	0721175301	04/17/2025	92.37	54837	.00	0	
100-51110-361	FINANCE COMMUNICATIONS	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - FINANCE	38828902	04/07/2025	233.54	54737	.00	0	
Total 10051110361:							579.62		.00		
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	DOUBLE SIDE TAPE CLR	K31695	04/07/2025	19.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	CORD APPL 14/3 SPT-3 9"	K31695	04/07/2025	17.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	PWR STRIP 12 OL 28" SLVR	K31695	04/07/2025	147.96	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	CABLETIE 4&8 BLK 200PK	K31695	04/07/2025	9.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	STRIPS PLSTIC WHT XL 20#	K31695	04/07/2025	7.59	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	VELCRO REUSABLE TIES	K31695	04/07/2025	6.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	CORD CLIP CLEAR COMMAND	K31695	04/07/2025	5.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	ADAPTER OUTLET 2-6 WHT	K31695	04/07/2025	7.59	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	HOOK METAL LR RBBRNZ	K31695	04/07/2025	13.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1060	EVANSVILLE HARDWARE	LED A19 E26 DL 100W 6PK	K32191	04/07/2025	22.99	54733	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON/RUBBER 3X10 - CITY HALL	6140554449	04/25/2025	15.60	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON RUBBER 4X6 - CITY HALL	6140554449	04/25/2025	4.16	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	FIRST AID SUPPLY - CITY HALL	6140554449	04/25/2025	18.71	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	SERVICE CHARGE - CITY HALL	6140554449	04/25/2025	5.20	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON/RUBBER 3X10 - CITY HALL	6140558484	04/25/2025	15.60	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON RUBBER 4X6 - CITY HALL	6140558484	04/25/2025	4.16	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	FIRST AID SUPPLY - CITY HALL	6140558484	04/25/2025	18.71	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	SERVICE CHARGE - CITY HALL	6140558484	04/25/2025	5.20	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON/RUBBER 3X10 - CITY HALL	6140562494	04/25/2025	15.60	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON RUBBER 4X6 - CITY HALL	6140562494	04/25/2025	4.16	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	FIRST AID SUPPLY - CITY HALL	6140562494	04/25/2025	18.71	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	SERVICE CHARGE - CITY HALL	6140562494	04/25/2025	5.20	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON/RUBBER 3X10 - CITY HALL	6140566527	04/25/2025	15.60	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON RUBBER 4X6 - CITY HALL	6140566527	04/25/2025	4.16	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	FIRST AID SUPPLY - CITY HALL	6140566527	04/25/2025	18.71	54866	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	SERVICE CHARGE - CITY HALL	6140566527	04/25/2025	5.20	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON/RUBBER 3X10 - CITY HALL	6140570521	04/25/2025	15.60	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	MAT NYLON RUBBER 4X6 - CITY HALL	6140570521	04/25/2025	4.16	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	FIRST AID SUPPLY - CITY HALL	6140570521	04/25/2025	18.71	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1230	VESTIS	SERVICE CHARGE - CITY HALL	6140570521	04/25/2025	5.20	54866	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	3239	LOCKS & UNLOCKS INC	TIGHTEN CASTLE NUT ON SIMPLEX TO TIGHTEN ONTO DOOR	2118516	04/07/2025	120.69	54743	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	3435	MENARD'S-JANESVILLE	MF 4-LVL RACK 77WX72HX24D	67090	04/07/2025	559.98	54748	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	5160	CITY OF EVANSVILLE	City Hall - W & L Bill	2025-03	04/23/2025	645.18	2221	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	5600	WE ENERGIES	MONTHLY GAS SERVICE-CITY HALL/MUNI COURT	00002-0325	04/07/2025	451.63	54764	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	3955	PROFESSIONAL PEST CO	MONTHLY PEST CONTROL-CITY HALL	849386	04/10/2025	53.00	54790	.00	0	
100-51120-355	MUNICIPAL BUILDINGS	1090	AT&T	MONTHLY AT&T CHARGES-MUNICIPAL	6088822281-	04/17/2025	8.81	54802	.00	0	
Total 10051120355:							2,318.71		.00		
100-51140-285	DOG & CAT EXPENSE	4320	ROCK COUNTY TREASUR	DOG LICENSES - MARCH	2025-03	04/07/2025	172.25	54756	.00	0	
100-51140-285	DOG & CAT EXPENSE	4259	HUMANE SOCIETY OF SO	ANIMAL R&B / PICK UP CHARGE	226	04/10/2025	308.33	54781	.00	0	
Total 10051140285:							480.58		.00		
100-51140-390	MISCELLANIOUS	3825	PETTY CASH-CLERK/W&L	FAMILY FUN NIGHT-BASEBALL & POOL REGISTRATIONS	2025 YOUN	04/10/2025	150.00	54788	.00	0	
Total 10051140390:							150.00		.00		
100-52200-20	Investigative Expenses	3780	PERSONNEL EVALUATION	JV PEP BILLING	54374	04/17/2025	25.00	54826	.00	0	
Total 10052200205:							25.00		.00		
100-52200-21	PROFESSIONAL SERVICES	1885	CONSIGNY LAW FIRM SC	ATTY FEES-POLICE	62626	04/10/2025	70.00	54770	.00	0	
100-52200-21	PROFESSIONAL SERVICES	9017	US BANK	NIC*TRAFFICVIOLREGPROG EGOV.COM	7376-241164	04/25/2025	9.18	2013271	.00	0	
100-52200-21	PROFESSIONAL SERVICES	9017	US BANK	DOJ EPAY RECORDS CHECK	9978-247170	04/25/2025	7.00	2013271	.00	0	
100-52200-21	PROFESSIONAL SERVICES	3305	MERCY HEALTH SYSTEM	DRUG SCREEN 5 PANEL NON-DOT MERCY MRO	00035592-00	04/17/2025	36.00	54821	.00	0	
100-52200-21	PROFESSIONAL SERVICES	3305	MERCY HEALTH SYSTEM	DRUG SCREEN 5 PANEL NON-DOT MERCY MRO	00035592-00	04/17/2025	36.00	54821	.00	0	
100-52200-21	PROFESSIONAL SERVICES	3305	MERCY HEALTH SYSTEM	DRUG SCREEN 5 PANEL NON-DOT MERCY MRO	00035592-00	04/17/2025	36.00	54821	.00	0	
100-52200-21	PROFESSIONAL SERVICES	3305	MERCY HEALTH SYSTEM	DRUG SCREEN 5 PANEL NON-DOT MERCY MRO	00035592-00	04/17/2025	36.00	54821	.00	0	
100-52200-21	PROFESSIONAL SERVICES	5603	WI PROFESSIONAL POLIC	SORD RETAINER ANNUAL	6607	04/17/2025	223.65	54842	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 10052200210:							453.83		.00		
100-52200-31	POLICE OFFICE SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-POLICE DEPT	IN15117885	04/17/2025	15.52	54815	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-POLICE DEPT	IN15132483	04/25/2025	62.47	54851	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	3980	QUILL CORPORATION	TRANSPARENT GREENER TAPE	43483910	04/17/2025	54.14	54828	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	3980	QUILL CORPORATION	QB 10X13 QUICKSTRIP ENVELOPE	43492747	04/17/2025	81.23	54828	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	3980	QUILL CORPORATION	STPLS 5 TOPBND MEMOBNK 3X5 75CR	43492747	04/17/2025	23.79	54828	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	3980	QUILL CORPORATION	SHARPIE 36CT FINE BLACK BOX	43492747	04/17/2025	16.71	54828	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	3980	QUILL CORPORATION	ULTRA FINE-POINT MARKERS	43492747	04/17/2025	12.68	54828	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	3980	QUILL CORPORATION	DISPENSER TAPE METAL 21N BLK	43492747	04/17/2025	22.96	54828	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	2738	HOMETOWN COMPUTER	SB45 USB COMMCTN HEADSET	10146974	04/10/2025	39.99	54780	.00	0	
100-52200-31	POLICE OFFICE SUPPLIES	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - POLICE DEPT	2025-03	04/10/2025	75.44	54791	.00	0	
Total 10052200310:							404.93		.00		
100-52200-33	POLICE PROFESSIONAL DEV	9017	US BANK	LAW ENFORCEMENT TRAINING OFFICERS' ASSOCIATION INC	7376-246921	04/25/2025	225.00	2013271	.00	0	
100-52200-33	POLICE PROFESSIONAL DEV	9017	US BANK	GDP CRITICAL IMPACT GROUP	7376-247933	04/25/2025	450.00	2013271	.00	0	
Total 10052200330:							675.00		.00		
100-52200-34	POLICE EQUIPMENT	9017	US BANK	INTOXIMETERS INC	7376-244129	04/25/2025	150.00	2013271	.00	0	
Total 10052200340:							150.00		.00		
100-52200-34	POLICE VEHICLE FUEL	922831	CONSUMERS COOP OIL C	POLICE - FUEL	154789-0325	04/17/2025	1,319.88	54809	.00	0	
Total 10052200343:							1,319.88		.00		
100-52200-35	POLICE EQUIP MAINTENANCE	1060	EVANSVILLE HARDWARE	CLAMP HOSE 4-1/16"-5" SS	200248 - 032	04/07/2025	2.99	54734	.00	0	
100-52200-35	POLICE EQUIP MAINTENANCE	1060	EVANSVILLE HARDWARE	CLAMP HOSE 4-3/32" TO 6" SS	200248 - 032	04/07/2025	5.98	54734	.00	0	
100-52200-35	POLICE EQUIP MAINTENANCE	9017	US BANK	GURADIAN ANGEL ELITE SERIES SAFETY LIGHT	9978-246921	04/25/2025	109.99	2013271	.00	0	
100-52200-35	POLICE EQUIP MAINTENANCE	923066	THOMPSON SAFETY LLC	2.5 ABC EXTINGUISHER	MKECRN000	04/07/2025	159.98	54760	.00	0	
100-52200-35	POLICE EQUIP MAINTENANCE	923066	THOMPSON SAFETY LLC	5LB ABC FIRE EXTINGUISHER - AMEREX	MKEINV0215	04/07/2025	239.98	54760	.00	0	
Total 10052200350:							198.96		.00		
100-52200-35	POLICE BLDG MAINT	1060	EVANSVILLE HARDWARE	CLAMP HOSE 4-1/16"-5" SS	200248 - 032	04/07/2025	2.99	54734	.00	0	
100-52200-35	POLICE BLDG MAINT	1060	EVANSVILLE HARDWARE	PLUG IN CO W/BATT BACKUP	200248 - 032	04/07/2025	32.99	54734	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	MAT NYLON/RUBBER 3X10 - POLICE	6140558483	04/07/2025	10.40	54763	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	FIRST AID SUPPLY - POLICE	6140558483	04/07/2025	18.71	54763	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	SERVICE CHARGE - POLICE	6140558483	04/07/2025	5.20	54763	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	MAT NYLON/RUBBER 3X10 - POLICE	6140562493	04/07/2025	10.40	54763	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	FIRST AID SUPPLY - POLICE	6140562493	04/07/2025	18.71	54763	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	SERVICE CHARGE - POLICE	6140562493	04/07/2025	5.20	54763	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	MAT NYLON/RUBBER 3X10 - POLICE	6140566526	04/10/2025	10.40	54795	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	FIRST AID SUPPLY - POLICE	6140566526	04/10/2025	18.71	54795	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	SERVICE CHARGE - POLICE	6140566526	04/10/2025	5.20	54795	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	MAT NYLON/RUBBER 3X10 - POLICE	6140570520	04/17/2025	10.40	54840	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	FIRST AID SUPPLY - POLICE	6140570520	04/17/2025	18.71	54840	.00	0	
100-52200-35	POLICE BLDG MAINT	1230	VESTIS	SERVICE CHARGE - POLICE	6140570520	04/17/2025	5.20	54840	.00	0	
100-52200-35	POLICE BLDG MAINT	9017	US BANK	FAMILY DOLLAR	2472-244450	04/25/2025	22.95	2013271	.00	0	
100-52200-35	POLICE BLDG MAINT	9017	US BANK	AMAZON - MICROFIBER MOP PADS 2 IECES	9978-246921	04/25/2025	18.99	2013271	.00	0	
100-52200-35	POLICE BLDG MAINT	9017	US BANK	AMAZON - CLEAN HOME 36" COMMERCIAL DUST MOPS	9978-246921	04/25/2025	35.89	2013271	.00	0	
100-52200-35	POLICE BLDG MAINT	9017	US BANK	AMAZON - COUPON	9978-246921	04/25/2025	1.90	2013271	.00	0	
100-52200-35	POLICE BLDG MAINT	923008	HARTIN ELECTRIC	ADD OUTLET FOR HANDY ACCESSIBLE DOOR & MOVE EXIT LIGHT BACK IN MAIN ENTERANCE	2516	04/07/2025	300.00	54738	.00	0	
Total 10052200355:							549.15		.00		
100-52200-36	POLICE BLDG UTILITIES EXPE	5160	CITY OF EVANSVILLE	EPD - W & L Bill	2025-03	04/23/2025	679.56	2221	.00	0	
100-52200-36	POLICE BLDG UTILITIES EXPE	5600	WE ENERGIES	MONTHLY GAS SERVICE-PD	00005-0325	04/17/2025	285.38	54841	.00	0	
Total 10052200360:							964.94		.00		
100-52200-36	POLICE COMMUNICATIONS	9017	US BANK	M365 PD	6123-246921	04/25/2025	17.31	2013271	.00	0	
100-52200-36	POLICE COMMUNICATIONS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM POLICE - M365 ACCOUNT	2336729010	04/10/2025	130.14	54767	.00	0	
100-52200-36	POLICE COMMUNICATIONS	1850	COMPUTER KNOW HOW L	PD-BACKUP SERVER/LABOR	BDR-0425	04/10/2025	149.00	54769	.00	0	
100-52200-36	POLICE COMMUNICATIONS	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - PD	BDR-0425	04/10/2025	273.42	54769	.00	0	
100-52200-36	POLICE COMMUNICATIONS	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - POLICE	38828902	04/07/2025	273.55	54737	.00	0	
Total 10052200361:							843.42		.00		
100-52240-21	BLDG INSP - PROFESSIONAL	922983	GENERAL ENGINEERING	BUILDING INSPECTIONS 3/1/25 - 3/31/25	I53-222 (INS	04/17/2025	5,158.00	54814	.00	0	
Total 10052240210:							5,158.00		.00		
100-52240-30	BLDG INSP - MISC EXP	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES- BUILDING INSP	IN15117885	04/17/2025	.07	54815	.00	0	
100-52240-30	BLDG INSP - MISC EXP	2540	GORDON FLESCH CO INC	MONTHLY COPIER							

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
				CHARGES-BUILDING INSP	IN15132483	04/25/2025	.30	54851	.00	0	
100-52240-30	BLDG INSP - MISC EXP	1652	C & M PRINTING	VIOLATION DOOR HANGERS	75090	04/07/2025	102.00	54726	.00	0	
100-52240-30	BLDG INSP - MISC EXP	1652	C & M PRINTING	MINUTES COMPUTER FILE TIME FOR INTIAL SET UP	75090	04/07/2025	6.00	54726	.00	0	
100-52240-30	BLDG INSP - MISC EXP	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - BUILDING INSP.	2025-03	04/10/2025	17.63	54791	.00	0	
Total 10052240300:							126.00		.00		
100-52240-36	BLDG INSP - COMMUNICATIO	9017	US BANK	M365 BLDG INS	6123-246921	04/25/2025	.91	2013271	.00	0	
100-52240-36	BLDG INSP - COMMUNICATIO	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM BLDG INS - M365 ACCOUNT	2336729010	04/10/2025	6.85	54767	.00	0	
100-52240-36	BLDG INSP - COMMUNICATIO	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-BLD INSPECT	BDR-0425	04/10/2025	2.81	54769	.00	0	
100-52240-36	BLDG INSP - COMMUNICATIO	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - BLDG INS	BDR-0425	04/10/2025	14.39	54769	.00	0	
100-52240-36	BLDG INSP - COMMUNICATIO	5035	U S CELLULAR	MONTHLY CELL PHONE SERVICE	0721175301	04/17/2025	104.56	54837	.00	0	
Total 10052240361:							129.52		.00		
100-53300-30	PW STREET MAINT& REPAIRS	5690	WIS DEPT OF TRANSPOR	MADISON STREET	395-0000390	04/17/2025	9,822.41	54844	.00	0	
Total 10053300300:							9,822.41		.00		
100-53300-31	PW OFFICE SUPPLIES & EXP	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-DPW OFFICE	IN15117885	04/17/2025	.24	54815	.00	0	
100-53300-31	PW OFFICE SUPPLIES & EXP	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-DPW	IN15132483	04/25/2025	.96	54851	.00	0	
100-53300-31	PW OFFICE SUPPLIES & EXP	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - PUBLIC WORKS	2025-03	04/10/2025	3.41	54791	.00	0	
Total 10053300310:							4.61		.00		
100-53300-34	PW VEHICLE FUEL	9017	US BANK	CONSUMER'S COOP	3774-249430	04/25/2025	84.91	2013271	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	45.57	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	91.82	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	130.72	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	84.55	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	62.73	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	51.08	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	73.97	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	34.71	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	59.08	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	306.16	54771	.00	0	
100-53300-34	PW VEHICLE FUEL	922831	CONSUMERS COOP OIL C	DPW - FUEL	154771-0325	04/10/2025	80.17	54771	.00	0	
Total 10053300343:							1,105.47		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-53300-36	PW BLDG UTILITIES EXP-HEAT	5160	CITY OF EVANSVILLE	DPW Garage - W & L Bill	2025-03	04/23/2025	689.67	2221	.00	0	
100-53300-36	PW BLDG UTILITIES EXP-HEAT	5600	WE ENERGIES	MONTHLY GAS SERVICE-DPW	0001-0325	04/07/2025	959.16	54764	.00	0	
100-53300-36	PW BLDG UTILITIES EXP-HEAT	5600	WE ENERGIES	MONTHLY GAS SERVICE	00009-0325	04/10/2025	156.23	54796	.00	0	
Total 10053300360:							1,805.06		.00		
100-53300-36	PW COMMUNICATIONS	9017	US BANK	M365 DPW	6123-246921	04/25/2025	2.73	2013271	.00	0	
100-53300-36	PW COMMUNICATIONS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM DPW	1708303010	04/07/2025	10.01	54728	.00	0	
100-53300-36	PW COMMUNICATIONS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM DPW - M365 ACCOUNT	2336729010	04/10/2025	20.55	54767	.00	0	
100-53300-36	PW COMMUNICATIONS	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-DPW	BDR-0425	04/10/2025	8.43	54769	.00	0	
100-53300-36	PW COMMUNICATIONS	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - DPW	BDR-0425	04/10/2025	43.17	54769	.00	0	
100-53300-36	PW COMMUNICATIONS	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-DPW	0721153116	04/17/2025	86.99	54837	.00	0	
100-53300-36	PW COMMUNICATIONS	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - DPW	38828902	04/07/2025	47.43	54737	.00	0	
Total 10053300361:							219.31		.00		
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	FUEL SURCHARGE	0005943495	04/17/2025	311.50	54819	.00	0	
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	MONTHLY TRASH/RECYCLING SERVICE	0005943495	04/17/2025	3,512.60	54819	.00	0	
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	MONTHLY TRASH SERVICE/WEEKLY	0005943495	04/17/2025	7,068.60	54819	.00	0	
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	MONTHLY TRASH/RECYCLING SERVICE	0005943495	04/17/2025	3,312.40	54819	.00	0	
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	MONTHLY TRASH SERVICE/WEEKLY	0005943495	04/17/2025	6,948.90	54819	.00	0	
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	MONTHLY TRASH/RECYCLING SERVICE	0005943495	04/17/2025	3,298.75	54819	.00	0	
100-53310-29	Recycling & Refuse Collection	1295	LRS, LLC	4 YARD FRONT LOAD TRASH SERVICE	0005943495	04/17/2025	103.32	54819	.00	0	
Total 10053310290:							24,556.07		.00		
100-53420-30	PW FLEET MAINTENANCE	1060	EVANSVILLE HARDWARE	PUTTY EPOXY	K32037	04/07/2025	6.59	54733	.00	0	
Total 10053420300:							6.59		.00		
100-53470-30	PW STREET LIGHTING EXP	5160	CITY OF EVANSVILLE	Orn st lights - W & L Bill	2025-03	04/23/2025	5,322.03	2221	.00	0	
Total 10053470300:							5,322.03		.00		
100-54620-21	SENIOR CITIZENS PROGRAM	2239	CREEKSIDE PLACE INC	MONTHLY SR PROGRAMMING	40325	04/10/2025	375.00	54775	.00	0	
Total 10054620210:							375.00		.00		
100-54620-21	SENIOR TRANS & SERVICES	2239	CREEKSIDE PLACE INC	SR SERVICE COOR COMPENSATION	40325	04/10/2025	1,925.84	54775	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 10054620212:							1,925.84		.00		
100-55720-30	PARK MAINT EXPENSES	1060	EVANSVILLE HARDWARE	KEY SCHLAGE SC1	K31919	04/07/2025	7.18	54733	.00	0	
100-55720-30	PARK MAINT EXPENSES	1060	EVANSVILLE HARDWARE	FASTENERS	K31919	04/07/2025	.59	54733	.00	0	
100-55720-30	PARK MAINT EXPENSES	1060	EVANSVILLE HARDWARE	CABLE TIE	K32026	04/07/2025	17.18	54733	.00	0	
100-55720-30	PARK MAINT EXPENSES	1060	EVANSVILLE HARDWARE	EXT TRI SCREW	K32026	04/07/2025	12.99	54733	.00	0	
100-55720-30	PARK MAINT EXPENSES	1060	EVANSVILLE HARDWARE	ACE FRAM NAIL	K32026	04/07/2025	4.99	54733	.00	0	
100-55720-30	PARK MAINT EXPENSES	1060	EVANSVILLE HARDWARE	CLR ID IA3	K32026	04/07/2025	5.37	54733	.00	0	
100-55720-30	PARK MAINT EXPENSES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-PARK MAINT	IN15117885	04/17/2025	.27	54815	.00	0	
100-55720-30	PARK MAINT EXPENSES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-PARK MAINT	IN15132483	04/25/2025	1.07	54851	.00	0	
100-55720-30	PARK MAINT EXPENSES	9017	US BANK	M365 PARKS	6123-246921	04/25/2025	.91	2013271	.00	0	
100-55720-30	PARK MAINT EXPENSES	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM PARKS - M365 ACCOUNT	2336729010	04/10/2025	6.85	54767	.00	0	
100-55720-30	PARK MAINT EXPENSES	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - PARKS	BDR-0425	04/10/2025	14.39	54769	.00	0	
100-55720-30	PARK MAINT EXPENSES	5560	WISCONSIN DEPT OF REV	SALES USE TAX- SHELTER RENTAL/PICNIC TABLES	2025-03 SAL	04/16/2025	35.46	2220	.00	0	
100-55720-30	PARK MAINT EXPENSES	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - PARK MAIN	2025-03	04/10/2025	3.50	54791	.00	0	
100-55720-30	PARK MAINT EXPENSES	1295	LRS-BADGERLAND DISPO	WEEKLY STANDARD RESTROOM - SOCCER	0005929538	04/07/2025	132.00	54744	.00	0	
100-55720-30	PARK MAINT EXPENSES	923075	CONSTRUCTION FABRICS	STAPLES 4" X 1"	211554	04/17/2025	40.00	54808	.00	0	
100-55720-30	PARK MAINT EXPENSES	923075	CONSTRUCTION FABRICS	EG 1 SNN STRAW MAT 8' X 112.5' 100 SY	211554	04/17/2025	354.00	54808	.00	0	
Total 10055720300:							636.75		.00		
100-55720-36	PARK UTILITIES EXPENSE	5160	CITY OF EVANSVILLE	Park shelters - W & L Bill	2025-03	04/23/2025	2,243.52	2221	.00	0	
Total 10055720360:							2,243.52		.00		
100-55720-36	PARKS COMMUNICATION EXP	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-PARKS MAINT.	0721153116	04/17/2025	45.99	54837	.00	0	
Total 10055720361:							45.99		.00		
100-55720-36	BALLFIELD LIGHTING EXP	5160	CITY OF EVANSVILLE	Ballfield lights- W & L Bill	2025-03	04/23/2025	295.97	2221	.00	0	
Total 10055720362:							295.97		.00		
100-55730-30	SWIMMING POOL EXPENSES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-SWIMMING POOL	IN15117885	04/17/2025	.22	54815	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-SWIMMING POOL	IN15132483	04/25/2025	.87	54851	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	5160	CITY OF EVANSVILLE	Pool - W & L Bill	2025-03	04/23/2025	242.33	2221	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-55730-30	SWIMMING POOL EXPENSES	5600	WE ENERGIES	MONTHLY GAS SERVICE-BLDG BATH	00012-0325	04/07/2025	26.35	54764	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	5600	WE ENERGIES	MONTHLY GAS SERVICE-BLDG EQP	00013-0325	04/07/2025	27.20	54764	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	9017	US BANK	M365 POOL	6123-246921	04/25/2025	1.82	2013271	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM COUNCIL - M365 ACCOUNT	2336729010	04/10/2025	82.19	54767	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM POOL - M365 ACCOUNT	2336729010	04/10/2025	13.70	54767	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM CITY HALL	2342021010	04/10/2025	100.00	54767	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-POOL	BDR-0425	04/10/2025	5.62	54769	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - POOL	BDR-0425	04/10/2025	28.78	54769	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	5560	WISCONSIN DEPT OF REV	SALES USE TAX-POOL	2025-03 SAL	04/16/2025	18.77	2220	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	1090	AT&T	MONTHLY AT&T CHARGES-POOL & PARK STORE	6088822281-	04/17/2025	8.81	54802	.00	0	
100-55730-30	SWIMMING POOL EXPENSES	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - SWIMMING POOL	2025-03	04/10/2025	6.82	54791	.00	0	
Total 10055730300:							563.48		.00		
100-55740-30	PARK STORE EXPENSES	5160	CITY OF EVANSVILLE	Park Store - W & L Bill	2025-03	04/23/2025	52.68	2221	.00	0	
Total 10055740300:							52.68		.00		
100-55750-21	YOUTH CENTER PROF SERVI	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-EYC	IN15117885	04/17/2025	.03	54815	.00	0	
100-55750-21	YOUTH CENTER PROF SERVI	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-YOUTH CENTER	IN15132483	04/25/2025	.13	54851	.00	0	
Total 10055750210:							.16		.00		
100-55750-30	YOUTH CENTER OPER EXPE	5600	WE ENERGIES	MONTHLY GAS SERVICE-YOUTH CENTER	00010-0325	04/07/2025	10.23	54764	.00	0	
100-55750-30	YOUTH CENTER OPER EXPE	9017	US BANK	M365 EYC	6123-246921	04/25/2025	.91	2013271	.00	0	
100-55750-30	YOUTH CENTER OPER EXPE	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM YOUTH CENTER - M365 ACCOUNT	2336729010	04/10/2025	6.85	54767	.00	0	
100-55750-30	YOUTH CENTER OPER EXPE	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-EYC	BDR-0425	04/10/2025	2.81	54769	.00	0	
100-55750-30	YOUTH CENTER OPER EXPE	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - EYC	BDR-0425	04/10/2025	14.39	54769	.00	0	
100-55750-30	YOUTH CENTER OPER EXPE	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - YOUTH CENTER	2025-03	04/10/2025	.12	54791	.00	0	
Total 10055750300:							35.31		.00		
100-55750-35	YOUTH CNTR REPAIRS& MAIN	5160	CITY OF EVANSVILLE	Yth center/aware- W & L Bill	2025-03	04/23/2025	611.89	2221	.00	0	
Total 10055750355:							611.89		.00		
100-55760-30	BASEBALL/RECREATON EXPE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES- BASEBALL	IN15117885	04/17/2025	.93	54815	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-55760-30	BASEBALL/RECREATON EXPE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-BASEBALL	IN15132483	04/25/2025	3.74	54851	.00	0	
100-55760-30	BASEBALL/RECREATON EXPE	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - BASEBALL	2025-03	04/10/2025	4.80	54791	.00	0	
Total 10055760300:							9.47		.00		
100-56820-30	ECONOMIC DEVELOPMENT E	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-ECON DEV	IN15117885	04/17/2025	.32	54815	.00	0	
100-56820-30	ECONOMIC DEVELOPMENT E	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-ECON DEV	IN15132483	04/25/2025	1.28	54851	.00	0	
100-56820-30	ECONOMIC DEVELOPMENT E	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - ECONOMIC DEVEL.	2025-03	04/10/2025	1.76	54791	.00	0	
Total 10056820300:							3.36		.00		
100-56840-21	PROFESSIONAL SERVICES	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - COMM. PLANNING	2025-03	04/10/2025	.11	54791	.00	0	
Total 10056840210:							.11		.00		
100-56840-30	COMMUNITY DEVELOP EXPE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-COMM DEV/PLAN	IN15117885	04/17/2025	6.27	54815	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-COMM DEV/PLAN	IN15132483	04/25/2025	25.23	54851	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	9017	US BANK	AMAZON - NVOLLONE FOR IPHONE 13 CAE WITH CARD HOLDER	0999-246921	04/25/2025	21.07	2013271	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	9017	US BANK	M365 ECON DEVL	6123-246921	04/25/2025	1.82	2013271	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM ECON DEVL - M365 ACCOUNT	2336729010	04/10/2025	13.70	54767	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-ECON DEVL	BDR-0425	04/10/2025	5.62	54769	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - ECON DEVL	BDR-0425	04/10/2025	28.78	54769	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	5035	U S CELLULAR	MONTHLY CELL PHONE SERVICE	0721175301	04/17/2025	88.33	54837	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - COM DEV	38828902	04/07/2025	9.50	54737	.00	0	
100-56840-30	COMMUNITY DEVELOP EXPE	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - COMM. DEVEL	2025-03	04/10/2025	24.16	54791	.00	0	
Total 10056840300:							224.48		.00		
100-56840-33	COMMUNITY DEVL PROFESSI	9017	US BANK	APA - MODERNIZING OUTDOOR LIGHTING REGULATIONS	0999-241988	04/25/2025	10.00	2013271	.00	0	
100-56840-33	COMMUNITY DEVL PROFESSI	9017	US BANK	AMERICAN PLANNING ASSOCI	0999-248019	04/25/2025	582.00	2013271	.00	0	
Total 10056840330:							592.00		.00		
100-56880-30	HISTORIC PRESERVATION EX	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-HIST PRES	IN15117885	04/17/2025	2.68	54815	.00	0	
100-56880-30	HISTORIC PRESERVATION EX	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-HIST PRES	IN15132483	04/25/2025	10.80	54851	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
100-56880-30	HISTORIC PRESERVATION EX	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - HISTORIC PRES	2025-03	04/10/2025	20.68	54791	.00	0	
Total 10056880300:							34.16		.00		
100-56880-34	TREE REFORESTATION EXP	1060	EVANSVILLE HARDWARE	FLAG MARK STND	K32034	04/07/2025	12.99	54733	.00	0	
100-56880-34	TREE REFORESTATION EXP	3435	MENARD'S-JANESVILLE	4' GARDEN STAKE	67090	04/07/2025	59.90	54748	.00	0	
Total 10056880340:							72.89		.00		
110-56820-210	PROFESSIONAL SERVICES	922361	SHAWN DUNPHY	WEBSITE CONTENT DEVELOPMENT	2025-04	04/17/2025	500.00	54833	.00	0	
110-56820-210	PROFESSIONAL SERVICES	922750	LIESSE CONSULTING LLC	WEB DEVELOPMENT - FIXED FEE INSTALLMENT 2 OF 2	INV-0143	04/25/2025	6,000.00	54858	.00	0	
Total 11056820210:							6,500.00		.00		
110-56820-300	TOURISM EXPENSE	923033	IDEAL PRINTING	POLE BANNERS	59359	04/25/2025	2,407.50	54853	.00	0	
Total 11056820300:							2,407.50		.00		
110-56820-410	ECONOMIC DEVELOPMENT M	2239	CREEKSIDE PLACE INC	ROOM RENTAL ARTIST RECEPTION FOR ANNIE LARSON	180501	04/17/2025	157.50	54810	.00	0	
110-56820-410	ECONOMIC DEVELOPMENT M	9222	SUE BERG	CIRCUS MURAL REFRESHMENTS REIMBURSEMENT	2025-04	04/17/2025	40.18	54835	.00	0	
110-56820-410	ECONOMIC DEVELOPMENT M	922750	LIESSE CONSULTING LLC	DOMAIN REGISTRATION & RENEWAL - VISITEVANSVILLEWI.COM	INV-0143	04/25/2025	25.00	54858	.00	0	
110-56820-410	ECONOMIC DEVELOPMENT M	922750	LIESSE CONSULTING LLC	TIER 2 OPERATIONAL SUPPORT MAY, JUNE, JULY 2025	INV-0143	04/25/2025	450.00	54858	.00	0	
Total 11056820410:							672.68		.00		
120-56700-82	HOUSING CAPITAL IMPROVE	922828	NORTHSTAR ENVIRONME	RADON TESTING	250-060N	04/07/2025	720.00	54752	.00	0	
120-56700-82	HOUSING CAPITAL IMPROVE	922828	NORTHSTAR ENVIRONME	LEAD PAINT TESTING	250-060N	04/07/2025	1,150.00	54752	.00	0	
Total 12056700821:							1,870.00		.00		
200-52220-18	RECOGNITION PROGRAM	9017	US BANK	AMBULANCE STORK DECAL	6903-244921	04/25/2025	15.55	2013271	.00	0	
Total 20052220180:							15.55		.00		
200-52220-21	EMS PROFESSIONAL SERVIC	3955	PROFESSIONAL PEST CO	MONTHLY PEST CONTROL-EMS BLDG	849381	04/10/2025	32.00	54790	.00	0	
200-52220-21	EMS PROFESSIONAL SERVIC	922452	CLIA LABORATORY PROG	CERTIFICATE FEE	52D2173003-	04/25/2025	248.00	54848	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 20052220210:							280.00		.00		
200-52220-31	EMS OFFICE SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-EMS	IN15117885	04/17/2025	.06	54815	.00	0	
200-52220-31	EMS OFFICE SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-EMS	IN15132483	04/25/2025	.23	54851	.00	0	
200-52220-31	EMS OFFICE SUPPLIES	9017	US BANK	NAME TAG 3/8" WHITE/BLACK CUSTOM	6903-242405	04/25/2025	28.65	2013271	.00	0	
200-52220-31	EMS OFFICE SUPPLIES	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - EMS	2025-03	04/10/2025	19.32	54791	.00	0	
Total 20052220310:							48.26		.00		
200-52220-34	EMS MED SUPPLIES & EQUIP	5253	WELDERS SUPPLY COMP	125 CF USP MEDICAL OXYGEN	3175824	04/07/2025	86.60	54765	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	5253	WELDERS SUPPLY COMP	D USP OXY	3175824	04/07/2025	295.10	54765	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	5253	WELDERS SUPPLY COMP	HAZ MAT CHARGE	3175824	04/07/2025	1.00	54765	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	5253	WELDERS SUPPLY COMP	DELIVERY CHARGE	3175824	04/07/2025	35.00	54765	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	5253	WELDERS SUPPLY COMP	B,D,E MEDICAL CYLINDERS & SMALL OXYGEN	3180660	04/10/2025	4.34	54797	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	ELECTRODE, WHITE SENSOR, CENTER STUD, SOLID GEL	85710863	04/07/2025	95.40	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	HOT COMPRESS	85710863	04/07/2025	19.38	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	CONTROL SOLUTIONS ASSURE PRISM MULTI L1 AND L2 1 BOTTLE OF EA/BX	85710863	04/07/2025	22.48	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BATTERY 3 VOLT LITHIUM CR2032	85710863	04/07/2025	21.54	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BATTERY DURACELL PROCELL AAA	85710863	04/07/2025	33.12	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BATTERY DURACELL PROCESS 9 VOLT	85710863	04/07/2025	34.68	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BATTERY DURACELL PROCELL AA	85710863	04/07/2025	33.12	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BATTERY D SIZE	85710863	04/07/2025	45.48	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	CURAPLEX CAPNOGRAPHY ADULT 7FT CTCO2 ORAL-NASAL CANNULA	85710863	04/07/2025	182.00	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BLOOD GLUCOSE TEST STRIP	85710863	04/07/2025	30.03	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	LANCET ONE STEP 2.3MM BLADE	85710863	04/07/2025	26.79	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	CURAPLEX IV NDLE-FR YSITE	85710863	04/07/2025	97.50	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BANDAGE, ADHESIVE, FLEXIBLE FABRIC	85710863	04/07/2025	3.89	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	IV FLUSH SYRINGE, NORMAL SALINE	85712460	04/07/2025	124.80	54725	.00	0	
200-52220-34	EMS MED SUPPLIES & EQUIP	1548	BOUND TREE MEDICAL LL	BATTERY D SIZE	85712460	04/07/2025	45.48	54725	.00	0	
Total 20052220340:							1,237.73		.00		
200-52220-34	EMS MED EQUIP MAINT	2630	GENERAL COMMUNICATI	KENWOOD VHF ANTENNA 146-162 MHZ	343435	04/07/2025	100.00	54735	.00	0	
Total 20052220341:							100.00		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
200-52220-34	EMS AMBULANCE FUEL	922831	CONSUMERS COOP OIL C	EMS - FUEL	154781-0325	04/10/2025	757.67	54772	.00	0	
Total 20052220343:							757.67		.00		
200-52220-35	EMS AMBULANCE MAINTENA	7573	FOSTER COACH SALES IN	STAINLESS STEEL FENDER CURB SIDE W/3" DROP	29043	04/17/2025	469.32	54812	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	7573	FOSTER COACH SALES IN	FENDER SEAL 85 DURO BLK EPDM SOLD IN 6FT SECTIONS	29043	04/17/2025	27.89	54812	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	7573	FOSTER COACH SALES IN	MOUNTING KIT, NEW S/S FENDERS	29043	04/17/2025	21.10	54812	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	7573	FOSTER COACH SALES IN	BEDLINER FENDER	29043	04/17/2025	127.27	54812	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	7573	FOSTER COACH SALES IN	RK GRAPHICS	29053	04/17/2025	470.00	54812	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	4468	SIREN SERVICES LLC	REPLACE FRAME FUEL FILTER, BOTTOM HOUSING FUEL FILTER, INSPECTED AIR SYSTEM	3893	04/07/2025	1,272.15	54757	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	4468	SIREN SERVICES LLC	AMBULANCE FULL SERVICE & SAFETY INSPECTION	3932	04/10/2025	1,159.08	54794	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	4468	SIREN SERVICES LLC	REPLACE HIGH/LOW BEAM HEADLIGHT BULBS	3933	04/10/2025	311.91	54794	.00	0	
200-52220-35	EMS AMBULANCE MAINTENA	4468	SIREN SERVICES LLC	LIQUID SPRING FAULT	3967	04/25/2025	701.86	54863	.00	0	
Total 20052220350:							4,560.58		.00		
200-52220-35	EMS BUILDING MAINT & REPA	923074	PDC MONROE MOTOR SH	GENERATOR MAINTANNCE	INV10077	04/10/2025	255.00	54787	.00	0	
Total 20052220355:							255.00		.00		
200-52220-36	EMS COMMUNICATIONS	9017	US BANK	M365 EMS	6123-246921	04/25/2025	1.82	2013271	.00	0	
200-52220-36	EMS COMMUNICATIONS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM EMS - M365 ACCOUNT	2336729010	04/10/2025	13.70	54767	.00	0	
200-52220-36	EMS COMMUNICATIONS	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-EMS	BDR-0425	04/10/2025	5.62	54769	.00	0	
200-52220-36	EMS COMMUNICATIONS	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - EMS	BDR-0425	04/10/2025	28.78	54769	.00	0	
200-52220-36	EMS COMMUNICATIONS	1090	AT&T	MONTHLY AT&T CHARGES-EMS	6088822281-	04/17/2025	17.60	54802	.00	0	
200-52220-36	EMS COMMUNICATIONS	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - EMS	38828902	04/07/2025	33.88	54737	.00	0	
Total 20052220361:							101.40		.00		
200-52220-36	EMS UTILITIES	5160	CITY OF EVANSVILLE	EMS - W & L Bill	2025-03	04/23/2025	349.31	2221	.00	0	
200-52220-36	EMS UTILITIES	5600	WE ENERGIES	MONTHLY GAS SERVICE-EMS	00003-0325	04/07/2025	154.56	54764	.00	0	
200-52220-36	EMS UTILITIES	5600	WE ENERGIES	MONTHLY GAS SERVICE-EMS GARAGE	00007-0325	04/07/2025	187.76	54764	.00	0	
200-52220-36	EMS UTILITIES	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM EMS	1564186010	04/10/2025	58.31	54768	.00	0	
200-52220-36	EMS UTILITIES	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-EMS	0716123677	04/07/2025	36.02	54762	.00	0	
200-52220-36	EMS UTILITIES	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-EMS	0721353433	04/25/2025	259.93	54865	.00	0	
Total 20052220362:							1,045.89		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
200-52220-38	EMS ACT 102 EXPENSES-AIDS	1548	BOUND TREE MEDICAL LL	RX WARMTH MEDICAL BLANKET WARMER, MEDIUM HIOLDS 4-5 BLANKETS	85710863	04/07/2025	779.98	54725	.00	0	
200-52220-38	EMS ACT 102 EXPENSES-AIDS	1548	BOUND TREE MEDICAL LL	AC POWER SUPPLY 1 BAG	85710863	04/07/2025	309.98	54725	.00	0	
200-52220-38	EMS ACT 102 EXPENSES-AIDS	1548	BOUND TREE MEDICAL LL	TYPE 123 LITHIUM BATTERIES, ZOLL AED PLUS DEFIBRILLATOR	85710863	04/07/2025	329.98	54725	.00	0	
200-52220-38	EMS ACT 102 EXPENSES-AIDS	4468	SIREN SERVICES LLC	FIXED PARKING BRAKE, REMOVED SEAL & CLEANED UP SPINDLE, BEARINGS & NUTS	3876	04/07/2025	3,294.38	54757	.00	0	
200-52220-38	EMS ACT 102 EXPENSES-AIDS	4468	SIREN SERVICES LLC	WHEEL SEAL LEAKING AND NOSE COMING FROM LEFT REAR SIDE, PUT IN NEW CALIPER & GUIDE PINS	3894	04/07/2025	1,928.74	54757	.00	0	
Total 20052220380:							6,643.06		.00		
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	SIRSI ANNUAL AMINTENANCE FEE FOR 2025 PLLS LIBRABRIES	2941	04/10/2025	2,786.43	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	ANNUAL SUBSCRIPTION TO SKYRIVER BIBLIOGRAPHIC	2941	04/10/2025	472.96	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	SERVER REPLACEMENT FUND	2941	04/10/2025	124.80	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	AUTOMATION SUPPORT FUND	2941	04/10/2025	62.40	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	ENHANCEMENT & REPLACEMENT FUND	2941	04/10/2025	202.80	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	SUPPLIES & TRAINING	2941	04/10/2025	117.00	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	LINKEDIN LIBRARY	2941	04/10/2025	426.25	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	ANCESTRY.COM	2941	04/10/2025	541.55	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	OVERDRIVE BUYING POOL	2941	04/10/2025	1,913.32	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	WPLC OVERDRIVE MAGAZINES	2941	04/10/2025	125.50	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	PATRON POINT YEARLY SUBSCRIPTION	2941	04/10/2025	269.83	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7801	PRAIRIE LAKES LIBRARY	RECONCILIATION THOUGH DECEMBER 31, 2024	2941	04/10/2025	31.29-	54789	.00	0	
210-55700-25	LIBRARY- IT MAINT & REPAIR	7888	MIDWEST TAPE LLC	HOOPLA DIGITAL SERVICES MARCH	506968832	04/10/2025	599.45	54786	.00	0	
Total 21055700251:							7,611.00		.00		
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	SUPERFOLD 12"H 24" JACKET LENGTH	7628891	04/17/2025	49.26	54811	.00	0	
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	DEMCO ECONOMY BOOK TAPE	7628891	04/17/2025	16.62	54811	.00	0	
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	SUPERFOLD 10"H 21" JACKET LENGTH	7628891	04/17/2025	42.54	54811	.00	0	
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	DEMCO PREMIUM BOOK TAPE	7628891	04/17/2025	28.14	54811	.00	0	
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	DEMCO PREMIUM BOOK TAPE	7628891	04/17/2025	40.30	54811	.00	0	
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	DEMCO PREMIUM BOOK TAPE	7628891	04/17/2025	27.18	54811	.00	0	
210-55700-311	LIBRARY BOOK PROCESS SU	7380	DEMCO	SCOTCH 893 FILAMENT TAPE	7628891	04/17/2025	27.32	54811	.00	0	
Total 21055700311:							231.36		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
210-55700-31	LIBRARY COPIER SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES- LIBRARY	IN15107562	04/10/2025	157.38	54779	.00	0	
210-55700-31	LIBRARY COPIER SUPPLIES	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES- LIBRARY	IN15132398	04/25/2025	88.52	54851	.00	0	
Total 21055700312:							245.90		.00		
210-55700-31	LIBRARY POSTAGE	8060	PETTY CASH-EAGER FRE	POSTAGE	2025-04	04/07/2025	14.41	54755	.00	0	
210-55700-31	LIBRARY POSTAGE	8060	PETTY CASH-EAGER FRE	POSTAGE	2025-04-2	04/25/2025	4.40	54860	.00	0	
Total 21055700313:							18.81		.00		
210-55700-35	BLDG MAINTENANCE & REPAI	1776	CINTAS	3X5 ACTIVE SCRAPER	4226776578	04/17/2025	13.78	54805	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	1776	CINTAS	3X10 BLACK MAT	4226776578	04/17/2025	22.88	54805	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	1776	CINTAS	3X5 BLACK MAT	4226776578	04/17/2025	5.15	54805	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	1776	CINTAS	4X6 BLACK MAT	4226776578	04/17/2025	9.55	54805	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	4600	STAPLES BUSINESS ADVA	WINDOW ENVELOPES, WIRELESS MOUSE, PAPER TOWELS, KLEENEX, LIQUID HAND SOAP, LYSOL WIPES,	7004650146	04/07/2025	253.06	54759	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	1959	DAVE JONES INC	3-YEAR DRY SYSTEM INSPECTION	IP4874	04/10/2025	450.00	54776	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	3738	OMNI TECHNOLOGIES LL	24-1697 PP SVC - FA I&T COMPLETE DEFICIEN	I25-0680	04/07/2025	753.06	54754	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	923002	NORTH AMERICAN MECH	WORK ORDER 10062000 4/1/25 TO 5/31/25	910030714	04/25/2025	1,335.00	54859	.00	0	
210-55700-35	BLDG MAINTENANCE & REPAI	923003	COVERALL NORTH AMERI	COMMERCIAL CLEANING SERVICES - BILLED ON BEHALF OF R & R CLEANING SERVICE LLC	1000136844	04/10/2025	1,087.00	54774	.00	0	
Total 21055700355:							3,929.48		.00		
210-55700-36	LIBRARY COMMUNICATIONS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM LIBRARY	0033335040	04/25/2025	45.28	54846	.00	0	
210-55700-36	LIBRARY COMMUNICATIONS	1090	AT&T	MONTHLY AT&T CHARGES-LIB	6088822281-	04/17/2025	17.62	54802	.00	0	
210-55700-36	LIBRARY COMMUNICATIONS	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - LIBRARY	38828902	04/07/2025	73.68	54737	.00	0	
Total 21055700361:							136.58		.00		
210-55700-36	LIBRARY UTILITIES	5160	CITY OF EVANSVILLE	LIBRARY - W & L Bill	2025-03	04/23/2025	1,113.79	2221	.00	0	
Total 21055700362:							1,113.79		.00		
210-55700-36	LIBRARY FUEL	5600	WE ENERGIES	MONTHLY GAS SERVICE/LIBRARY	00001-0325	04/07/2025	854.27	54764	.00	0	
Total 21055700363:							854.27		.00		
210-55700-37	LIBRARY ADULT BOOKS	7740	INGRAM LIBRARY SERVIC	ADULT BOOKS	87353754	04/10/2025	17.08	54784	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
210-55700-37	LIBRARY ADULT BOOKS	7740	INGRAM LIBRARY SERVIC	ADULT BOOKS	87400313	04/10/2025	337.29	54784	.00	0	
210-55700-37	LIBRARY ADULT BOOKS	7740	INGRAM LIBRARY SERVIC	ADULT BOOKS	87426776	04/10/2025	45.05	54784	.00	0	
210-55700-37	LIBRARY ADULT BOOKS	7740	INGRAM LIBRARY SERVIC	ADULT BOOKS	87624130	04/25/2025	92.94	54854	.00	0	
210-55700-37	LIBRARY ADULT BOOKS	7680	HARLEQUIN READER SER	ADULT BOOKS	209840768-0	04/17/2025	30.76	54817	.00	0	
210-55700-37	LIBRARY ADULT BOOKS	7680	HARLEQUIN READER SER	ADULT BOOKS	209840768-0	04/25/2025	27.56	54852	.00	0	
210-55700-37	LIBRARY ADULT BOOKS	7250	PLAYAWAY PRODUCTS LL	ADULT BOOKS	495364	04/17/2025	76.24	54827	.00	0	
210-55700-37	LIBRARY ADULT BOOKS	922823	KANOPY INC.	ADULT BOOKS	446701 - PP	04/07/2025	41.80	54740	.00	0	
Total 21055700371:							668.72		.00		
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87353755	04/10/2025	12.56	54784	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87400311	04/10/2025	73.22	54784	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87400312	04/10/2025	16.73	54784	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87421760	04/10/2025	9.87	54784	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87421761	04/10/2025	33.26	54784	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87426775	04/10/2025	73.73	54784	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87528205	04/25/2025	69.44	54854	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87624127	04/25/2025	10.67	54854	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87624128	04/25/2025	31.52	54854	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7740	INGRAM LIBRARY SERVIC	CHILDRENS BOOKS	87624129	04/25/2025	14.11	54854	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7100	BAKER & TAYLOR CO	CHILDRENS BOOKS	2039012882	04/25/2025	18.76	54845	.00	0	
210-55700-37	LIBRARY CHILDREN'S BOOKS	7100	BAKER & TAYLOR CO	CHILDRENS BOOKS	2039012883	04/25/2025	15.41	54845	.00	0	
Total 21055700372:							379.28		.00		
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	PIGGLY WIGGLY	2394-244273	04/25/2025	27.55	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	MICHAELS.COM	2394-246921	04/25/2025	14.99	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	MICHAELS.COM	2394-246921	04/25/2025	25.95	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	MICHAELS.COM	2394-246921	04/25/2025	35.45	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	MICHAELS	2394-246921	04/25/2025	31.04	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	AMAZON - FABRICLA WHTIE SHAGGY PLUSH FAUX FUR STRIPS	2394-246921	04/25/2025	20.28	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	AMAZON - ARTCREATIVITY 6 INCH MINI PLASTIC BEACH BUCKET AND SHOVEL	2394-246921	04/25/2025	20.57	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	AMAZON - CRAYOLA SILLY SCENTS MINI	2394-246921	04/25/2025	56.37	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	AMAZON - EYAIID CARDSTOCK PAPER CIRCLES	2394-246921	04/25/2025	9.99	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	AMAZON - PROGRAMING SUPPLIES	2394-246921	04/25/2025	361.52	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	9017	US BANK	OTC BRANDS	2394-247893	04/25/2025	29.88	2013271	.00	0	
210-55700-37	LIBRARY PROGRAMMING SUP	921751	MARIE MESSINGER	STORYTIME-BABY/EVENING, DISCUSSION	2025-03	04/07/2025	195.00	54746	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 21055700376:							828.59		.00		
210-55700-38	LIBRARY GRANT EXPENDITU	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-LIBRARY	0720253555	04/17/2025	51.14	54837	.00	0	
Total 21055700385:							51.14		.00		
220-54640-18	RECOGNITION PROGRAM	9017	US BANK	PIGGLY WIGGLY	3774-244273	04/25/2025	27.60	2013271	.00	0	
Total 22054640180:							27.60		.00		
220-54640-25	CEMETERY IT SERVICES & EQ	9017	US BANK	AMAZON - 2 PACK OF SWINGLINE STANDARD STAPLER	6123-246921	04/25/2025	13.75	2013271	.00	0	
220-54640-25	CEMETERY IT SERVICES & EQ	9017	US BANK	AMAZON - PACK OF SAMASIL 0.5 INCH DURABLE ROUND RING	6123-246921	04/25/2025	6.08	2013271	.00	0	
220-54640-25	CEMETERY IT SERVICES & EQ	9017	US BANK	AMAZON - PACK OF SAMSIL PLANT BASED 1 INCH DURABLE ROUND RING	6123-246921	04/25/2025	9.24	2013271	.00	0	
220-54640-25	CEMETERY IT SERVICES & EQ	9017	US BANK	ANCESTRY.COM	6887-249064	04/25/2025	273.25	2013271	.00	0	
Total 22054640251:							302.32		.00		
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	BROOM CORN WOOD SOFT	K31753	04/07/2025	17.99	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	PLASTIC ELD SYRINGE	K31917	04/07/2025	8.59	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	GLUE EPOXY PC-7	K32118	04/07/2025	119.95	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	CLEVIS SLIP HOOK 5/16"	K32118	04/07/2025	17.18	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	CLEVIS GRAB HOOK 5/16"	K32118	04/07/2025	7.99	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	FASTENERS	K32118	04/07/2025	3.58	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	FASTENERS	K32118	04/07/2025	1.69	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	FASTENERS	K32118	04/07/2025	2.10	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	FASTENERS	K32118	04/07/2025	1.56	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	PUTTY KNIFE STIFF	K32148	04/07/2025	6.59	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	SILICON SP W&D WHT10.10Z	K32189	04/07/2025	13.99	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	CAULKGUN DRIPFREE	K32192	04/07/2025	14.99	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	SILICON SP W&D WHT10.10Z	K32195	04/07/2025	7.62	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	BATTERY ALKALINE AA 20PK	K32207	04/07/2025	21.99	54733	.00	0	
220-54640-35	CEMETERY MAINT EXP	1060	EVANSVILLE HARDWARE	SCOOP GRAIN DHNDL ALM#8	K31950	04/07/2025	31.99	54734	.00	0	
220-54640-35	CEMETERY MAINT EXP	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-CEMETERY	IN15117885	04/17/2025	.35	54815	.00	0	
220-54640-35	CEMETERY MAINT EXP	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-CEMETERY	IN15132483	04/25/2025	1.40	54851	.00	0	
220-54640-35	CEMETERY MAINT EXP	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - CEMETERY	2025-03	04/10/2025	.78	54791	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 22054640350:							280.33		.00		
220-54640-36	CEMETERY UTILITIES EXPEN	5160	CITY OF EVANSVILLE	Cemetery- W & L Bill	2025-03	04/23/2025	90.91	2221	.00	0	
Total 22054640360:							90.91		.00		
220-54640-36	CEMETERY COMMUNICATION	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-CEMETERY	0721153116	04/17/2025	56.49	54837	.00	0	
Total 22054640361:							56.49		.00		
250-57900-80	Land Acquisition/Right of Way	5160	CITY OF EVANSVILLE	W&L FOR 170 E CHURCH-1586-10	1586-10-03	04/25/2025	12.36	54847	.00	0	
250-57900-80	Land Acquisition/Right of Way	5160	CITY OF EVANSVILLE	W&L FOR 170 E CHURCH-1587-10	1587-10-03	04/25/2025	19.60	54847	.00	0	
250-57900-80	Land Acquisition/Right of Way	5160	CITY OF EVANSVILLE	W&L FOR 170 E CHURCH-5106-10	5106-10-03	04/25/2025	65.72	54847	.00	0	
Total 25057900801:							97.68		.00		
400-52200-82	Police Building Improvements	923008	HARTIN ELECTRIC	ADD OUTLET FOR HANDY ACCESSIBLE DOOR & MOVE EXIT LIGHT IN MAIN ENTERANCE	2518	04/17/2025	300.00	54818	.00	2025027	
Total 40052200821:							300.00		.00		
400-53300-82	PW BUILDINGS AND GROUND	4335	ROSENBAUM CRUSHING	YDS SHREDDED TOPSOIL	8007	04/25/2025	882.00	54862	.00	0	
Total 40053300821:							882.00		.00		
400-53300-84	PW Equipment Purchase	3456	MID-STATE EQUIPMENT	FERTILIZER SPREADER	E10811	04/07/2025	1,700.00	54750	.00	0	
400-53300-84	PW Equipment Purchase	3456	MID-STATE EQUIPMENT	AERATOR WITH TOP SEED BOX	E10882	04/07/2025	14,491.00	54750	.00	0	
400-53300-84	PW Equipment Purchase	3456	MID-STATE EQUIPMENT	AUGER WITH 24" BIT	E10889	04/07/2025	4,303.44	54750	.00	0	
Total 40053300840:							20,494.44		.00		
400-53300-86	PW Road Construction	4990	TOWN & COUNTRY ENGIN	2025 CHERRY STREET UTILITIES & STREET IMPROVEMENTS	28083	04/07/2025	1,420.74	54761	.00	2025018	
Total 40053300860:							1,420.74		.00		
400-55700-82	Library Building Improvements	922947	DESTREE DESIGN ARCHI	PROJECT COORDINATION	13934	04/10/2025	240.00	54777	.00	0	
400-55700-82	Library Building Improvements	922947	DESTREE DESIGN ARCHI	PROJECT MEETING	13934	04/10/2025	160.00	54777	.00	0	
400-55700-82	Library Building Improvements	922947	DESTREE DESIGN ARCHI	SPECIFICATIONS	13934	04/10/2025	80.00	54777	.00	0	
400-55700-82	Library Building Improvements	923042	RENAISSANCE ROOFING I	EMERGENCY ROOF WRAP	25040121	04/25/2025	17,555.00	54861	.00	2025052	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 40055700821:							18,035.00		.00		
600-53500-21	WWTP PROFESSIONAL SERVI	2151	BOND TRUST SERVICES C	\$1,235,000 SEWER SYSTEM REVENUE BONDS SERIES 2021B	94914	04/07/2025	400.00	2205	.00	0	
600-53500-21	WWTP PROFESSIONAL SERVI	2151	EHLERS PUBLIC FINANCE	\$1,8000,000.00 SEWERAGE SYSTEM REVENUE BONDS, SERIES 2024B	94916	04/07/2025	400.00	2212	.00	0	
Total 60053500210:							800.00		.00		
600-53500-21	WWTP LABORATORY SERVIC	8901	AGSOURCE COOP SERVI	BOD-5DAY/CHLORIDE/LAB FILTRATION/NITROGEN,PHOSPHORU S, SOLIDS	PS-INV3977	04/07/2025	764.00	54721	.00	0	
600-53500-21	WWTP LABORATORY SERVIC	8901	AGSOURCE COOP SERVI	BOD-5DAY/CHLORIDE/LAB FILTRATION/NITROGEN,PHOSPHORU S, SOLIDS	PS-INV3983	04/17/2025	46.50	54800	.00	0	
600-53500-21	WWTP LABORATORY SERVIC	8901	AGSOURCE COOP SERVI	BOD-5DAY/CHLORIDE/LAB FILTRATION/NITROGEN,PHOSPHORU S, SOLIDS	PS-INV3996	04/17/2025	211.00	54800	.00	0	
Total 60053500214:							1,021.50		.00		
600-53500-21	SLUDGE HAULING	5104	UNITED LIQUID WASTE RE	CAKE WASTE PICK UP	56214	04/17/2025	695.00	54838	.00	0	
600-53500-21	SLUDGE HAULING	5104	UNITED LIQUID WASTE RE	CAKE WASTE PICK UP	56214	04/17/2025	695.00	54838	.00	0	
600-53500-21	SLUDGE HAULING	5104	UNITED LIQUID WASTE RE	CAKE WASTE PICK UP	56214	04/17/2025	695.00	54838	.00	0	
600-53500-21	SLUDGE HAULING	5104	UNITED LIQUID WASTE RE	CAKE WASTE PICK UP	56214	04/17/2025	695.00	54838	.00	0	
600-53500-21	SLUDGE HAULING	5104	UNITED LIQUID WASTE RE	CAKE WASTE PICK UP	56214	04/17/2025	695.00	54838	.00	0	
Total 60053500215:							3,475.00		.00		
600-53500-29	WWTP ACCOUNTING & COLLE	2938	JOHNSON BLOCK & COMP	PRELIMINARY AUDIT & MUNICIPAL ACCOUNTING SERVICES FOR DEBT & PLANT ACCOUNTING	525623	04/07/2025	3,000.00	54739	.00	0	
Total 60053500295:							3,000.00		.00		
600-53500-31	WWTP GEN OFFICE SUPPLIE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-WWTP OFFICE	IN15117885	04/17/2025	.01	54815	.00	0	
600-53500-31	WWTP GEN OFFICE SUPPLIE	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-WWTP OFFICE	IN15132483	04/25/2025	.04	54851	.00	0	
Total 60053500310:							.05		.00		
600-53500-34	WWTP GENERAL PLANT SUPP	9017	US BANK	AMAZON - NSF CERTIFIED FOOD GRADE MINERAL OIL	3774-246921	04/25/2025	55.98	2013271	.00	0	
600-53500-34	WWTP GENERAL PLANT SUPP	2715	HACH COMPANY	FILTER, GLASS FBR 47MM PK/100	14449711	04/17/2025	187.75	54816	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 60053500340:							243.73		.00		
600-53500-35	WWTP PLANT MAINT & REPAI	1060	EVANSVILLE HARDWARE	GREASE FAUCET & VALV	K32088	04/07/2025	2.99	54733	.00	0	
600-53500-35	WWTP PLANT MAINT & REPAI	1060	EVANSVILLE HARDWARE	HEX BUSHING GLV	K32088	04/07/2025	7.59	54733	.00	0	
600-53500-35	WWTP PLANT MAINT & REPAI	1060	EVANSVILLE HARDWARE	COTTONELLE ULTRA MEGA	K32088	04/07/2025	19.99	54733	.00	0	
600-53500-35	WWTP PLANT MAINT & REPAI	1060	EVANSVILLE HARDWARE	PLUMBERS PUTTY	K32092	04/07/2025	2.99	54733	.00	0	
600-53500-35	WWTP PLANT MAINT & REPAI	1825	CLASS 1 AIR INC	VERSAFIT-AM8 SLEEVE FILTER	INV7689	04/17/2025	349.25	54806	.00	0	
Total 60053500355:							382.81		.00		
600-53500-36	WWTP COMMUNICATIONS	9017	US BANK	M365 SEWER	6123-246921	04/25/2025	2.73	2013271	.00	0	
600-53500-36	WWTP COMMUNICATIONS	1730	CHARTER COMMUNICATI	MONTHLY CHARTER SEWER - M365 ACCOUNT	2336729010	04/10/2025	20.55	54767	.00	0	
600-53500-36	WWTP COMMUNICATIONS	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-SEWER	BDR-0425	04/10/2025	8.43	54769	.00	0	
600-53500-36	WWTP COMMUNICATIONS	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - SEWER	BDR-0425	04/10/2025	43.17	54769	.00	0	
600-53500-36	WWTP COMMUNICATIONS	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE- WWTP	0721153116	04/17/2025	41.60	54837	.00	0	
Total 60053500361:							116.48		.00		
600-53500-36	WWTP ELECTRIC/WATER EXP	5160	CITY OF EVANSVILLE	Disposal plant - W & L Bill	2025-03	04/23/2025	4,804.15	2221	.00	0	
Total 60053500362:							4,804.15		.00		
600-53500-36	WWTP NATURAL GAS EXP	5600	WE ENERGIES	MONTHLY GAS SERVICE-WWTP	00008-0325	04/07/2025	845.42	54764	.00	0	
Total 60053500363:							845.42		.00		
600-53500-53	DEBT PRINCIPAL PAYMENT	2151	BOND TRUST SERVICES C	\$1,235,000 SEWER SYSTEM REVENUE BONDS SERIES 2021B	94671	04/07/2025	25,000.00	2208	.00	0	
600-53500-53	DEBT PRINCIPAL PAYMENT	2151	BOND TRUST SERVICES C	\$1,570,000 SEWERAGE SYSTEM REVENUE BONDS, SERIES 2022B	94673	04/07/2025	20,000.00	2210	.00	0	
600-53500-53	DEBT PRINCIPAL PAYMENT	5080	LAKE RIDGE BANK	\$185,000 SEWER LOAN, 2016, 1ST STREET-PRIN	2025-05	04/25/2025	18,500.00	54856	.00	0	
600-53500-53	DEBT PRINCIPAL PAYMENT	5080	LAKE RIDGE BANK	\$270,000 SAN SEWER REVENUE BONDS-PRINCIPAL	2025-05 STO	04/25/2025	27,000.00	54857	.00	0	
600-53500-53	DEBT PRINCIPAL PAYMENT	5460	WIS DEPT OF ADMINISTR	\$1,602,737 SEWERAGE SYSTEM REVENUE BONDS-DNR	21268	04/07/2025	99,159.35	2213	.00	0	
600-53500-53	DEBT PRINCIPAL PAYMENT	5460	WIS DEPT OF ADMINISTR	\$3,450,286 CLEAN WATER FUND LOAN	21268	04/07/2025	193,359.71	2213	.00	0	
600-53500-53	DEBT PRINCIPAL PAYMENT	5460	WIS DEPT OF ADMINISTR	\$3,994,925 CLEAN WATER FUND LOAN 2018	21268	04/07/2025	176,086.78	2213	.00	0	
Total 60053500530:							559,105.84		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
600-53500-62	WWTP INT ON LONG TERM D	2151	BOND TRUST SERVICES C	\$1,235,000 SEWER SYSTEM REVENUE BONDS SERIES 2021B	94671	04/07/2025	12,200.00	2208	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	2151	BOND TRUST SERVICES C	\$1,570,000 SEWERAGE SYSTEM REVENUE BONDS, SERIES 2022B	94673	04/07/2025	28,490.63	2210	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	2151	BOND TRUST SERVICES C	\$1,8000,000.00 SEWERAGE SYSTEM REVENUE BONDS, SERIES 2024B	94674	04/07/2025	58,334.86	2211	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	5080	LAKE RIDGE BANK	\$185,000 SEWER LOAN, 2016, 1ST STREET-INT	2025-05	04/25/2025	366.46	54856	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	5080	LAKE RIDGE BANK	\$270,000 SAN SEWER REVENUE BONDS-INTEREST	2025-05 STO	04/25/2025	2,092.50	54857	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	5460	WIS DEPT OF ADMINISTR	\$1,602,737 SEWERAGE SYSTEM REVENUE BONDS-DNR	21268	04/07/2025	1,172.56	2213	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	5460	WIS DEPT OF ADMINISTR	\$3,450,286 CLEAN WATER FUND LOAN	21268	04/07/2025	13,603.89	2213	.00	0	
600-53500-62	WWTP INT ON LONG TERM D	5460	WIS DEPT OF ADMINISTR	\$3,994,925 CLEAN WATER FUND LOAN 2018	21268	04/07/2025	26,072.20	2213	.00	0	
Total 60053500620:							142,333.10		.00		
600-53510-85	STREET RECONSTRUCTION	4990	TOWN & COUNTRY ENGIN	2025 CHERRY STREET UTILITIES & STREET IMPROVEMENTS	28083	04/07/2025	2,131.10	54761	.00	2025018	
Total 60053510850:							2,131.10		.00		
600-53520-36	LIFT STATION UTILITIES	5160	CITY OF EVANSVILLE	Lift pump - W & L Bill	2025-03	04/23/2025	2,019.53	2221	.00	0	
600-53520-36	LIFT STATION UTILITIES	5600	WE ENERGIES	MONTHLY GAS SERVICE-LIFT PUMP	00006-0325	04/07/2025	15.22	54764	.00	0	
Total 60053520360:							2,034.75		.00		
610-53580-21	PROFESSIONAL SERVICES	2938	JOHNSON BLOCK & COMP	PRELIMINARY AUDIT & MUNICIPAL ACCOUNTING SERVICES FOR DEBT & PLANT ACCOUNTING	525623	04/07/2025	2,000.00	54739	.00	0	
Total 61053580210:							2,000.00		.00		
610-53580-30	STREET SWEEPING	1580	MACQUEEN EQUIPMENT	66" HEAVY TUBE	P37844	04/07/2025	769.55	54745	.00	0	
610-53580-30	STREET SWEEPING	1580	MACQUEEN EQUIPMENT	SB SEB, 21W	P37844	04/07/2025	957.60	54745	.00	0	
610-53580-30	STREET SWEEPING	1580	MACQUEEN EQUIPMENT	SHIPPING & HANDLING	P37844	04/07/2025	187.33	54745	.00	0	
Total 61053580302:							1,914.48		.00		
610-53580-53	PRINCIPAL DEBT PAYMENT	5080	LAKE RIDGE BANK	\$655,000 STWT REVENUE BONDS-PRINCIPAL	2025-05 STO	04/25/2025	65,500.00	54857	.00	0	
Total 61053580530:							65,500.00		.00		
610-53580-62	INTEREST ON LONG-TERM DE	5080	LAKE RIDGE BANK	\$655,000 STWT REVENUE BONDS-INTEREST	2025-05 STO	04/25/2025	5,076.25	54857	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 61053580620:							5,076.25		.00		
610-53580-85	STWT ROAD CONSTRUCTION	2565	G FOX & SON INC	SIDEWALK & CURB AT THE POLICE DEPARTMENT	2325	04/17/2025	3,100.00	54813	.00	2024040	
610-53580-85	STWT ROAD CONSTRUCTION	4990	TOWN & COUNTRY ENGIN	2025 CHERRY STREET UTILITIES & STREET IMPROVEMENTS	28083	04/07/2025	904.10	54761	.00	2025018	
Total 61053580850:							4,004.10		.00		
620-2221000	Current Portion, L-T Debt	5520	WPPI ENERGY	AMI PROJECT LOAN PAYMENT	42-32025	04/02/2025	2,536.72	2202	.00	0	
Total 6202221000:							2,536.72		.00		
620-2238040	OASI (FICA)	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT SOCIAL SECURITY Pay Period: 3/21/2025	PR0321251	04/02/2025	1,420.17	2201	.00	0	
620-2238040	OASI (FICA)	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 3/21/2025	PR0321251	04/02/2025	332.14	2201	.00	0	
620-2238040	OASI (FICA)	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 3/21/2025	PR0321251	04/02/2025	332.14	2201	.00	0	
620-2238040	OASI (FICA)	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT SOCIAL SECURITY Pay Period: 4/4/2025	PR0404251	04/16/2025	1,228.57	2219	.00	0	
620-2238040	OASI (FICA)	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 4/4/2025	PR0404251	04/16/2025	287.33	2219	.00	0	
620-2238040	OASI (FICA)	2442	FICA/FWT DEPOSIT - EFTP	SOC SEC/MED/FWT MEDICARE Pay Period: 4/4/2025	PR0404251	04/16/2025	287.33	2219	.00	0	
Total 6202238040:							3,887.68		.00		
620-52427-00	DEBT PAYMENTS	2000	THE DEPOSITORY TRUST	\$1,575,000 WATER & ELECTRIC SYSTEM REVENUE BONDS 2019A	9K9082B-04	04/28/2025	100,000.00	2226	.00	0	
620-52427-00	DEBT PAYMENTS	2000	THE DEPOSITORY TRUST	\$3,165,000 W&E SYSTEM REVENUE BONDS 2014A-PRINCIPAL	9K9082A	04/28/2025	150,000.00	2227	.00	0	
620-52427-00	DEBT PAYMENTS	2151	BOND TRUST SERVICES C	\$3,240,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2016A	94669	04/07/2025	75,000.00	2206	.00	0	
620-52427-00	DEBT PAYMENTS	2151	BOND TRUST SERVICES C	\$1,630,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2022A	94672	04/07/2025	30,000.00	2209	.00	0	
Total 62052427000:							355,000.00		.00		
620-52427-00	INTEREST EXPENSE	2000	THE DEPOSITORY TRUST	\$3,165,000 W&E SYSTEM REVENUE BONDS 2014A-PRINCIPAL	2025-04	04/24/2025	2,325.00	2222	.00	0	
620-52427-00	INTEREST EXPENSE	2000	THE DEPOSITORY TRUST	\$1,575,000 WATER & ELECTRIC SYSTEM REVENUE BONDS 2019A	2025-04	04/24/2025	8,925.00	2222	.00	0	
620-52427-00	INTEREST EXPENSE	2151	BOND TRUST SERVICES C	\$3,240,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2016A	94669	04/07/2025	5,033.75	2206	.00	0	
620-52427-00	INTEREST EXPENSE	2151	BOND TRUST SERVICES C	\$2,050,000 WATER & ELECTRIC							

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
620-52427-00	INTEREST EXPENSE	2151	BOND TRUST SERVICES C	SYSTEM REVENUE BONDS, SERIES 2021A	94670	04/07/2025	7,247.50	2207	.00	0	
				\$1,630,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2022A	94672	04/07/2025	24,356.25	2209	.00	0	
Total 62052427002:							47,887.50		.00		
620-52622-00	OPER POWER PURCHASED F	5160	CITY OF EVANSVILLE	Well #1/#2/water - W & L Bill	2025-03	04/23/2025	4,321.20	2221	.00	0	
Total 62052622002:							4,321.20		.00		
620-52623-00	OPER PUMP SUPPLIES & EXP	923008	HARTIN ELECTRIC	PULL 60 AMP 240 VOLT CIRCUIT TO FEE PANEL IN HYDRANT WATER DISPENSING SYSTEM BOX	2517	04/17/2025	1,800.00	54818	.00	2024036	
Total 62052623002:							1,800.00		.00		
620-52631-00	OPER WATER TREATMENT CH	9218	WI STATE LABORATORY O	FLUORIDE/FLDFLUOR	805023	04/10/2025	31.00	54799	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	SODIUM HYPOCHLORITE BULK	28931	04/07/2025	752.45	54747	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	HYDROFLUOROSILICIC ACID BULK	28931	04/07/2025	304.78	54747	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	FUEL SURCHARGE	28931	04/07/2025	30.00	54747	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	TANK-VERTICAL STORAGE TANK 160 GALLON	29001	04/17/2025	585.00	54820	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	TANK FITTINGS PACKAGE	29001	04/17/2025	65.00	54820	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	INSTALLATION AND TANK PREP	29001	04/17/2025	130.00	54820	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	TRAVEL	29001	04/17/2025	95.00	54820	.00	0	
620-52631-00	OPER WATER TREATMENT CH	3342	MARTELLE WATER TREAT	INSTALLATION MATERIALS	29001	04/17/2025	30.00	54820	.00	0	
Total 62052631002:							2,023.23		.00		
620-52635-110	MAINT TREATMENT EQPMNT	9017	US BANK	AMAZON - WISDOM TEETH SYRINGE	9864-246921	04/25/2025	15.98	2013271	.00	0	
Total 62052635110:							15.98		.00		
620-52651-00	MAINT MAINS	4990	TOWN & COUNTRY ENGIN	2025 CHERRY STREET UTILITIES & STREET IMPROVEMENTS	28083	04/07/2025	2,001.95	54761	.00	2025018	
Total 62052651002:							2,001.95		.00		
620-52652-00	MAINT SERVICES	9208	CORE & MAIN LP	1X1/8 THK RUBBER METER WASHER	W466797	04/10/2025	57.98	54773	.00	0	
620-52652-00	MAINT SERVICES	3449	MID-AMERICAN RESEARC	INV PRECAUTION BLUE SPRY PAINT	0843766-IN	04/07/2025	286.00	54749	.00	0	
Total 62052652002:							343.98		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
620-52653-00	MAINT METERS	9208	CORE & MAIN LP	1X1/8 THK RUBBER METER WASHER	W466767	04/07/2025	57.98	54731	.00	0	
Total 62052653002:							57.98		.00		
620-52902-00	OPER ACCOUNTING & COLLE	2938	JOHNSON BLOCK & COMP	PRELIMINARY AUDIT & MUNICIPAL ACCOUNTING SERVICES FOR DEBT & PLANT ACCOUNTING	525623	04/07/2025	3,000.00	54739	.00	0	
620-52902-00	OPER ACCOUNTING & COLLE	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - WATER	38828902	04/07/2025	61.36	54737	.00	0	
Total 62052902002:							3,061.36		.00		
620-52903-00	OPER READING & COLLECTIN	90741	STOP PROCESSING CENT	BILLER W1403 - WEBSITE SECURITY/ ACCESS FEE	20863	04/17/2025	18.29	54834	.00	0	
620-52903-00	OPER READING & COLLECTIN	2880	INFOSEND INC	POSTAGE CHARGES	284619	04/10/2025	479.87	54783	.00	0	
620-52903-00	OPER READING & COLLECTIN	2880	INFOSEND INC	SUPPLIES	284619	04/10/2025	1.40	54783	.00	0	
620-52903-00	OPER READING & COLLECTIN	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - W & L	2025-03	04/10/2025	8.48	54791	.00	0	
Total 62052903002:							508.04		.00		
620-52921-00	OPER OFFICE SUPPLIES & EX	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-W&L OFFICE	IN15117885	04/17/2025	7.48	54815	.00	0	
620-52921-00	OPER OFFICE SUPPLIES & EX	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-W&L OFFICE	IN15132483	04/25/2025	30.11	54851	.00	0	
620-52921-00	OPER OFFICE SUPPLIES & EX	9196	ANSER SERVICES	BASE RATE	10395-03242	04/07/2025	175.00	54723	.00	0	
620-52921-00	OPER OFFICE SUPPLIES & EX	1090	AT&T	MONTHLY AT&T CHARGES-OPER OFFICE EXP	6088822281-	04/17/2025	8.81	54802	.00	0	
620-52921-00	OPER OFFICE SUPPLIES & EX	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - W & L OFFICE	2025-03	04/10/2025	139.28	54791	.00	0	
Total 62052921002:							360.68		.00		
620-52930-00	OPER MISC GENERAL EXPEN	5160	CITY OF EVANSVILLE	Water-West/East Buildings - W&L Bill	2025-03	04/23/2025	461.81	2221	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	9017	US BANK	M365 WATER	6123-246921	04/25/2025	3.64	2013271	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	9017	US BANK	AMAZON - TOWER SURGE PROTECTOR POWER STRIP, 6FT SURGE PROTETOR, USB C CHARGER 200W	9139-246921	04/25/2025	17.43	2013271	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM W&L WATER	2504625010	04/10/2025	23.33	54767	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM WATER - M365 ACCOUNT	2336729010	04/10/2025	27.40	54767	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM W&L WATER	1708302010	04/17/2025	5.00	54804	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM W&L WATER	2504625010	04/17/2025	50.00	54804	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-WATER	BDR-0425	04/10/2025	11.25	54769	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - WATER	BDR-0425	04/10/2025	57.56	54769	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-W&L WATER	0721243895	04/17/2025	13.74	54837	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	922873	APG OF SOUTHERN WISC	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT	369985	04/17/2025	4.85	54801	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
620-52930-00	OPER MISC GENERAL EXPEN	922873	APG OF SOUTHERN WISC	LAND DIVISION PUBLIC HEARING	371029	04/17/2025	2.22	54801	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	922873	APG OF SOUTHERN WISC	PUBLIC HEARING NOTICE	371482	04/17/2025	3.05	54801	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	922873	APG OF SOUTHERN WISC	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT BIDS	373002	04/17/2025	6.80	54801	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	922951	ROCK VALLEY PUBLISHIN	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT	469215	04/17/2025	4.71	54830	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	922951	ROCK VALLEY PUBLISHIN	POLLING LOCATION	468598	04/17/2025	3.66	54830	.00	0	
620-52930-00	OPER MISC GENERAL EXPEN	922951	ROCK VALLEY PUBLISHIN	NOTICE OF PUBLIC HEARING ON SPECIAL ASSESSMENTS FOR PUBLIC IMPROVEMENTS	469771	04/17/2025	2.80	54830	.00	0	
Total 62052930002:							699.25		.00		
620-52930-33	PROFESSIONAL DEVELOPME	9017	US BANK	HOTELBOOKING.COM	9017-246921	04/25/2025	153.65	2013271	.00	0	
620-52930-33	PROFESSIONAL DEVELOPME	9017	US BANK	HOTELBOOKING.COM	9139-241164	04/25/2025	17.99	2013271	.00	0	
Total 62052930330:							171.64		.00		
620-52930-34	TRANSPORTATION FUEL	922978	WEX BANK	FUEL PURCHASES	103798998	04/10/2025	184.32	54798	.00	0	
Total 62052930343:							184.32		.00		
620-52935-00	MAINT MAINTENANCE OF GE	5600	WE ENERGIES	MONTHLY GAS SERVICE-SHOP W&L	00004-0325	04/10/2025	218.00	54796	.00	0	
620-52935-00	MAINT MAINTENANCE OF GE	5600	WE ENERGIES	MONTHLY GAS SERVICE	00009-0325	04/10/2025	156.25	54796	.00	0	
Total 62052935002:							374.25		.00		
630-1107001	CONSTRUCTION WIP	1060	EVANSVILLE HARDWARE	GFI ST WP RECEIPT TR WHT	K32107	04/10/2025	59.98	54778	.00	0	24-12-0081-E-1
630-1107001	CONSTRUCTION WIP	1060	EVANSVILLE HARDWARE	WEATEHRPROOF CVR CLR/GRY	K32107	04/10/2025	25.98	54778	.00	0	24-12-0081-E-1
Total 6301107001:							85.96		.00		
630-1107002	CONSTRUCTION WIP	1060	EVANSVILLE HARDWARE	PIPE SCH40 1/2"X10' P END	K32069	04/10/2025	4.99	54778	.00	0	25-25-0006-E-1
630-1107002	CONSTRUCTION WIP	1060	EVANSVILLE HARDWARE	KEY SCHLAGE SC1	K32069	04/10/2025	7.18	54778	.00	0	25-25-0006-E-1
Total 6301107002:							12.17		.00		
630-1143011	Other Accts Rec.-Solar Buyback	5520	WPPI ENERGY	BUY-BACK SOLAR CREDIT	42-32025	04/02/2025	20.00	2202	.00	0	
Total 6301143011:							20.00		.00		
630-1150001	INVENTORY - ELECTRIC	9208	CORE & MAIN LP	CHFSMETER HORN	W626468	04/07/2025	2,250.00	54731	.00	0	
630-1150001	INVENTORY - ELECTRIC	9208	CORE & MAIN LP	3/4 SWIVEL	W626468	04/07/2025	232.50	54731	.00	0	
630-1150001	INVENTORY - ELECTRIC	9208	CORE & MAIN LP	3/4 SWIVEL	W626468	04/07/2025	375.00	54731	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	ELBOW/TERM/SPLICE, 350-500 JACKETED 15KV	3067983	04/17/2025	3,281.44	54829	1.64	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	LARGE FARGO	3067998	04/17/2025	962.52	54829	.48	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	SHRINK TUBE SPLICE CONN, 3M INSULATOR 8426	3067998	04/17/2025	448.78	54829	.22	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	COBRA LED HEAD	3068273	04/17/2025	4,797.60	54829	2.40	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	CAM ARM LEFT SUB ASSEMBLY	3068772	04/17/2025	45.68	54829	.02	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	CAM ARM RIGHT SUB ASSEMBLY	3068772	04/17/2025	45.68	54829	.02	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	ND-450 HINGE SUB ASSEMBLY HINGE KIT	3068772	04/17/2025	62.07	54829	.03	0	
630-1150001	INVENTORY - ELECTRIC	9149	RESCO	ND-450 LID W/HARDWARE P-107 LOCK	3068772	04/17/2025	1,914.14	54829	.85	0	
Total 6301150001:							14,415.41		5.66		
630-2238080	WI SALES TAX	5560	WISCONSIN DEPT OF REV	SALES USE TAX	2025-03 SAL	04/16/2025	7,182.92	2220	.00	0	
630-2238080	WI SALES TAX	5560	WISCONSIN DEPT OF REV	ROUNDING	2025-03 SAL	04/16/2025	.01-	2220	.00	0	
Total 6302238080:							7,182.91		.00		
630-2253022	WPPI REIMBURSEMENTS	5160	CITY HALL	BASEBALL YOUTH	BASEBALL	04/07/2025	135.00	54729	.00	0	
630-2253022	WPPI REIMBURSEMENTS	5160	CITY OF EVANSVILLE	REBATES - BRANDON HURTLEY 4411- 10	2025-03 REF	04/07/2025	50.00	54730	.00	0	
Total 6302253022:							185.00		.00		
630-2253031	PUBLIC BENEFIT REVENUE	91020	SEERA	FOCUS ON ENERGY - FEB PAYMENT	2025-02	04/10/2025	2,469.90	54793	.00	0	
630-2253031	PUBLIC BENEFIT REVENUE	91020	SEERA	FOCUS ON ENERGY - MAR PAYMENT	2025-03	04/17/2025	2,457.22	54832	.00	0	
630-2253031	PUBLIC BENEFIT REVENUE	5460	WIS DEPT OF ADMINISTR	PUBLIC BENEFIT FEES-Q3	505-0000100	04/17/2025	7,402.01	54843	.00	0	
Total 6302253031:							12,329.13		.00		
630-41400-00	OPERATING & OTHER REVEN	5560	WISCONSIN DEPT OF REV	SALES USE TAX-DISCOUNT	2025-03 SAL	04/16/2025	54.28-	2220	.00	0	
Total 63041400001:							54.28-		.00		
630-41442-06	MUNICIPAL GREEN POWER	5520	WPPI ENERGY	GREEN POWER	42-32025	04/02/2025	572.00	2202	.00	0	
Total 63041442062:							572.00		.00		
630-51427-00	DEBT PAYMENTS	2000	THE DEPOSITORY TRUST	\$1,575,000 WATER & ELECTRIC SYSTEM REVENUE BONDS 2019A	9K9082B-04	04/28/2025	50,000.00	2226	.00	0	
630-51427-00	DEBT PAYMENTS	2000	THE DEPOSITORY TRUST	\$3,165,000 W&E SYSTEM REVENUE BONDS 2014A-PRINCIPAL	9K9082A	04/28/2025	210,000.00	2227	.00	0	
630-51427-00	DEBT PAYMENTS	2151	BOND TRUST SERVICES C	\$3,240,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES							

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
				2016A	94669	04/07/2025	175,000.00	2206	.00	0	
630-51427-00	DEBT PAYMENTS	2151	BOND TRUST SERVICES C	\$2,050,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2021A	94670	04/07/2025	30,000.00	2207	.00	0	
630-51427-00	DEBT PAYMENTS	2151	BOND TRUST SERVICES C	\$1,630,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2022A	94672	04/07/2025	10,000.00	2209	.00	0	
Total 63051427002:							475,000.00		.00		
630-51427-30	INTEREST EXPENSE	2000	THE DEPOSITORY TRUST	\$3,165,000 W&E SYSTEM REVENUE BONDS 2014A-PRINCIPAL	2025-04	04/24/2025	3,255.00	2222	.00	0	
630-51427-30	INTEREST EXPENSE	2000	THE DEPOSITORY TRUST	\$1,575,000 WATER & ELECTRIC SYSTEM REVENUE BONDS 2019A	2025-04	04/24/2025	5,925.00	2222	.00	0	
630-51427-30	INTEREST EXPENSE	2151	BOND TRUST SERVICES C	\$3,240,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2016A	94669	04/07/2025	14,246.25	2206	.00	0	
630-51427-30	INTEREST EXPENSE	2151	BOND TRUST SERVICES C	\$2,050,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2021A	94670	04/07/2025	9,485.00	2207	.00	0	
630-51427-30	INTEREST EXPENSE	2151	BOND TRUST SERVICES C	\$1,630,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2022A	94672	04/07/2025	1,900.00	2209	.00	0	
Total 63051427300:							34,811.25		.00		
630-51555-30	POWER PURCHASED	5520	WPPI ENERGY	PURCHASED POWER	42-32025	04/02/2025	409,965.84	2202	.00	0	
Total 63051555300:							409,965.84		.00		
630-51582-30	CAPITAL SUBSTATION EXPEN	9133	FORSTER ELECTRICAL E	E02-22D TECHNICAL ASSISTANCE	26215	04/25/2025	14,040.00	54850	.00	2023023	
Total 63051582300:							14,040.00		.00		
630-51584-30	OPER UG LINE	9133	FORSTER ELECTRICAL E	E02-24C HWY 14 WISDOT WORK PLAN	26257	04/25/2025	326.25	54850	.00	0	
630-51584-30	OPER UG LINE	9133	FORSTER ELECTRICAL E	E02-24A MULTI YEAR UNIT PRICE CONTRACT	26285	04/25/2025	261.25	54850	.00	2024028	
Total 63051584300:							587.50		.00		
630-51588-30	MISC DISTRIBUTION EXPENS	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM W&L	2504625010	04/10/2025	23.34	54767	.00	0	
630-51588-30	MISC DISTRIBUTION EXPENS	1730	CHARTER COMMUNICATI	ELECTRIC SPECTRUM W&L	1708302010	04/17/2025	5.01	54804	.00	0	
630-51588-30	MISC DISTRIBUTION EXPENS	1730	CHARTER COMMUNICATI	ELECTRIC SPECTRUM W&L	2504625010	04/17/2025	50.00	54804	.00	0	
630-51588-30	MISC DISTRIBUTION EXPENS	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-W&L	0721243895	04/17/2025	41.22	54837	.00	0	
Total 63051588300:							119.57		.00		

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
630-51593-30	OH LINE MAINTENANCE	1060	EVANSVILLE HARDWARE	SM PARTS BIN SET RED 2PK	K32205	04/10/2025	11.99	54778	.00	0	
630-51593-30	OH LINE MAINTENANCE	1060	EVANSVILLE HARDWARE	PACKOUT ORGANIZER 10 BIN	K32205	04/10/2025	49.97	54778	.00	0	
630-51593-30	OH LINE MAINTENANCE	9149	RESCO	E-Z POCKET HORIZONTAL MOUNT 4 POCKETS	3066746	04/10/2025	159.92	54792	.08	0	
630-51593-30	OH LINE MAINTENANCE	9149	RESCO	E-Z POCKET HORIZONTAL MOUNT 3 POCKET	3066746	04/10/2025	295.58	54792	.13	0	
630-51593-30	OH LINE MAINTENANCE	9149	RESCO	COVER ONE PIECE SNAP SHUT 25 PACK	3067998	04/17/2025	115.44	54829	.06	0	
Total 63051593300:							632.90		.27		
630-51594-30	UG LINE MAINENANCE	90123	C&M HYDRAULIC TOOL S	TYPE HP WET/DRY WIPE TANDEM PA	0181915-IN	04/17/2025	338.40	54803	.00	0	
630-51594-30	UG LINE MAINENANCE	3449	MID-AMERICAN RESEARC	INV WHITE SPARY PAINT	0843766-IN	04/07/2025	327.68	54749	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	PROJECT TIME	722862	04/17/2025	15.93	54839	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	AFTER HOURS	726304	04/17/2025	42.48	54839	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	EMERGENCY NORMAL HOURS	726304	04/17/2025	44.86	54839	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	PER TICKET	726304	04/17/2025	356.80	54839	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	PER TICKET	726304	04/17/2025	470.80	54839	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	PROJECT TIME	726304	04/17/2025	127.44	54839	.00	0	
630-51594-30	UG LINE MAINENANCE	922881	USIC LOCATING SERVICE	PROJECT TIME	726304	04/17/2025	33.64	54839	.00	0	
Total 63051594300:							1,758.03		.00		
630-51594-89	LINE MAPPING	9133	FORSTER ELECTRICAL E	E02-25G TECHNICAL ASSISTANCE	26277	04/25/2025	300.00	54850	.00	0	
Total 63051594891:							300.00		.00		
630-51597-30	MAINT METERS	9017	US BANK	AMAZON - 50 MANILA INDEX CARD DIVIDERS	9139-246921	04/25/2025	17.98	2013271	.00	0	
630-51597-30	MAINT METERS	9017	US BANK	AMAZON - HANGING LOOP STRAP MAGNET HANGER KIT	9139-246921	04/25/2025	64.95	2013271	.00	0	
630-51597-30	MAINT METERS	923070	ANIXTER INC	923A496G01	6282395-00	04/07/2025	1,158.00	54722	.00	0	
Total 63051597300:							1,240.93		.00		
630-51902-30	ACCT & COLLECTING EXPENS	2938	JOHNSON BLOCK & COMP	PRELIMINARY AUDIT & MUNICIPAL ACCOUNTING SERVICES FOR DEBT & PLANT ACCOUNTING	525623	04/07/2025	4,000.00	54739	.00	0	
630-51902-30	ACCT & COLLECTING EXPENS	7605	GREATAMERICA FINANCIA	4 LINE PHONE SYSTEM & VOIP - ELECTRIC	38828902	04/07/2025	113.95	54737	.00	0	
Total 63051902300:							4,113.95		.00		
630-51902-33	ACCT & COLLECTING PROF D	922838	MARISA MILLER	REIMB-MEUW MEALS	2025-03	04/10/2025	53.88	54785	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 63051902330:							53.88		.00		
630-51902-36	COMMUNICATION EXPENSE	1240	THRYV	AT&T YEL PAGES ADVERTISING-W&L	800370196-0	04/17/2025	.21	54836	.00	0	
630-51902-36	COMMUNICATION EXPENSE	9017	US BANK	M365 ELECTRIC	6123-246921	04/25/2025	9.11	2013271	.00	0	
630-51902-36	COMMUNICATION EXPENSE	1730	CHARTER COMMUNICATI	CHARTER SPECTRUM ELECTRIC - M365 ACCOUNT	2336729010	04/10/2025	68.49	54767	.00	0	
630-51902-36	COMMUNICATION EXPENSE	1850	COMPUTER KNOW HOW L	BDR BACKUP SYSTEM-ELECTRIC	BDR-0425	04/10/2025	28.11	54769	.00	0	
630-51902-36	COMMUNICATION EXPENSE	1850	COMPUTER KNOW HOW L	MICROSOFT 365 - ELECTRIC	BDR-0425	04/10/2025	143.90	54769	.00	0	
630-51902-36	COMMUNICATION EXPENSE	5035	U S CELLULAR	MONTHLY CELL PHONE SERVICE	0721175301	04/17/2025	18.47	54837	.00	0	
630-51902-36	COMMUNICATION EXPENSE	5035	U S CELLULAR	MONTHLY CELLULAR SERVICE-COURT CLERK	0720964313	04/25/2025	34.24	54865	.00	0	
Total 63051902361:							302.53		.00		
630-51903-30	BILLING SUPLIES AND EXPEN	5520	WPPI ENERGY	SUPPORT SERVICES FEB	42-32025	04/02/2025	4,132.91	2202	.00	0	
630-51903-30	BILLING SUPLIES AND EXPEN	2880	INFOSEND INC	POSTAGE CHARGES	284619	04/10/2025	891.18	54783	.00	0	
630-51903-30	BILLING SUPLIES AND EXPEN	2880	INFOSEND INC	SUPPLIES	284619	04/10/2025	2.60	54783	.00	0	
630-51903-30	BILLING SUPLIES AND EXPEN	2880	INFOSEND INC	OTHER	284619	04/10/2025	801.80	54783	.00	0	
630-51903-30	BILLING SUPLIES AND EXPEN	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - BUILDING SUPPLIES	2025-03	04/10/2025	30.16	54791	.00	0	
Total 63051903300:							5,858.65		.00		
630-51921-30	OFFICE SUPPLIES & EXPENS	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-OFFICE SUPPLIES	IN15117885	04/17/2025	16.80	54815	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-OFFICE SUPPLIES	IN15117885	04/17/2025	19.56	54815	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	2540	GORDON FLESCH CO INC	MONTHLY COPIER CHARGES-OFFICE SUPPLIES	IN15132483	04/25/2025	78.74	54851	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	9017	US BANK	AMAZON - TOWER SURGE PROTECTOR POWER STRIP, 6FT SURGE PROTETOR, USB C CHARGER 200W	9139-246921	04/25/2025	156.88	2013271	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	9017	US BANK	AMAZON - SHARPIE INDUSTRIAL PERMANENT MARKERS	9864-246921	04/25/2025	23.93	2013271	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	9017	US BANK	AMAZON - UNIBALL GEL PEN	9864-246921	04/25/2025	16.99	2013271	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	9017	US BANK	AMAZON - SPROUTBRITE 18 MONTH DESK CALENDAR	9864-246921	04/25/2025	9.99	2013271	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	9017	US BANK	AMAZON - LOGITCH M720 TRIATHLON MULTI-DEVICE	9864-246921	04/25/2025	34.00	2013271	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	2151	BOND TRUST SERVICES C	\$1,630,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2022A	94915	04/07/2025	400.00	2203	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	2151	BOND TRUST SERVICES C	\$2,050,000 WATER & ELECTRIC SYSTEM REVENUE BONDS, SERIES 2021A	94913	04/07/2025	400.00	2204	.00	0	
630-51921-30	OFFICE SUPPLIES & EXPENS	2763	QUADIENT FINANCE USA I	MONTHLY POSTAGE - OFFICE SUPPLIES	2025-03	04/10/2025	244.26	54791	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
Total 63051921300:							1,401.15		.00		
630-51921-36	COMMUNICATION EXPENSE	9196	ANSER SERVICES	BASE RATE	10395-03242	04/07/2025	325.00	54723	.00	0	
Total 63051921361:							325.00		.00		
630-51926-13	CLOTHNG ALLOWANCE	9017	US BANK	AMARIL UNIFORM COMPANY	9864-240133	04/25/2025	172.05	2013271	.00	0	
630-51926-13	CLOTHNG ALLOWANCE	9017	US BANK	AMARIL UNIFORM COMPANY	9864-240133	04/25/2025	1,233.69	2013271	.00	0	
Total 63051926131:							1,405.74		.00		
630-51930-13	SAFETY EQUIPMENT AND PP	9017	US BANK	AMARIL UNIFORM COMPANY	9864-240133	04/25/2025	132.60	2013271	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	9017	US BANK	AMARIL UNIFORM COMPANY	9864-240133	04/25/2025	1,233.69	2013271	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	14" PRIMARY LEATHER PROTECTOR	0181831-IN	04/07/2025	111.60	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	14" PRIMARY LEATHER PROTECTOR	0181831-IN	04/07/2025	223.20	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	14" PRIMARY LEATHER PROTECTOR	0181831-IN	04/07/2025	111.60	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	HAND LINE BLOCK W/SW HOOK SI	0181831-IN	04/07/2025	260.00	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	HANDLINE HOOK	0181831-IN	04/07/2025	43.00	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	HARD TOOL STORAGE MODULE S-HO	0181831-IN	04/07/2025	185.22	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	AUGER BIT STORAGE MODULE S-HO	0181831-IN	04/07/2025	77.80	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	UTILITY BAR STORAGE MODULE	0181831-IN	04/07/2025	98.78	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	90123	C&M HYDRAULIC TOOL S	2-INCH UTILTY BUCKET S-HOOK	0181831-IN	04/07/2025	19.72	54727	.00	0	
630-51930-13	SAFETY EQUIPMENT AND PP	922002	KERRY LINDROTH	BOOTS FOR WORK	2025-03	04/07/2025	210.95	54741	.00	0	
Total 63051930130:							2,708.16		.00		
630-51930-25	IT SERVICE AND EQUIPMENT	1850	COMPUTER KNOW HOW L	DELL PRO 14250 RUGGED LAPTOP, INTEL CORE ULTRA 5 125U	42132	04/17/2025	2,599.00	54807	.00	0	
630-51930-25	IT SERVICE AND EQUIPMENT	90741	STOP PROCESSING CENT	BILLER W1403 - WEBSITE SECURITY/ ACCESS FEE	20863	04/17/2025	33.97	54834	.00	0	
Total 63051930251:							2,632.97		.00		
630-51930-30	MISC GENERAL EXPENSES	9017	US BANK	POSTAGE	9139-241374	04/25/2025	9.90	2013271	.00	0	
630-51930-30	MISC GENERAL EXPENSES	90123	C&M HYDRAULIC TOOL S	10" SECONDARY LEATHER PROTECTO	0181846-IN	04/10/2025	172.80	54766	.00	0	
630-51930-30	MISC GENERAL EXPENSES	90123	C&M HYDRAULIC TOOL S	GLOVE, LEATHER UTILITY WODE-CU	0181862-IN	04/10/2025	201.60	54766	.00	0	
630-51930-30	MISC GENERAL EXPENSES	90123	C&M HYDRAULIC TOOL S	GROUND GLOVES, 3XL	0181862-IN	04/10/2025	64.80	54766	.00	0	
630-51930-30	MISC GENERAL EXPENSES	90123	C&M HYDRAULIC TOOL S	RECHRGBLE HEADLAMP WITH FABRIC	0181862-IN	04/10/2025	252.00	54766	.00	0	
630-51930-30	MISC GENERAL EXPENSES	90123	C&M HYDRAULIC TOOL S	2-INCH UTILITY BUCKET S-HOOK	0181863-IN	04/10/2025	39.44	54766	.00	0	
630-51930-30	MISC GENERAL EXPENSES	3305	MERCY HEALTH SYSTEM	BAT BREATH ALCOHOL TEST	00035592-00	04/17/2025	31.00	54821	.00	0	
630-51930-30	MISC GENERAL EXPENSES	3305	MERCY HEALTH SYSTEM	BAT BREATH ALCOHOL TEST	00035592-00	04/17/2025	31.00	54821	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
630-51930-30	MISC GENERAL EXPENSES	3305	MERCY HEALTH SYSTEM	BAT BREATH ALCOHOL TEST	00035592-00	04/17/2025	31.00	54821	.00	0	
630-51930-30	MISC GENERAL EXPENSES	3305	MERCY HEALTH SYSTEM	BAT BREATH ALCOHOL TEST	00035592-00	04/17/2025	31.00	54821	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922873	APG OF SOUTHERN WISC	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT	369985	04/17/2025	19.40	54801	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922873	APG OF SOUTHERN WISC	LAND DIVISION PUBLIC HEARING	371029	04/17/2025	8.89	54801	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922873	APG OF SOUTHERN WISC	PUBLIC HEARING NOTICE	371482	04/17/2025	12.20	54801	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922873	APG OF SOUTHERN WISC	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT BIDS	373002	04/17/2025	27.22	54801	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922951	ROCK VALLEY PUBLISHIN	UNION-TOWNLINE SUBSTATION EXPANSION PROJECT	469215	04/17/2025	18.85	54830	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922951	ROCK VALLEY PUBLISHIN	POLLING LOCATION	468598	04/17/2025	14.65	54830	.00	0	
630-51930-30	MISC GENERAL EXPENSES	922951	ROCK VALLEY PUBLISHIN	NOTICE OF PUBLIC HEARING ON SPECIAL ASSESSMENTS FOR PUBLIC IMPROVEMENTS	469771	04/17/2025	11.20	54830	.00	0	
Total 63051930300:							976.95		.00		
630-51930-33	PROFESSIONAL DEV/TRAININ	9017	US BANK	METRO UNION STATION	9864-244450	04/25/2025	17.00	2013271	.00	0	
630-51930-33	PROFESSIONAL DEV/TRAININ	9017	US BANK	METRO UNION STATION	9864-244450	04/25/2025	12.00	2013271	.00	0	
630-51930-33	PROFESSIONAL DEV/TRAININ	9017	US BANK	TRANSDATA, INC.	9864-246392	04/25/2025	508.65	2013271	.00	0	
630-51930-33	PROFESSIONAL DEV/TRAININ	9017	US BANK	COMPASS COFFEE	9864-246921	04/25/2025	15.39	2013271	.00	0	
630-51930-33	PROFESSIONAL DEV/TRAININ	9017	US BANK	COMPASS COFFEE	9864-246921	04/25/2025	15.67	2013271	.00	0	
630-51930-33	PROFESSIONAL DEV/TRAININ	9017	US BANK	MSN AIRPORT PARKING	9864-247170	04/25/2025	28.00	2013271	.00	0	
Total 63051930330:							596.71		.00		
630-51930-34	TRANSPORTATION FUEL	922978	WEX BANK	FUEL PURCHASES	103798998	04/10/2025	828.27	54798	.00	0	
Total 63051930343:							828.27		.00		
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	CAULKGUN	K31938	04/10/2025	14.99	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	ACE HANGER	K31938	04/10/2025	11.18	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	HD CONS ADHESVI	K31938	04/10/2025	15.98	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	SPRNG LINK SS SILVER	K31938	04/10/2025	27.98	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	ACE JOIST NAIL	K31946	04/10/2025	5.59	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	HD CONS ADHESVL 28OZ	K31946	04/10/2025	7.99	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	PLIERS COMBINATION	K32242	04/10/2025	43.98	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	GROMMET VNYL BLK	K32242	04/10/2025	3.59	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	GROMMET VNYL BLK	K32242	04/10/2025	3.99	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	1060	EVANSVILLE HARDWARE	SPLICE BUTT XTREME	K32242	04/10/2025	14.99	54778	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	2675	GRAINGER	SPOTLIGHT 40W, 12VDC, 3.5A, LED 7.5" H	9453360092	04/07/2025	5,295.04	54736	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	3640	NELSON YOUNG LUMBER	4x8 3/4 TREATED CDX SYP PT GROUND CONTACT	187983	04/17/2025	100.00	54824	.00	0	
630-51930-35	TRANSPORTATION MAINTENA	3409	DITCH WITCH MIDWEST	50K PIN	PSO167733-	04/07/2025	20.12	54732	.00	0	

Invoice GL Account	Invoice GL Account Title	Vendor Number	Payee	Description	Invoice Number	Check Issue Date	Check Amount	Check Number	Discount Taken	GL Activity#	Job Number
630-51930-35	TRANSPORTATION MAINTENA	3409	DITCH WITCH MIDWEST	FREIGHT OUT	PSO167733-	04/07/2025	19.63	54732	.00	0	
Total 63051930350:							5,585.05		.00		
630-51930-39	PUBLIC RELATIONS AND ADV	9017	US BANK	THE MAYFLOWER HOTEL	6123-246921	04/25/2025	1,269.66	2013271	.00	0	
Total 63051930392:							1,269.66		.00		
630-51932-30	BUILDING AND PLANT MAINTEN	1060	EVANSVILLE HARDWARE	PLASTICWELD SYRINGE	K31925	04/10/2025	8.59	54778	.00	0	
630-51932-30	BUILDING AND PLANT MAINTEN	1060	EVANSVILLE HARDWARE	DUR BATT ALKLN	K32025	04/10/2025	32.97	54778	.00	0	
630-51932-30	BUILDING AND PLANT MAINTEN	1060	EVANSVILLE HARDWARE	HOLE SAW CARBIDE 3"	K32154	04/10/2025	31.99	54778	.00	0	
630-51932-30	BUILDING AND PLANT MAINTEN	5600	WE ENERGIES	MONTHLY GAS SERVICE-W&L	00004-0325	04/10/2025	218.00	54796	.00	0	
630-51932-30	BUILDING AND PLANT MAINTEN	5600	WE ENERGIES	MONTHLY GAS SERVICE	00009-0325	04/10/2025	468.73	54796	.00	0	
630-51932-30	BUILDING AND PLANT MAINTEN	922887	JAY'S BIG ROLL INC.	8" UNIVERSAL HARDWOOD ROLL TOWEL DRAFT 1-PLY 2" CORE 800' 6/CS	7070062	04/25/2025	68.00	54855	.00	0	
630-51932-30	BUILDING AND PLANT MAINTEN	922887	JAY'S BIG ROLL INC.	EMPRESS TOWEL LEVER DISPENSER FOR HARDWOOD TOWEL	7070062	04/25/2025	97.00	54855	.00	0	
Total 63051932300:							925.28		.00		
630-51932-36	BUILDING & PLANT UTILITY C	5160	CITY OF EVANSVILLE	Electric-West/East Buildings - W&L Bill	2025-03	04/23/2025	1,137.98	2221	.00	0	
Total 63051932360:							1,137.98		.00		
Grand Totals:							2,632,289.92		5.93		

AGREEMENT BETWEEN
CITY OF EVANSVILLE AND IAN REILLY

AGREEMENT made this 13th day of May, 2025, between the City of Evansville, a Municipal Corporation, created and existing under the laws of the State of Wisconsin, hereinafter called the "City," and Ian Reilly, hereinafter called the "Employee."

WHEREAS, the City has created the Police Lieutenant position perform the duties of a police officer in addition to supervising and administering the operations of the police department under the Police Chief; and

WHEREAS, City and Employee are parties to an Employment Agreement with a defined period of employment; and

WHEREAS, the Employee desires to have an Employment Agreement without an expiration date;

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained, it is mutually agreed by and between the parties as follows:

1. City hereby engages the services of Employee as Police Lieutenant. Said position is agreed to be exempt under the Fair Labor Standards Act and is a non-bargaining unit position.
2. Employee shall report to the Chief of Police.
3. The City, through the Police Commission, may discipline Employee and/or terminate the employment of Employee according to the City of Evansville Employee Handbook, as may be amended from time to time, subject to and in accordance with Wisconsin Statute 62.13 (5), as amended from time to time.
4. Employee is appointed to an indefinite term during good behavior. Employee may be disciplined, discharged or reduced in rank according to the procedures set forth in Wisconsin Statute 62.13, as amended from time to time.
5. Employee shall act in a manner that is professional and in accordance with the City of Evansville Employee Handbook and the Evansville Police Department Policy and Procedure Manual, as each may be amended from time to time.
6. City agrees to have the Police Chief conduct a performance evaluation of Employee annually. City and Employee shall mutually determine annual performance goals and the process by which performance shall be evaluated. In the event that agreement is not reached, City shall determine the goals and process.
7. City shall, upon request, provide Employee a mobile phone and plan for City use and on call availability. The Provided phone and phone service shall be paid for by the City and used in accordance with City policy in the employee handbook, as may be amended from time to time.

8. City agrees to pay Employee an annual rate of \$96,302.85, paid according to the procedures of the City. The salary will be reviewed annually, and the employee shall receive at least annual cost-of-living increases per the City's Compensation and Pay Philosophy. Any such increase, and all other increases, will be documented in writing during the annual City budget process. Both parties agree no set percentage or method of calculation for salary increases is part of this Agreement. Salary will not be decreased unless as a result of disciplinary actions taken by the Police Commission. The City also agrees to provide Employee with a uniform allowance in the same amount as provided to other full-time Evansville police officers.
9. City agrees to provide Employee with minimum fringe benefits of no less than the following, any additions in the future to be as the City may direct in its discretion, there being no percentage or other formula for increase in fringe benefits:
 - a. Sick leave accrual at the rate of 10 hours per full month of employment to a maximum accumulation of 720 hours. If, at the end of any calendar year, Employee would -have more - than 720 -hours -of accumulated sick leave, Employee may receive a 50% payout of the value of the sick leave in excess of 720 hours. This payment shall be paid no later than the second pay period of the following calendar year. Employee may also choose, on a yearly basis, to defer the 50% payout of the excess sick leave value until retirement in which case the full value may be used for the sole purpose of paying Employee's health insurance premiums after retirement. Pay shall be based on the Employee's normal rate of pay and scheduled hours of work in effect at the time of payment. Upon retirement, resignation, termination without cause, or Employee's death, Employee or Employee's estate shall be entitled to a cash payment of up to 720 of unused sick leave paid at 50%. For any sick leave of 3 days or greater Employee shall furnish a physician's certificate upon the City's request. The City may require examination of Employee by its own physician at the City's expense.
 - b. Funeral leave as provided in the City of Evansville Employee Handbook.
 - c. Vacation leave consisting of 25 days (200 hours) per calendar year. Employee may carry forward from one calendar year to the next calendar year up to 10 days of accrued, unused vacation leave, and any vacation days in excess of these 10 days will be forfeited. Upon properly noticed resignation/retirement or resignation with 30 days written notice, termination of Employee, or Employee's death, Employee or Employee's estate shall be entitled to payment of unused vacation leave paid at 100%. Employee shall not be entitled to payment of unused vacation leave in the event he retires or resigns without giving 30 days written notice. No unused vacation shall be paid out if dismissed for cause under Wisconsin Statute 62.13. Requests for vacation shall be fair and consistent with the full-time police officers.
 - d. In exchange of the 8 paid holidays and 4 paid floating holidays, as provided in the City of Evansville Employee Handbook the City shall provide 12 floating holidays so that the employee may be available for shifts or events on holidays.
 - e. Health insurance coverage according to the current City of Evansville Employee Handbook. The City shall pay in accordance with the policies of the City of Evansville Employee Handbook.
 - f. Dental insurance coverage as of the first of the month following receipt of a timely application, the premiums paid fully by the City for single or family coverage.
 - g. Term life insurance, with the beneficiary designated by the Employee, in a face amount equal to Employee's annual salary rounded to the next One Thousand Dollars as may be changed from time to time, the premiums paid fully by the City.

- h. Wisconsin Retirement Fund employer contribution paid fully by the City at the rate as may be from time to time determined. Employee shall be responsible for the employee contribution, at the rate as may from time to time be determined. Said employee contribution shall be considered as employer contribution for tax purposes under the Internal Revenue Code section 414(h)(2).
 - i. Income continuation insurance at the monthly rate for a 120-day waiting (elimination) period, the premiums for the same paid fully by the City.
 - j. Longevity bonus of 1% shall be provided after ten (10) total years of service, 2% after fifteen (15) total years of service and 3% after twenty (20) total years of service to the City. Payout shall be consistent with the Employee Handbook.
 - k. One time educational bonus of 2% shall be added to the base pay of the Employee if they obtain a bachelors degree from an accredited body recognized by the US Department of Education and the Council for Higher Education Accreditation no later than December 31st, 2030.
 - l. The City shall pay for membership to one (1) organization of the employee's choice that will further enrich the employee's employment through education, support or connection in the community.
 - m. Any other benefits provided for in the Employee Handbook, as may be amended from time to time.
10. Professional development is encouraged, and the City budget shall contain funding for Employee to attend professional and educational conferences and training programs related to their professional responsibilities. Attendance at professional development courses is subject to prior notice and approval by the Chief of Police. The Employee is encouraged to complete Command College and achieve a bachelors degree.
11. To be considered to have worked full time during a two-week pay period, Employee must have a total of at least 80 hours of any combination hours worked, sick leave, funeral leave, holiday leave, and vacation leave. Employee agrees to devote as much time as is needed to carry out their duties. Employee acknowledges and agrees that he/she will from time to time work more than 40 hours in a week and that he/she will receive no overtime pay for hours worked in excess of 40 hours in a week.
12. Employee generally shall work an 8.0 hour shift Monday through Friday. Changes to the schedule may occur as needed and under the direction of the Chief of Police. With approval of the Chief of Police employee may vary thier schedule to meet the demands of the position and job description including but not limited to: after hour meetings in the absence of the Chief of Police, residents, organizations, participation in evening/weekend patrol shifts and local events.
13. Employee agrees to devote as much time as is needed to carry out their duties and shall be responsible for performing the duties of Police Lieutenant, which may be amended from time to time. City acknowledges that work performed after the Employees regular 8.0 hour shift may detract from Employees personal time. City will allow Employee to adjust their schedule to recognize and accommodate those situations where the Employee has worked an excess amount of time when measured against a more typical 80 hour, two-week cycle.
14. Employee shall document their time to reflect their arrival to and departure from work.
15. City shall defend, save harmless, and indemnify Employee against any tort, professional liability,

claim, demand or other legal action, whether groundless or otherwise arising out of an alleged act or omission occurring in the performance of the Employee's duties as Police Lieutenant. Such duties to include all obligations and commitments as articulated in this Agreement. City will compromise and settle any such claim or suit and pay the amount of any settlement or judgment rendered thereon; provided, however, that nothing herein shall obligate City to pay the costs of defending or the amount of claim arising out of any criminal action brought by any state or federal authority.

- 16. Employee acknowledges and agrees that the terms and conditions of the City of Evansville Employee Handbook, as amended from time to time, are part of this Agreement, and enforceable as part of this Agreement without further elaboration or attachment, although if there is a conflict between this Agreement and the handbook, both parties acknowledge and agree that the provisions of this Agreement shall control.
- 17. Both parties agree any amendments, including any adjustments of salary, to this Agreement shall be as agreed from time to time and reduced to writing in the same fashion as this Agreement.
- 18. This Agreement contains all the terms, promises, covenants, conditions and representations made or entered into by the City and Employee and supersedes all prior discussions and agreements, whether written or oral, between the parties.
- 19. If any term of this Agreement shall, for any reason and to any extent, be invalid or unenforceable, the remaining terms shall be in full force and effect.

IN WITNESS WHEREOF the CITY OF EVANSVILLE has caused its name to be signed hereto by Dianne Duggan, Mayor, and attested to by Leah Hurlley, City Clerk, and Ian Reilly has signed this _____ day of May, 2025.

Ian Reilly

Dianne Duggan, Mayor

Leah Hurlley, City Clerk

**CITY OF EVANSVILLE
RESOLUTION #2025-12**

Amending the 2025 Budget

WHEREAS, The City is required to amend its budget from time to time;

WHEREAS, the Common Council approved 2025 electric budget and capital improvement plan had an approved amount of \$320,000 for the purchase of a bucket truck and this cost has increased to \$360,000;

WHEREAS, the Common Council approved 2025 electric budget and capital improvement plan had an approved amount of \$350,000 for a digger derrick that will not be purchased;

WHEREAS, this will decrease revenue account number 630-41910-580 (proceeds from long term debt) by \$310,000 and decrease expense account number 630-51930-840 (capital transportation equipment) by \$310,000;

WHEREAS, the Common Council approved the 2025 Cemetery budget with a revenue of \$40,000 of fund balance applied and an expense of \$40,000 for transfer to capital project for paving of cemetery roads;

WHEREAS, there needs to be a corresponding revenue and expense in the capital improvement fund to account for this, revenue account number 430-42422-002 (transfer from other) will be increased by \$40,000 and expense account number 400-54640-840 (cemetery roads) will be increased by \$40,000;

NOW THEREFORE, be it hereby resolved by the Common Council of the City of Evansville to approve a budget amendment of \$310,000 in decreased revenues and decreased expenses for the Electric Utility fund and a \$40,000 increase in revenues and expenditures for the Capital Improvement Fund;

NOW THEREFORE, be it further resolved by the Common Council of the City of Evansville to amend the budget for the year ending December 31, 2025.

Passed this 13th day of May, 2025.

By: _____
Dianne C. Duggan, Mayor

Attest: _____
Leah L. Hurtley, City Clerk

Introduced:
Adopted:
Published:

2025 CAPITAL IMPROVEMENT PLAN (CIP)

Activity Code Account # 2025

Funding Sources

Project Title	Activity Code	Account #	2025 Estimated Cost	Funding Sources					Total Sources
				Grants/ Other	Reserve Funds	Enterprise Funds	Levy	Borrowing	
PARKS & POOL									
Mower / Grounds Equipment (3-4 yr cycle)	2025001	430-55720-840	17,000				17,000		17,000
Historic Restorations (Park Store)	2025002	400-55720-821	100,000	15,000			-	85,000	100,000
Larson Acres Park Playground Resurface	2025003	400-55720-890	40,000					40,000	40,000
Leonard Leota Park Ball Field Lighting Rehab and Swing Set Install	2025004	400-55720-803	80,000					80,000	80,000
Park Plan and Outdoor Recreation Plan Update (5yrs)	2025005	400-55720-890	30,000					30,000	30,000
Park Pool Improvements (previously borrowed)	2022001	400-55720-803	650,000		650,000				-
	2022002	400-55730-803							
Subtotal Parks & Pool			917,000	15,000	650,000	-	17,000	235,000	267,000
EMS									
Equipment	2025007	400-52220-840	18,000	-	-	18,000			18,000
EMS Garage Bay Remodel	2025008	400-52220-821	50,000			50,000			50,000
Subtotal EMS District			68,000	-	-	68,000	-	-	68,000
PUBLIC WORKS									
Sidewalk, Rail Crossing and Pedestrian Improvements (N. Madison St)	2025009	400-53300-802	100,000					100,000	100,000
Flat Bed Dump Truck	2025010	400-53300-840	85,000	-				85,000	85,000
Skid Steer Upgrade	2025011	430-53300-840	5,000				5,000		5,000
Skid Steer Plow and Tool Cat Plow	2025012	430-53300-840	20,000				20,000		20,000
Truck Plow	2025013	430-53300-840	12,000				12,000		12,000
South Union to Water Resurfacing LVRF funded	2025014	100-53300-303	50,000	50,000					50,000
Highland Resurfacing LVRF funded	2025015	100-53300-303	50,000	50,000					50,000
Mallard Ct Resurfacing LVRF funded	2025016	100-53300-303	50,000	50,000					50,000
Chip Seal and other Road Maintenance LVRF funded	2025017	100-53300-303	46,000	46,000					46,000
Cherry St Reconstruction (Walker to Water)	2025018	400-53300-860	392,118					392,118	392,118
Mill St (Madison to Railroad) and Railroad St (Mill to Main)	2025019	400-53300-860	335,380					335,380	335,380
Church St Parking Lot Resurfacing	2025020	400-53300-860	100,000		25,000			75,000	100,000
Mechanics Bay Oil Containter (Shared Cost)	2025021	430-53300-840	3,000				3,000		3,000
Municipal Services Building Improvements (Shared Cost)	2025022	400-53300-821	37,500					37,500	37,500
Subtotal Public Works			1,285,998	196,000	25,000	-	40,000	1,024,998	1,285,998
CEMETERY									
Roads (Partial)	2025023	400-54640-840	40,000	-	40,000				40,000
Truck	2025024	400-54640-840	90,000					90,000	90,000
Subtotal Cemetery			130,000	-	40,000	-	-	90,000	130,000
POLICE									
Hybrid Patrol Vehicle Replacement (annually)	2025025	400-52200-830	54,000					54,000	54,000
Hybrid Patrol Vehicle Accessories (annually)	2025025	400-52200-840	25,000					25,000	25,000
Tazers	2025026	430-52200-840	9,100				9,100		9,100
Lobby Door and Paint	2025027	400-52200-821	10,000					10,000	10,000
Subtotal Police			98,100	-	-	-	9,100	89,000	98,100
CITY HALL/ADMINISTRATION									
Server Upgrade/Copier (5 year cycle)	2025028	430-57960-833	30,000				30,000		30,000
City Hall Building	2025029	400-57960-821	150,000					150,000	150,000
Subtotal City Hall/Admin			180,000	-	-	-	30,000	150,000	180,000
SANITARY SEWER UTILITY/WWTP									

2025 CAPITAL IMPROVEMENT PLAN (CIP)				Activity Code	Account #	2025	Funding Sources					
Project Title			Estimated Cost				Grants/ Other	Reserve Funds	Enterprise Funds	Levy	Borrowing	Total Sources
Cherry St Reconstruction (Walker to Water)	2025018	600-53510-850	596,643								596,643	596,643
County M Lift Station Upgrades	2025030	600-53520-850	250,000								250,000	250,000
Mill St (Madison to Railroad) and Railroad St (Mill to Main)	2025019	600-53510-850	301,649								301,649	301,649
Municipal Services Building Improvements (Shared Cost)	2025022	600-53510-901	12,500								12,500	12,500
Mechanics Bay Oil Containter (Shared Cost)	2025021	600-53500-840	1,000						1,000			1,000
Lift Station Control Panels	2025031	600-53520-850	250,000								250,000	250,000
Subtotal WWTP			1,411,792				-	-	1,000	-	1,410,792	1,411,792
STORMWATER UTILITY												
Cherry St Reconstruction (Walker to Water)	2025018	610-53580-850	256,220								256,220	256,220
Mill St (Madison to Railroad) and Railroad St (Mill to Main)	2025019	610-53580-850	135,802								135,802	135,802
Westside Pond maintenance path	2025032	610-53580-301	180,000								180,000	180,000
Curb and Inlet Repairs (W. Main 5th to 6th, Lincoln 2nd to Higgins, Countryside Main to Greenview)	2025033	610-53580-301	20,000								20,000	20,000
Ditch Repairs	2025034	610-53580-301	40,000								40,000	40,000
Porter Road Culvert Retention Pond Access Improvements (Borrowed in 2024)	2024019	610-53580-301	862,136					862,136				862,136
Municipal Services Building Improvements (Shared Cost)	2025022	610-53580-901	12,500								12,500	12,500
Mechanics Bay Oil Containter (Shared Cost)	2025021	610-53580-840	1,000						1,000			1,000
Creek Walls Replace Gabion Baskets	2025036	610-53580-301	20,000								20,000	20,000
Subtotal Stormwater Utility			1,527,658				-	-	-	-	592,022	1,527,658
ELECTRIC UTILITY												
Bucket Truck (12 yr cycle) **dependent on rate adjustments	2025038	630-51930-840	360,000								360,000	360,000
OH Line Rebuilds (annually, In-house)	2025039	630-51593-300	100,000								100,000	100,000
OH to UG Line Rebuilds (annually, In-house)	2025040	630-51594-300	100,000								100,000	100,000
EVA East Bay Repair/Remodel	2024029	630-51582-300	48,000					48,000				48,000
UTL Substation Expansion	2024030	630-51582-300	721,000					217,000			504,000	721,000
Pole Inspection and Tagging	2025043	630-51593-300	27,000						27,000			27,000
Building Improvements (Shared Cost)	2025022	630-51932-300	25,000								25,000	25,000
Mechanics Bay Oil Containter (Shared Cost)	2025021	630-51930-340	2,000						2,000			2,000
Rate Case WPPI and Johnson Block	2025045	630-51903-300	25,000					25,000				25,000
Trip Savers	2025046	630-51593-300	45,000						45,000			45,000
Subtotal Electric Utility			1,453,000				-	290,000	74,000	-	1,089,000	1,453,000
WATER UTILITY												
Booster Station County C and 6th St	2025047	620-52651-004	600,000								600,000	600,000
Tower and Well Inspections	2025048	620-52651-004	25,000								25,000	25,000
Mill St (Madison to Railroad) and Railroad St (Mill to Main)	2025019	620-52651-003	375,425								375,425	375,425
Cherry St Reconstruction (Walker to Water)	2025018	620-52651-003	565,381								565,381	565,381
Municipal Services Building Improvements (Shared Cost)	2025022	620-52655-002	12,500								12,500	12,500
Mechanics Bay Oil Containter (Shared Cost)	2025021	620-52651-004	1,000						1,000			1,000
Rate Case Ehlers	2025050	620-52902-002	25,000					25,000				25,000
SCADA Control System	2025051	620-52651-004	400,000								400,000	400,000
Subtotal Water Utility			2,004,306				-	25,000	1,000	-	1,978,306	2,004,306

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD		BUDGET		% OF	
	ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET	
<u>TAXES</u>						
100-41110-000	GENERAL PROPERTY TAXES	2,095,149	2,095,149	2,095,149	0	100
100-41310-000	PYMT IN LIEU TAXES-MUN UTILITY	0	0	415,000	(415,000)	0
100-41320-000	PYMT IN LIEU TAXES-HOUSING AUT	3,300	3,300	3,300	0	100
100-41810-000	REFUNDED TAX CHARGEBACK	708	708	0	708	0
	TOTAL TAXES	2,099,157	2,099,157	2,513,449	(414,291)	84
<u>INTERGOVERNMENTAL REVENUE</u>						
100-43400-530	STATE AID GEN TRANSPORTATION	93,784	93,784	375,464	(281,680)	25
100-43410-000	SHARED REVENUE FROM STATE	0	0	581,390	(581,390)	0
100-43411-000	SHARED REVENUE-STATE ADJ.EMS	0	0	7,500	(7,500)	0
100-43420-000	OTHER STATE AID	0	0	22,779	(22,779)	0
100-43420-520	FIRE INS FROM STATE 2%	0	0	25,000	(25,000)	0
100-43430-000	STATE AID EXEMPT COMPUTERS	0	0	5,460	(5,460)	0
100-43530-530	STATE AID - CONNECTING STREET	11,488	11,488	45,951	(34,464)	25
100-43545-530	RECYCLING REVENUE FROM STATE	0	0	17,100	(17,100)	0
	TOTAL INTERGOVERNMENTAL REVENUE	105,272	105,272	1,080,645	(975,373)	10
<u>LICENSES & PERMITS</u>						
100-44110-510	LIQUOR & MALT BEVERAGE LIC	2,510	2,510	9,500	(6,990)	26
100-44111-510	OPERATORS/PROV LICENSE	570	570	3,500	(2,930)	16
100-44112-510	CIGARETTE LICENSE	300	300	800	(500)	38
100-44114-510	TELEVISION FRANCHISE	11,019	11,019	40,000	(28,981)	28
100-44115-510	WEIGHTS AND MEASURES	0	0	1,600	(1,600)	0
100-44120-510	ANIMAL PERMIT/LICENSE	1,625	1,625	3,100	(1,475)	52
100-44122-510	MISC LICENSES (SUNDRY)	4,422	4,422	7,000	(2,578)	63
100-44123-510	VEHICLE REGISTRATION FEE PD	(470)	(470)	6,000	(6,470)	(8)
100-44123-511	LOCAL VEHICLE REG FEE DOT	30,697	30,697	196,000	(165,303)	16
100-44300-520	BUILDING PERMITS	20,654	20,654	35,000	(14,346)	59
100-44300-530	ST OPEN/C&G/DRWY/TERACE/SHELTR	2,400	2,400	3,500	(1,100)	69
100-44400-560	ZONING PERMITS & FEES	750	750	5,000	(4,250)	15
	TOTAL LICENSES & PERMITS	74,478	74,478	311,000	(236,522)	24
<u>FINES & FORFEITURES</u>						
100-45110-520	COURT PENALTIES & COSTS	18,683	18,683	65,000	(46,317)	29
100-45130-520	PARKING VIOLATIONS	3,245	3,245	13,000	(9,755)	25
	TOTAL FINES & FORFEITURES	21,928	21,928	78,000	(56,072)	28

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD		BUDGET		% OF
	ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET
<u>PUBLIC CHARGES FOR SERVICE</u>					
100-46110-510	RECORD SEARCH/COPY REVENUE	1,651	1,651	7,000 (5,349)	24
100-46111-510	LICENSE PUBLICATION FEES	400	400	285 115	140
100-46123-510	VEHICLE REGIST AGENT FEE	1,630	1,630	3,000 (1,370)	54
100-46210-520	PD VEH INSPEC & MISC REVENUE	160	160	1,500 (1,340)	11
100-46210-530	REIMBURSEMENTS	4,963	4,963	0 4,963	0
100-46330-520	PARKING FEES	96	96	0 96	0
100-46420-530	REF/RECYC SPEC CHARGE REVENUE	418,626	418,626	420,000 (1,374)	100
100-46722-550	PARK SHELTER RENTAL REVENUE	1,245	1,245	2,000 (755)	62
100-46723-550	TAXABLE CONCESSION REV	0	0	40,000 (40,000)	0
100-46750-550	AQUATIC CENTER REVENUE	0	0	8,000 (8,000)	0
100-46751-550	TAXABLE AQUATIC CENTER REVENUE	780	780	182,000 (181,220)	0
100-46753-550	BASEBALL REVENUE-YOUTH	2,090	2,090	7,000 (4,910)	30
100-46810-560	TREE REFORESTATION REVENUE	90	90	1,200 (1,110)	8
TOTAL PUBLIC CHARGES FOR SERVICE		431,731	431,731	671,985 (240,254)	64
<u>MISCELLANEOUS REVENUE</u>					
100-48110-510	INT ON TEMP INVESTMENTS	79,374	79,374	73,000 6,374	109
100-48200-510	RENT OF CITY PROPERTY	33,032	33,032	77,171 (44,139)	43
100-48200-512	INSUR DIVIDEND/AUDIT ADJ-POLIC	0	0	1,600 (1,600)	0
100-48201-512	INSUR DIVIDEND/AUDIT ADJ-PT PO	0	0	150 (150)	0
100-48300-512	INSUR DIVIDEND/AUDIT ADJ-DPW	0	0	560 (560)	0
100-48310-512	INSUR DIVIDEND/AUDIT ADJ-RECYC	0	0	215 (215)	0
100-48320-512	INSUR DIVIDEND/AUDIT ADJ-PARK	0	0	165 (165)	0
100-48502-000	POOL/PARK DONATIONS	150,004	150,004	0 150,004	0
100-48720-512	INSUR DIVIDEND/AUDIT ADJ-PARK	0	0	230 (230)	0
100-48730-512	INSUR DIVIDEND/AUDIT ADJ-POOL	0	0	160 (160)	0
100-48900-530	PUBLIC WORKS REVENUE	228	228	10,000 (9,772)	2
100-48900-550	MISC REVENUE (GF)	319	319	2,000 (1,681)	16
TOTAL MISCELLANEOUS REVENUE		262,957	262,957	165,251 97,706	159
<u>OTHER FINANCING SOURCES</u>					
100-49950-410	TID TRANSFERS	0	0	23,800 (23,800)	0
TOTAL OTHER FINANCING SOURCES		0	0	23,800 (23,800)	0
TOTAL FUND REVENUE		2,995,524	2,995,524	4,844,130 (1,848,606)	62

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>COUNCIL</u>					
100-51010-110 COUNCIL SALARY	3,983	3,983	19,656	15,673	20
100-51010-150 COUNCIL FICA	305	305	1,504	1,199	20
100-51010-300 COUNCIL EXPENSES & SUPPLIES	1,942	1,942	4,500	2,558	43
100-51010-330 COUNCIL & COMM PROF DEV	2,818	2,818	5,000	2,182	56
TOTAL COUNCIL	9,048	9,048	30,660	21,612	30
<u>MAYOR</u>					
100-51020-110 MAYOR SALARY & BENEFITS	693	693	4,158	3,465	17
100-51020-150 MAYOR FICA	53	53	318	265	17
100-51020-300 MAYOR EXPENSES	700	700	1,500	800	47
TOTAL MAYOR	1,446	1,446	5,976	4,531	24
<u>MUNICIPAL COURT</u>					
100-51030-110 MUNI COURT SALARY	5,182	5,182	31,755	26,573	16
100-51030-134 MUNI COURT INCOME CONTINUATION	0	0	55	55	0
100-51030-136 MUNICIPAL COURT LIFE INS	26	26	92	66	28
100-51030-138 MUNICIPAL COURT RETIREMENT	143	143	889	745	16
100-51030-150 MUNICIPAL COURT FICA	396	396	2,429	2,033	16
100-51030-251 COURT IT MAINT & REPAIR	5,859	5,859	4,000	(1,859)	146
100-51030-252 COURT- IT EQUIP	0	0	500	500	0
100-51030-281 MUNI COURT FINES/ASSESS	871	871	22,000	21,129	4
100-51030-300 MUNICIPAL COURT EXPENSES	1,948	1,948	2,900	952	67
100-51030-305 MUNICIPAL JUDICIAL SUBSTITUTE	0	0	300	300	0
100-51030-511 MUNI COURT LIABILITY INSURANCE	0	0	289	289	0
100-51030-512 MUNI COURT WORKERS COMP INS	5	5	56	51	9
TOTAL MUNICIPAL COURT	14,430	14,430	65,265	50,835	22
<u>LEGAL SERVICES</u>					
100-51040-210 LEGAL SERVICES	9,633	9,633	23,000	13,367	42
100-51040-215 LEGAL SERVICES MUNI COURT	1,103	1,103	22,000	20,898	5
TOTAL LEGAL SERVICES	10,736	10,736	45,000	34,265	24
<u>ELECTIONS</u>					
100-51070-210 ELECTION EQUIP MAINT/SUPPLIES	187	187	0	(187)	0
TOTAL ELECTIONS	187	187	0	(187)	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET
<u>ACCOUNTING/AUDITING</u>						
100-51090-210	ACCOUNTING/AUDITING	7,575	7,575	40,000	32,425	19
TOTAL ACCOUNTING/AUDITING		7,575	7,575	40,000	32,425	19
<u>ASSESSOR</u>						
100-51100-210	ASSESSOR SERVICES	7,413	7,413	24,000	16,587	31
100-51100-310	ASSESSOR SUPPLIES	37	37	150	113	24
TOTAL ASSESSOR		7,450	7,450	24,150	16,700	31
<u>FINANCE</u>						
100-51110-110	FINANCE SALARY	27,201	27,201	147,570	120,368	18
100-51110-132	FINANCE DENTAL INSURANCE	387	387	2,787	2,400	14
100-51110-133	FINANCE HEALTH INSURANCE	8,912	8,912	48,501	39,589	18
100-51110-134	FINANCE INCOME CONTINUATION	0	0	610	610	0
100-51110-136	FINANCE LIFE INSURANCE	34	34	225	191	15
100-51110-138	FINANCE RETIREMENT	1,890	1,890	10,141	8,252	19
100-51110-150	FINANCE FICA	2,071	2,071	11,289	9,218	18
100-51110-180	RECOGNITION PROGRAM	0	0	605	605	0
100-51110-210	FINANCE PROFESSIONAL SERVICES	0	0	2,500	2,500	0
100-51110-250	FINANCE OFFICE EQUIP CONTRACTS	(10)	(10)	1,500	1,510	(1)
100-51110-251	FINANCE - IT MAINT & REPAIR	1,522	1,522	5,500	3,978	28
100-51110-252	FINANCE- IT EQUIP	3,397	3,397	3,000	(397)	113
100-51110-280	FINANCE CO TAX COLLECTION	1,752	1,752	2,100	348	83
100-51110-290	FINANCE PUBLISHING CONTRACT	1,764	1,764	10,000	8,236	18
100-51110-300	FINANCE ADMIN EXPENSE	573	573	900	327	64
100-51110-301	CONTINGENCY	0	0	8,000	8,000	0
100-51110-310	FINANCE OFFICE SUPPLIES & EXP	3,671	3,671	13,500	9,829	27
100-51110-330	FINANCE PROFESSIONAL DEV	3,086	3,086	14,000	10,914	22
100-51110-361	FINANCE COMMUNICATIONS	1,515	1,515	8,000	6,485	19
100-51110-370	FINANCE ELECTION EXPENSES	1,416	1,416	6,000	4,584	24
100-51110-512	FINANCE WORK COMP INS	35	35	600	565	6
TOTAL FINANCE		59,216	59,216	297,328	238,112	20
<u>MUNICIPAL BUILDING</u>						
100-51120-355	MUNICIPAL BUILDINGS	9,050	9,050	50,000	40,950	18
TOTAL MUNICIPAL BUILDING		9,050	9,050	50,000	40,950	18

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET	
<u>OTHER GENERAL GOVERNMENT</u>						
100-51140-150		0	0	360	360	0
100-51140-160		0	0	4,200	4,200	0
100-51140-210		0	0	5,000	5,000	0
100-51140-220		0	0	1,000	1,000	0
100-51140-251		0	0	10,000	10,000	0
100-51140-285	1,207	1,207	4,750	3,543	25	
100-51140-390	234	234	0	(234)	0	
100-51140-392		0	750	750	0	
100-51140-505		0	1,600	1,600	0	
100-51140-510	2,133	2,133	4,233	2,100	50	
100-51140-511		0	2,625	2,625	0	
TOTAL OTHER GENERAL GOVERNMENT	3,574	3,574	34,518	30,944	10	

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET	
<u>POLICE DEPARTMENT</u>						
100-52200-110	POLICE SALARY	218,475	218,475	994,246	775,770	22
100-52200-131	POLICE CLOTHING ALLOW	0	0	11,000	11,000	0
100-52200-132	POLICE DENTAL INS	2,093	2,093	15,649	13,556	13
100-52200-133	POLICE HEALTH INS	46,248	46,248	306,647	260,399	15
100-52200-134	POLICE INCOME CONT	0	0	4,265	4,265	0
100-52200-136	POLICE LIFE INS	227	227	1,340	1,113	17
100-52200-138	POLICE RETIREMENT	29,934	29,934	137,459	107,525	22
100-52200-150	POLICE FICA	16,483	16,483	76,060	59,577	22
100-52200-180	RECOGNITION PROGRAM POLICE	0	0	770	770	0
100-52200-205	INVESTIGATIVE EXPENSES	0	0	1,000	1,000	0
100-52200-210	PROFESSIONAL SERVICES	7,151	7,151	9,000	1,849	79
100-52200-251	POLICE - IT MAINT & REPAIR	50	50	10,500	10,450	0
100-52200-252	POLICE- IT EQUIP	3,510	3,510	4,000	490	88
100-52200-260	ACCREDITATION	550	550	2,600	2,050	21
100-52200-290	POLICE 911 SERVICE	472	472	2,200	1,728	21
100-52200-310	POLICE OFFICE SUPPLIES	3,559	3,559	11,000	7,441	32
100-52200-330	POLICE PROFESSIONAL DEV	990	990	8,500	7,510	12
100-52200-331	POLICE AMMUNITION	0	0	3,000	3,000	0
100-52200-340	POLICE EQUIPMENT	180	180	7,100	6,920	3
100-52200-342	POLICE COMMISSION	0	0	250	250	0
100-52200-343	POLICE VEHICLE FUEL	3,963	3,963	15,500	11,537	26
100-52200-350	POLICE EQUIP MAINTENANCE	1,448	1,448	8,000	6,552	18
100-52200-355	POLICE BLDG MAINT	1,140	1,140	5,500	4,360	21
100-52200-360	POLICE BLDG UTILITIES EXPENSE	3,430	3,430	13,000	9,570	26
100-52200-361	POLICE COMMUNICATIONS	3,513	3,513	8,800	5,287	40
100-52200-380	POLICE BODY ARMOR	1,423	1,423	2,000	577	71
100-52200-390	POLICE MISCELLANIOUS	47	47	400	353	12
100-52200-392	POLICE PUBLIC RELATIONS	0	0	900	900	0
100-52200-510	POLICE PROPERTY INSURANCE	1,355	1,355	2,911	1,555	47
100-52200-511	POLICE LIABILITY INSURANCE	0	0	3,255	3,255	0
100-52200-512	POLICE WORKERS COMP INSURANCE	2,027	2,027	23,279	21,252	9
TOTAL POLICE DEPARTMENT		348,269	348,269	1,690,129	1,341,860	21
<u>FIRE DISTRICT</u>						
100-52210-209	FIRE DISTRICT CONTRIB-INTERGOV	0	0	26,000	26,000	0
100-52210-210	FIRE DISTRICT CONTRIBUTION	111,322	111,322	318,064	206,742	35
TOTAL FIRE DISTRICT		111,322	111,322	344,064	232,742	32

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD		BUDGET		% OF	
	ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET	
<u>PT - POLICE DEPARTMENT</u>						
100-52230-110	PT - POLICE SALARY	8,021	8,021	50,871	42,850	16
100-52230-132	PT - POLICE DENTAL INS	41	41	245	204	17
100-52230-133	PT - POLICE HEALTH INS	1,323	1,323	5,867	4,543	23
100-52230-134	PT - POLICE INCOME CONTINUATIO	0	0	109	109	0
100-52230-136	PT - POLICE LIFE INS	3	3	73	71	4
100-52230-138	PT - POLICE RETIREMENT	398	398	4,659	4,261	9
100-52230-150	PT - POLICE FICA	611	611	3,892	3,281	16
100-52230-512	PT - POLICE WORK COMP INS	67	67	769	703	9
TOTAL PT - POLICE DEPARTMENT		10,464	10,464	66,484	56,020	16
<u>BUILDING INSPECTOR</u>						
100-52240-110	BLDG INSPECTOR SALARY	0	0	76,161	76,161	0
100-52240-132	BLDG INSP DENTAL INS	0	0	392	392	0
100-52240-133	BLDG INSP HEALTH INS	0	0	23,062	23,062	0
100-52240-134	BLDG INSP INCOME CONT	0	0	327	327	0
100-52240-136	BLDG INSP LIFE INS	0	0	508	508	0
100-52240-138	BLDG INSP RETIREMENT	0	0	5,293	5,293	0
100-52240-150	BLDG INSP FICA	0	0	5,826	5,826	0
100-52240-210	BLDG INSP - PROFESSIONAL SERVI	13,515	13,515	1,500	(12,015)	901
100-52240-251	BLDG INSP - IT MAINT & REPAIR	264	264	1,500	1,236	18
100-52240-252	BLDG INSP- IT EQUIP	0	0	2,000	2,000	0
100-52240-300	BLDG INSP - MISC EXP	764	764	2,000	1,236	38
100-52240-330	BLDG INSP PROFESSIONAL DEVL	0	0	4,000	4,000	0
100-52240-361	BLDG INSP - COMMUNICATIONS	367	367	1,500	1,133	24
100-52240-512	BLDG INSP WORK COMP INS	219	219	2,533	2,314	9
TOTAL BUILDING INSPECTOR		15,130	15,130	126,603	111,474	12

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET
<u>PUBLIC WORKS</u>						
100-53300-110	PW SALARY	50,085	50,085	229,683	179,598	22
100-53300-130	PW SAFETY AND PPE	1,748	1,748	2,900	1,152	60
100-53300-131	PW CLOTHING ALLOWANCE	0	0	1,500	1,500	0
100-53300-132	PW DENTAL INS	800	800	4,434	3,634	18
100-53300-133	PW HEALTH INS	15,990	15,990	73,642	57,652	22
100-53300-134	PW INCOME CONT	0	0	988	988	0
100-53300-136	PW LIFE INS	43	43	243	200	18
100-53300-138	PW RETIREMENT	3,481	3,481	15,963	12,482	22
100-53300-150	PW FICA	3,831	3,831	17,571	13,740	22
100-53300-180	RECOGNITION PROGRAM PUBLIC WOR	0	0	330	330	0
100-53300-210	PROFESSIONAL SERVICES	0	0	1,200	1,200	0
100-53300-251	PW - IT MAINT & REPAIR	200	200	500	300	40
100-53300-252	PW - IT EQUIP	0	0	1,000	1,000	0
100-53300-280	PW DRUG & ALCOHOL TESTING	0	0	650	650	0
100-53300-300	PW STREET MAINT& REPAIRS	15,350	15,350	47,000	31,650	33
100-53300-301	STREET TREE REMOVAL	92	92	10,000	9,908	1
100-53300-302	DE-ICING MATERIALS	0	0	40,000	40,000	0
100-53300-303	DMV REGISTRATION USEAGE	7,463	7,463	196,000	188,537	4
100-53300-310	PW OFFICE SUPPLIES & EXP	82	82	2,500	2,418	3
100-53300-330	PW PROFESSIONAL DEVL	6,403	6,403	10,000	3,597	64
100-53300-340	PW - TOOLS & EQUIP	0	0	2,000	2,000	0
100-53300-343	PW VEHICLE FUEL	3,176	3,176	24,000	20,825	13
100-53300-355	PW BLDG MAINT & SUPPLIES	1,643	1,643	6,500	4,857	25
100-53300-360	PW BLDG UTILITIES EXP-HEAT, W	5,360	5,360	16,500	11,140	32
100-53300-361	PW COMMUNICATIONS	940	940	5,000	4,060	19
100-53300-390	PW MISC EXPENSE	175	175	900	725	19
100-53300-510	PW PROPERTY INSURANCE	1,931	1,931	6,300	4,369	31
100-53300-511	PW LIABILITY INSURANCE	0	0	7,700	7,700	0
100-53300-512	PW WORKERS COMP INSURANCE	640	640	7,392	6,752	9
100-53300-891	PW MAPPING	0	0	500	500	0
TOTAL PUBLIC WORKS		119,431	119,431	732,896	613,465	16

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET
<u>RECYCLING & DISPOSAL</u>						
100-53310-110	RECYCLING SALARY	13,878	13,878	79,975	66,096	17
100-53310-132	RECYCLING DENTAL INS	246	246	1,345	1,099	18
100-53310-133	RECYCLING HEALTH INS	5,489	5,489	21,661	16,172	25
100-53310-134	RECYCLING INCOME CONT	0	0	267	267	0
100-53310-136	RECYCLING LIFE INS	13	13	68	55	20
100-53310-138	RECYCLING RETIREMENT	965	965	4,319	3,354	22
100-53310-150	RECYCLING FICA	1,061	1,061	6,118	5,057	17
100-53310-290	RECYCLING & REFUSE COLLECTION	49,001	49,001	315,000	265,999	16
100-53310-300	RECYCLING EXPENSE	0	0	500	500	0
100-53310-310	RECYCLING ADVERT & PROMOTIONS	0	0	500	500	0
100-53310-512	RECYCLING WORK COMP INS	198	198	2,287	2,089	9
TOTAL RECYCLING & DISPOSAL		70,852	70,852	432,041	361,189	16
<u>FLEET MAINTENANCE</u>						
100-53420-300	PW FLEET MAINTENANCE	1,258	1,258	30,000	28,742	4
TOTAL FLEET MAINTENANCE		1,258	1,258	30,000	28,742	4
<u>STREET LIGHTING</u>						
100-53470-300	PW STREET LIGHTING EXP	10,785	10,785	70,725	59,940	15
TOTAL STREET LIGHTING		10,785	10,785	70,725	59,940	15
<u>HEALTH & HUMAN SERVICES</u>						
100-54600-720	AWARE AGENCY	1,585	1,585	12,200	10,615	13
100-54600-721	CREEKSIDE MEMBERSHIP	0	0	150	150	0
100-54600-722	BASE PROGRAM	0	0	1,000	1,000	0
TOTAL HEALTH & HUMAN SERVICES		1,585	1,585	13,350	11,765	12
<u>SENIOR CITIZENS PROGRAM</u>						
100-54620-210	SENIOR CITIZENS PROGRAM	1,125	1,125	4,500	3,375	25
100-54620-212	SENIOR TRANS & SERVICES	5,778	5,778	23,110	17,332	25
TOTAL SENIOR CITIZENS PROGRAM		6,903	6,903	27,610	20,707	25

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD		BUDGET		% OF	
	ACTUAL	YTD ACTUAL	AMOUNT	VARIANCE	BUDGET	
<u>PARK MAINTENANCE</u>						
100-55720-110	PARK MAINT SALARY	13,886	13,886	89,207	75,321	16
100-55720-131	PARK MAINT CLOTHING ALLOW	0	0	300	300	0
100-55720-132	PARK MAINT DENTAL INS	339	339	1,861	1,523	18
100-55720-133	PARK MAINT HEALTH INS	5,704	5,704	28,827	23,123	20
100-55720-134	PARK MAINT INCOME CONT	0	0	279	279	0
100-55720-136	PARK MAINT LIFE INS	76	76	109	33	69
100-55720-138	PARK MAINT RETIREMENT	965	965	4,512	3,547	21
100-55720-150	PARK MAINT FICA	1,060	1,060	6,824	5,764	16
100-55720-180	RECOGNITION PROGRAM PARKS	55	55	55	0	100
100-55720-300	PARK MAINT EXPENSES	3,353	3,353	22,000	18,647	15
100-55720-320	LAKE LEOTA FISH STOCKING	495	495	5,000	4,505	10
100-55720-330	PARKS PROFESSIONAL DEVL	0	0	500	500	0
100-55720-343	PARKS FUEL	250	250	3,200	2,950	8
100-55720-351	PARKS - IT MAINT AND REPARE	0	0	300	300	0
100-55720-352	PARKS - IT EQUIP	0	0	200	200	0
100-55720-360	PARK UTILITIES EXPENSE	4,199	4,199	45,000	40,801	9
100-55720-361	PARKS COMMUNICATION EXPENSE	138	138	650	512	21
100-55720-362	BALLFIELD LIGHTING EXP	587	587	3,000	2,413	20
100-55720-510	PARK PROPERTY INSURANCE	2,227	2,227	4,500	2,273	49
100-55720-511	PARK LIABILITY INSURANCE	0	0	625	625	0
100-55720-512	PARK WORKERS COMP INSURANCE	257	257	2,967	2,710	9
100-55720-720	CITY CELEBRATION/EVENTS	0	0	1,000	1,000	0
TOTAL PARK MAINTENANCE		33,590	33,590	220,919	187,328	15
<u>SWIMMING POOL</u>						
100-55730-110	SWIMMING POOL SALARY	554	554	108,135	107,582	1
100-55730-138	SWIMMING POOL RETIREMENT	12	12	0	(12)	0
100-55730-150	SWIMMING POOL FICA	55	55	8,272	8,217	1
100-55730-300	SWIMMING POOL EXPENSES	3,613	3,613	65,000	61,387	6
100-55730-350	POOL/PARK STORE MAINT EXPENSES	0	0	2,000	2,000	0
100-55730-510	SWIMMING POOL PROPERTY INS	1,024	1,024	6,000	4,976	17
100-55730-511	POOL LIABILITY INSURANCE	0	0	2,000	2,000	0
100-55730-512	POOL WORKERS COMP INSURANCE	174	174	3,597	3,423	5
TOTAL SWIMMING POOL		5,431	5,431	195,005	189,574	3
<u>PARK STORE</u>						
100-55740-110	PARK STORE SALARY	0	0	9,000	9,000	0
100-55740-150	PARK STORE FICA	0	0	688	688	0
100-55740-300	PARK STORE EXPENSES	93	93	50,000	49,907	0
100-55740-512	PARK STORE WORK COMP INS	19	19	299	280	7
TOTAL PARK STORE		112	112	59,988	59,875	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>YOUTH CENTER</u>					
100-55750-110	0	0	36,509	36,509	0
100-55750-150	0	0	2,793	2,793	0
100-55750-210	1	1	300	299	0
100-55750-300	104	104	10,000	9,896	1
100-55750-355	1,133	1,133	1,000	(133)	113
100-55750-510	449	449	831	382	54
100-55750-511	0	0	575	575	0
100-55750-512	5	5	61	56	9
TOTAL YOUTH CENTER	1,691	1,691	52,069	50,378	3
<u>BASEBALL</u>					
100-55760-110	0	0	1	1	0
100-55760-150	0	0	0	0	0
100-55760-300	338	338	9,000	8,662	4
100-55760-512	0	0	0	0	0
TOTAL BASEBALL	338	338	9,001	8,663	4
<u>ECONOMIC DEVELOPMENT</u>					
100-56820-210	650	650	5,000	4,350	13
100-56820-300	505	505	1,500	995	34
100-56820-305	0	0	2,000	2,000	0
100-56820-400	0	0	1,000	1,000	0
100-56820-410	0	0	1,000	1,000	0
100-56820-420	0	0	1,000	1,000	0
100-56820-720	0	0	6,000	6,000	0
TOTAL ECONOMIC DEVELOPMENT	1,155	1,155	17,500	16,345	7

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>COMMUNITY PLANNING</u>					
100-56840-110	18,686	18,686	86,102	67,416	22
100-56840-132	242	242	1,455	1,212	17
100-56840-133	4,601	4,601	24,604	20,003	19
100-56840-134	0	0	370	370	0
100-56840-136	12	12	77	65	16
100-56840-138	1,299	1,299	5,984	4,685	22
100-56840-150	1,427	1,427	6,587	5,160	22
100-56840-210	928	928	7,000	6,072	13
100-56840-240	0	0	1,300	1,300	0
100-56840-251	438	438	1,000	562	44
100-56840-252	0	0	2,000	2,000	0
100-56840-300	595	595	3,000	2,405	20
100-56840-330	1,181	1,181	7,000	5,819	17
100-56840-342	0	0	250	250	0
100-56840-512	12	12	120	108	10
100-56840-891	0	0	1,500	1,500	0
TOTAL COMMUNITY PLANNING	29,422	29,422	148,349	118,927	20
<u>PLANNING & DEVELOPMENT</u>					
100-56860-210	0	0	3,000	3,000	0
TOTAL PLANNING & DEVELOPMENT	0	0	3,000	3,000	0
<u>PRESERVATION & RESTORATION</u>					
100-56880-300	133	133	1,500	1,367	9
100-56880-340	0	0	10,000	10,000	0
TOTAL PRESERVATION & RESTORATION	133	133	11,500	11,367	1
TOTAL FUND EXPENDITURES	890,583	890,583	4,844,130	3,953,547	18
NET REVENUES OVER EXPENDITURES	2,104,941	2,104,941	0	2,104,941	100

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

EMS FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>TAXES</u>						
200-41110-520	GEN PROPERTY TAXES (CITY)	158,001	158,001	158,001	0	100
TOTAL TAXES		158,001	158,001	158,001	0	100
<u>INTERGOVERNMENTAL REVENUE</u>						
200-43520-520	ACT 102 REVENUES-AIDS & TRAINI	37,921	37,921	4,000	33,921	948
200-43521-520	ACT 102 REVENUES-EMT-BASIC TRA	2,398	2,398	0	2,398	0
200-43521-521	EMS ARPA ALLOTMENT	0	0	0	0	0
200-43521-530	FLEX GRANT	0	0	0	0	0
200-43521-531	REVOLVING SCHOLARSHIP	0	0	0	0	0
200-43525-520	WIH&FS - EMS FUNDING ASSISTANC	0	0	0	0	0
200-43530-530	EMER MED SERVICES PROGRAM	0	0	0	0	0
TOTAL INTERGOVERNMENTAL REVENUE		40,319	40,319	4,000	36,319	1,008
<u>PUBLIC CHARGES FOR SERVICE</u>						
200-46230-520	EMS SERVICE CHARGE	123,679	123,679	700,000	(576,321)	18
TOTAL PUBLIC CHARGES FOR SERVICE		123,679	123,679	700,000	(576,321)	18
<u>MISCELLANEOUS EMS REVENUE</u>						
200-47324-520	TOWNSHIP SERVICE AGREEMENT	0	0	82,639	(82,639)	0
TOTAL MISCELLANEOUS EMS REVENUE		0	0	82,639	(82,639)	0
<u>MISCELLANEOUS REVENUE</u>						
200-48110-000	MISC - INTEREST	0	0	0	0	0
200-48110-510	INT ON TEMP INVESTMENTS	4,846	4,846	3,000	1,846	162
200-48220-512	INSUR DIVIDEND/AUDIT ADJ-EMS	0	0	700	(700)	0
200-48900-520	MISC REVENUE	198	198	0	198	0
200-48900-521	VOLUNTEER FUND REVENUE	0	0	0	0	0
TOTAL MISCELLANEOUS REVENUE		5,044	5,044	3,700	1,344	136

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

EMS FUND

		PERIOD			BUDGET			% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE			BUDGET
<u>OTHER FINANCING SOURCES</u>								
200-49100-570	PROCEEDS FROM NOTES ISSUANCE	0	0	0	0			0
200-49999-990	FUND BALANCE APPLIED	0	0	68,000	(68,000)			0
	TOTAL OTHER FINANCING SOURCES	<u>0</u>	<u>0</u>	<u>68,000</u>	<u>(68,000)</u>			<u>0</u>
	TOTAL FUND REVENUE	<u>327,043</u>	<u>327,043</u>	<u>1,016,340</u>	<u>(689,297)</u>			<u>32</u>

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

EMS FUND

	PERIOD		BUDGET		% OF	
	ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET	
<u>EMERGENCY MEDICAL SERVICES</u>						
200-52220-110	EMS SALARY	78,773	78,773	330,067	251,294	24
200-52220-111	UNEMPLOYMENT COMPENSATION	0	0	0	0	0
200-52220-131	EMS CLOTHING & CLEANING	1,288	1,288	3,000	1,712	43
200-52220-132	EMS DENTAL INS	378	378	2,306	1,929	16
200-52220-133	EMS HEALTH INS	8,151	8,151	36,621	28,471	22
200-52220-134	EMS INCOME CONTINUATION	0	0	444	444	0
200-52220-135	EMS LENGTH OF SERV AWARD PR	0	0	7,000	7,000	0
200-52220-136	EMS LIFE INS	48	48	169	121	28
200-52220-137	EMS LIFE AND ACCIDENT POLICY	0	0	2,100	2,100	0
200-52220-138	EMS RETIREMENT	3,413	3,413	7,181	3,767	48
200-52220-150	EMS FICA	5,942	5,942	25,250	19,308	24
200-52220-180	RECOGNITION PROGRAM	0	0	990	990	0
200-52220-210	EMS PROFESSIONAL SERVICES	2,996	2,996	2,500	(496)	120
200-52220-251	EMS - IT MAINT & REPAIR	0	0	3,500	3,500	0
200-52220-252	EMS - IT EQUIP	0	0	3,000	3,000	0
200-52220-290	EMS INTERCEPT EXPENSE	0	0	0	0	0
200-52220-295	EMS ADMIN SERVICES - BILLING	9,370	9,370	54,000	44,630	17
200-52220-310	EMS OFFICE SUPPLIES	425	425	1,300	875	33
200-52220-330	EMS PROFESSIONAL DEVL	1,713	1,713	7,000	5,287	24
200-52220-340	EMS MED SUPPLIES & EQUIP	3,555	3,555	20,000	16,445	18
200-52220-341	EMS MED EQUIP MAINT	56	56	8,000	7,944	1
200-52220-343	EMS AMBULANCE FUEL	1,365	1,365	12,000	10,635	11
200-52220-350	EMS AMBULANCE MAINTENANCE	4,883	4,883	20,000	15,117	24
200-52220-355	EMS BUILDING MAINT & REPAIRS	738	738	6,000	5,262	12
200-52220-361	EMS COMMUNICATIONS	271	271	5,000	4,729	5
200-52220-362	EMS UTILITIES	2,571	2,571	8,000	5,429	32
200-52220-380	EMS ACT 102 EXPENSES-AIDS & TR	6,643	6,643	7,000	357	95
200-52220-381	FLEX GRANT FUNDING EXPENSE	0	0	0	0	0
200-52220-510	EMS PROPERTY INSURANCE	494	494	3,400	2,906	15
200-52220-511	EMS LIABILITY INSURANCE	0	0	9,000	9,000	0
200-52220-512	EMS WORKERS COMP INSURANCE	954	954	11,013	10,059	9
200-52220-513	EMS UNEMPLOYMENT INSURANCE	0	0	0	0	0
200-52220-520	PRINCIPAL DEBT PAYMENT	0	0	0	0	0
200-52220-530	EMS BUILDING RENT	3,125	3,125	12,500	9,375	25
200-52220-600	TRANSFER TO DEBT SERVICE	0	0	0	0	0
200-52220-620	INTEREST DEBT PAYMENT	0	0	0	0	0
200-52220-640	TRANSFER TO CAPITAL PROJECTS	0	0	68,000	68,000	0
200-52220-660	TRANSFER TO GENERAL FUND	0	0	0	0	0
200-52220-740	EMS BAD DEBT EXPENSE	0	0	90,000	90,000	0
200-52220-741	MEDICARE/MEDICAID WRITE OFFS	69,455	69,455	250,000	180,545	28
	TOTAL EMERGENCY MEDICAL SERVICES	206,606	206,606	1,016,340	809,734	20

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

EMS FUND

		PERIOD			BUDGET			% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE			BUDGET
<hr/>								
200-55220-150	EMS FICA-MEDICARE	0	0	0	0			0
200-55220-800	MISC EXPENSE	0	0	0	0			0
200-55220-900	EMS INTEREST ON ADVANCE	0	0	0	0			0
	<hr/>							
	TOTAL DEPARTMENT 220	0	0	0	0			0
<hr/>								
200-58940-620	DO NOT USE INTEREST PAYMENTS	0	0	0	0			0
	<hr/>							
	TOTAL DEPARTMENT 940	0	0	0	0			0
	<hr/>							
	TOTAL FUND EXPENDITURES	206,606	206,606	1,016,340	809,734			20
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>			<hr/> <hr/>
	<hr/>							
	NET REVENUES OVER EXPENDITURES	120,437	120,437	0	120,437			100
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>			<hr/> <hr/>

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

LIBRARY

	PERIOD ACTUAL	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>TAXES</u>					
210-41110-550 GENERAL CITY APPROPRIATIONS	335,994	335,994	335,994	0	100
TOTAL TAXES	335,994	335,994	335,994	0	100
<u>INTERGOVERNMENTAL REVENUE</u>					
210-43720-550 COUNTY GRANT	90,381	90,381	89,922	459	101
210-43800-550 OTHER GRANTS & AIDS	0	0	0	0	0
210-43900-550 LSTA GRANT FROM ALS	0	0	0	0	0
TOTAL INTERGOVERNMENTAL REVENUE	90,381	90,381	89,922	459	101
<u>PUBLIC CHARGES FOR SERVICE</u>					
210-46710-550 LIBRARY BOOK SALES	0	0	300	(300)	0
210-46711-550 LIBRARY COPIER REVENUES	823	823	3,000	(2,177)	27
210-46712-550 LIBRARY FINES	92	92	500	(408)	18
210-46713-550 OTHER RECEIPTS	16,510	16,510	13,514	2,996	122
210-46714-550 TEEN ADVISORY BOARD DONATIONS	0	0	0	0	0
TOTAL PUBLIC CHARGES FOR SERVICE	17,425	17,425	17,314	111	101
<u>MISCELLANEOUS LIBRARY REVENUE</u>					
210-48110-510 INT ON TEMP INVESTMENTS	2,094	2,094	1,250	844	168
210-48110-550 INTEREST INCOME	0	0	0	0	0
210-48111-550 DIVIDEND INCOME	0	0	0	0	0
210-48112-550 LIBRARY MUTUAL FUND	0	0	0	0	0
210-48113-550 LOSS ON INVESTMENTS	0	0	0	0	0
210-48400-000 INSURANCE RECOVERIES	0	0	0	0	0
210-48500-550 LIBRARY GIFTS	0	0	0	0	0
210-48700-512 INSUR DIVIDEND/AUDIT ADJ-LIBRA	0	0	50	(50)	0
TOTAL MISCELLANEOUS LIBRARY REVENUE	2,094	2,094	1,300	794	161
<u>OTHER FINANCING SOURCES</u>					
210-49999-990 FUND BALANCE APPLIED	0	0	24,179	(24,179)	0
TOTAL OTHER FINANCING SOURCES	0	0	24,179	(24,179)	0
TOTAL FUND REVENUE	445,895	445,895	468,709	(22,814)	95

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

LIBRARY

	PERIOD		BUDGET		% OF	
	ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET	
<u>LIBRARY</u>						
210-55700-110	LIBRARY SALARIES	51,945	51,945	244,624	192,679	21
210-55700-132	LIBRARY DENTAL INS	163	163	2,792	2,629	6
210-55700-133	LIBRARY HEALTH INS	5,977	5,977	43,241	37,264	14
210-55700-134	LIBRARY INCOME CONT	0	0	703	703	0
210-55700-136	LIBRARY LIFE INS	106	106	223	117	47
210-55700-138	LIBRARY RETIREMENT	2,535	2,535	12,607	10,072	20
210-55700-150	LIBRARY FICA	3,710	3,710	18,714	15,003	20
210-55700-180	RECOGNITION PROGRAM	0	0	330	330	0
210-55700-190	TEEN ADVISORY BOARD DONATON	0	0	0	0	0
210-55700-210	LIBRARY PROFESSIONAL SERVICES	28,698	28,698	0	(28,698)	0
210-55700-240	LIBRARY BUILDING MAINTENANCE	0	0	0	0	0
210-55700-250	LIBRARY COPIER LEASE/MAINT	0	0	0	0	0
210-55700-251	LIBRARY- IT MAINT & REPAIR	1,199	1,199	15,720	14,521	8
210-55700-252	LIBRARY - IT EQUIP	1,212	1,212	2,250	1,038	54
210-55700-280	LIBRARY OUTSIDE SERVICES	0	0	0	0	0
210-55700-290	LIBRARY BOOKBINDING	0	0	0	0	0
210-55700-310	LIBRARY OFFICE SUPPLIES	398	398	2,250	1,852	18
210-55700-311	LIBRARY BOOK PROCESS SUPPLIES	86	86	2,500	2,414	3
210-55700-312	LIBRARY COPIER SUPPLIES	505	505	2,500	1,995	20
210-55700-313	LIBRARY POSTAGE	21	21	400	379	5
210-55700-330	LIBRARY PROFESSIONAL DEVL	521	521	2,000	1,479	26
210-55700-355	BLDG MAINTENANCE & REPAIR	11,216	11,216	44,046	32,830	25
210-55700-361	LIBRARY COMMUNICATIONS	352	352	3,500	3,148	10
210-55700-362	LIBRARY UTILITIES	1,980	1,980	15,000	13,020	13
210-55700-363	LIBRARY FUEL	2,375	2,375	8,200	5,825	29
210-55700-371	LIBRARY ADULT BOOKS	3,854	3,854	20,000	16,146	19
210-55700-372	LIBRARY CHILDREN'S BOOKS	2,067	2,067	14,000	11,933	15
210-55700-373	LIBRARY REFERENCE BOOKS	0	0	0	0	0
210-55700-374	LIBRARY - PERIODICALS	0	0	3,500	3,500	0
210-55700-375	LIBRARY JUVENILE PERIODICALS	0	0	0	0	0
210-55700-376	LIBRARY PROGRAMMING SUPPLIES	661	661	4,000	3,339	17
210-55700-380	LIBRARY GIFT EXPENDITURES	0	0	0	0	0
210-55700-385	LIBRARY GRANT EXPENDITURES	121	121	0	(121)	0
210-55700-389	CASH SHORT & OVER	0	0	0	0	0
210-55700-390	LIBRARY ADVERTISING & PROMOS	0	0	200	200	0
210-55700-510	LIBRARY PROPERTY INSURANCE	2,662	2,662	4,300	1,638	62
210-55700-511	LIBRARY LIABILITY INSURANCE	0	0	700	700	0
210-55700-512	WORKERS COMPENSATION INSURANCE	35	35	409	374	9
210-55700-513	LIBRARY UNEMPLOYMENT INSURANCE	0	0	0	0	0
210-55700-550	LIBRARY REPAYMENT TO CITY	0	0	0	0	0
210-55700-600	CROSSOVER BORROWING FEE	0	0	0	0	0
210-55700-640	TRANSFER TO CAPITAL PROJECTS	0	0	0	0	0
210-55700-860	CAPITAL OUTLAY EXPENSES	0	0	0	0	0
TOTAL LIBRARY		122,400	122,400	468,709	346,309	26
TOTAL FUND EXPENDITURES		122,400	122,400	468,709	346,309	26

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

LIBRARY

	PERIOD PERIOD	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET
NET REVENUES OVER EXPENDITURES	323,495	323,495	0	323,495	100

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

CEMETERY

	PERIOD ACTUAL	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>TAXES</u>					
220-41110-540 TAXES	96,339	96,339	96,339	0	100
TOTAL TAXES	96,339	96,339	96,339	0	100
<u>PUBLIC CHARGES FOR SERVICE</u>					
220-46541-540 LOT SALES REVENUE	2,510	2,510	19,000	(16,490)	13
220-46542-540 INTERMENT RECEIPTS	9,100	9,100	28,000	(18,900)	33
TOTAL PUBLIC CHARGES FOR SERVICE	11,610	11,610	47,000	(35,390)	25
<u>MISCELLANEOUS CEMETERY REVENUE</u>					
220-48110-510 INT ON TEMP INVESTMENTS	1,701	1,701	1,800	(99)	95
220-48110-540 INTEREST INCOME	0	0	0	0	0
220-48200-540 MISCELLANEOUS RENT	0	0	0	0	0
220-48640-512 INSUR DIVIDEND/AUDIT ADJ-CEMET	0	0	200	(200)	0
TOTAL MISCELLANEOUS CEMETERY REVE	1,701	1,701	2,000	(299)	85
<u>OTHER FINANCING SOURCES</u>					
220-49999-990 FUND BALANCE APPLIED	0	0	40,000	(40,000)	0
TOTAL OTHER FINANCING SOURCES	0	0	40,000	(40,000)	0
TOTAL FUND REVENUE	109,650	109,650	185,339	(75,689)	59

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

CEMETERY

	PERIOD ACTUAL	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET	
<u>CEMETERY</u>						
220-54640-110	CEMETERY SALARY	14,741	14,741	92,774	78,033	16
220-54640-131	CEMETERY CLOTHING ALLOWANCE	0	0	300	300	0
220-54640-132	CEMETERY DENTAL INS	116	116	725	609	16
220-54640-133	CEMETERY HEALTH INS	2,933	2,933	15,789	12,856	19
220-54640-134	CEMETERY INCOME CONT	0	0	334	334	0
220-54640-136	CEMETERY LIFE INS	74	74	429	356	17
220-54640-138	CEMETERY RETIREMENT	1,025	1,025	5,403	4,379	19
220-54640-150	CEMETERY FICA	1,126	1,126	7,097	5,971	16
220-54640-180	RECOGNITION PROGRAM	20	20	55	35	36
220-54640-210	PROFESSIONAL SERVICES	0	0	0	0	0
220-54640-251	CEMETERY IT SERVICES & EQUIP	0	0	1,000	1,000	0
220-54640-340	CEM PURCHASE OF EQUIPMENT	0	0	0	0	0
220-54640-343	CEMETERY FUEL	632	632	3,250	2,618	19
220-54640-350	CEMETERY MAINT EXP	1,707	1,707	11,000	9,293	16
220-54640-360	CEMETERY UTILITIES EXPENSE	219	219	1,200	981	18
220-54640-361	CEMETERY COMMUNICATION EXPENSE	169	169	1,000	831	17
220-54640-510	CEMETERY PROPERTY INSURANCE	66	66	1,000	934	7
220-54640-511	CEMETERY LIABILITY INSURANCE	0	0	1,300	1,300	0
220-54640-512	CEMETERY WORKERS COMP INS	232	232	2,681	2,449	9
220-54640-513	CEMETERY UNEMPLOYMENT INSURANC	0	0	0	0	0
220-54640-660	TRANSFER TO TRUST FUND	0	0	0	0	0
TOTAL CEMETERY		23,060	23,060	145,339	122,279	16
<hr/>						
220-55700-640	TRANSFER TO CAPITAL PROJECTS	0	0	40,000	40,000	0
TOTAL DEPARTMENT 700		0	0	40,000	40,000	0
<hr/>						
TOTAL FUND EXPENDITURES		23,060	23,060	185,339	162,279	12
<hr/>						
NET REVENUES OVER EXPENDITURES		86,590	86,590	0	86,590	100

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

DEBT SERVICE FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>TAXES</u>						
300-41110-580	TAXES	1,886,089	1,886,089	1,886,089	0	100
TOTAL TAXES		1,886,089	1,886,089	1,886,089	0	100
<u>SPECIAL ASSESSMENTS</u>						
300-42000-000	SPEC ASSESS/SPEC CHRGS	0	0	0	0	0
300-42100-530	WATER MAINS & LATERALS	0	0	0	0	0
300-42200-530	SANITARY SEWER MAINS & LATERAL	0	0	0	0	0
300-42215-000	STORM SEWER SP ASSESS REV	0	0	0	0	0
300-42220-000	SANITARY & STORM SEWER SA REV	0	0	0	0	0
300-42225-000	CURB/GUTTER SPEC ASSESS REV	0	0	0	0	0
300-42230-000	DRIVEWAY SPEC ASSESS REVENUE	0	0	0	0	0
300-42235-000	SIDEWALK SPEC ASSESS REVENUE	0	0	0	0	0
300-42240-000	WATERMAINS SPEC ASSESS REVENUE	0	0	0	0	0
300-42400-530	STREET RELATED FACILITIES	0	0	0	0	0
300-42802-000	INT ON SPEC ASSESS/SPEC CHRGS	0	0	0	0	0
TOTAL SPECIAL ASSESSMENTS		0	0	0	0	0
<u>MISCELLANEOUS REVENUE</u>						
300-48110-510	INT ON TEMP INVESTMENTS	2,231	2,231	0	2,231	0
300-48130-530	INT SPEC ASSESS & SPEC CHARGES	40	40	0	40	0
300-48900-000	MISC REVENUES	0	0	0	0	0
TOTAL MISCELLANEOUS REVENUE		2,271	2,271	0	2,271	0
<u>OTHER FINANCING SOURCES</u>						
300-49100-571	BOND PREMIUM	0	0	0	0	0
300-49100-580	PROCEEDS FROM LONG-TERM DEBT	0	0	0	0	0
300-49210-100	TRANSFER FROM GENERAL FUND	0	0	0	0	0
300-49240-580	TRANS FROM CAPITAL PROJ FUNDS	0	0	0	0	0
300-49241-580	TRANSFER FROM TIFS	343,873	343,873	343,873	0	100
300-49242-580	TRANSFER FROM STORMWATER	0	0	0	0	0
300-49950-210	TRANSFER FROM EMS	0	0	0	0	0
300-49999-990	FUND BALANCE APPLIED	0	0	0	0	0
TOTAL OTHER FINANCING SOURCES		343,873	343,873	343,873	0	100
TOTAL FUND REVENUE		2,232,233	2,232,233	2,229,962	2,271	100

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

DEBT SERVICE FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
300-57950-210	PROFESSIONAL SERVICES	0	0	0	0	0
TOTAL DEPARTMENT 950		0	0	0	0	0
<u>DEBT SERVICE</u>						
300-58940-210	PROFESSIONAL SERVICES	2,000	2,000	1,000	(1,000)	200
300-58940-610	PRINCIPAL PAYMENT	1,363,748	1,363,748	1,366,359	2,611	100
300-58940-620	INTEREST PAYMENTS	451,217	451,217	862,603	411,387	52
300-58940-625	ADDL DEBT P & I ANTICIPATED	0	0	0	0	0
300-58940-630	DEBT ISSUANCE COST	0	0	0	0	0
300-58940-650	TRANSFER TO CAPITAL PROJ FUND	0	0	0	0	0
TOTAL DEBT SERVICE		1,816,964	1,816,964	2,229,962	412,998	81
TOTAL FUND EXPENDITURES		1,816,964	1,816,964	2,229,962	412,998	81
NET REVENUES OVER EXPENDITURES		415,269	415,269	0	415,269	100

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

CAPITAL PROJECTS FUND

		PERIOD			BUDGET			% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE			BUDGET
<u>SOURCE 42</u>								
400-42422-002	TRANSFER FROM OTHER	30,320	30,320	0	30,320			0
	TOTAL SOURCE 42	30,320	30,320	0	30,320			0
<u>MISCELLANEOUS REVENUE</u>								
400-48110-510	INT ON TEMP INVESTMENTS	57,817	57,817	0	57,817			0
400-48110-570	INTEREST INCOME	1,603	1,603	0	1,603			0
400-48300-570	SALE OF CITY PROPERTY	30,651	30,651	0	30,651			0
	TOTAL MISCELLANEOUS REVENUE	90,070	90,070	0	90,070			0
<u>OTHER FINANCING SOURCES</u>								
400-49100-570	PROCEEDS FROM NOTES ISSUANCE	0	0	1,743,997	(1,743,997)			0
400-49200-570	TRANSFER FROM OTHER FUNDS	0	0	68,000	(68,000)			0
	TOTAL OTHER FINANCING SOURCES	0	0	1,811,997	(1,811,997)			0
	TOTAL FUND REVENUE	120,390	120,390	1,811,997	(1,691,607)			7

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

CAPITAL PROJECTS FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>POLICE PROJECTS</u>						
400-52200-821	POLICE BUILDING IMPROVEMENTS	0	0	10,000	10,000	0
400-52200-830	POLICE VEHICLE PURCHASE	53,676	53,676	54,000	325	99
400-52200-840	POLICE EQUIPMENT PURCHASE	21,449	21,449	25,000	3,551	86
TOTAL POLICE PROJECTS		75,125	75,125	89,000	13,875	84
<u>EMS PROJECTS</u>						
400-52220-821	EMS BUILDING IMPROVEMENTS	0	0	50,000	50,000	0
400-52220-840	EMS EQUIPMENT PURCHASE	0	0	18,000	18,000	0
TOTAL EMS PROJECTS		0	0	68,000	68,000	0
<u>DPW PROJECTS</u>						
400-53300-802	PW LANDSCAPING/SIDEWALK PROG	3,246	3,246	100,000	96,754	3
400-53300-821	PW BUILDINGS AND GROUNDS	0	0	37,500	37,500	0
400-53300-840	PW EQUIPMENT PURCHASE	25,614	25,614	345,000	319,386	7
400-53300-860	PW ROAD CONSTRUCTION	49,394	49,394	702,497	653,103	7
TOTAL DPW PROJECTS		78,254	78,254	1,184,997	1,106,743	7
<u>CEMETERY PROJECTS</u>						
400-54640-840	CEMETERY EQUIPMENT PURCHASE	2,732	2,732	90,000	87,268	3
TOTAL CEMETERY PROJECTS		2,732	2,732	90,000	87,268	3
<u>LIBRARY PROJECTS</u>						
400-55700-821	LIBRARY BUILDING IMPROVEMENTS	3,240	3,240	0	(3,240)	0
TOTAL LIBRARY PROJECTS		3,240	3,240	0	(3,240)	0
<u>PARKS PROJECTS</u>						
400-55720-803	PARK IMPROVEMENTS	63,353	63,353	80,000	16,647	79
400-55720-821	PARK BLDG IMPROVEMENTS	0	0	85,000	85,000	0
400-55720-890	PARK PLANNING & MAPPING	0	0	65,000	65,000	0
TOTAL PARKS PROJECTS		63,353	63,353	230,000	166,647	28

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

CAPITAL PROJECTS FUND

		PERIOD			BUDGET			% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE			BUDGET
<u>SWIMMING POOL PROJECTS</u>								
400-55730-803	POOL IMPROVEMENTS	50,216	50,216	0	(50,216)			0
	TOTAL SWIMMING POOL PROJECTS	50,216	50,216	0	(50,216)			0
<u>CAPITAL PROJECTS</u>								
400-57960-821	CITY HALL BUILDING IMPROVEMENT	0	0	150,000	150,000			0
	TOTAL CAPITAL PROJECTS	0	0	150,000	150,000			0
	TOTAL FUND EXPENDITURES	272,920	272,920	1,811,997	1,539,077			15
	NET REVENUES OVER EXPENDITURES	(152,530)	(152,530)	0	(152,530)	(100)		

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

LEVY CAPITAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>TAXES</u>						
430-41110-570	PROPERTY TAX LEVY	34,315	34,315	34,315	0	100
	TOTAL TAXES	34,315	34,315	34,315	0	100
<u>INTERGOVERNMENTAL REVENUE</u>						
430-43420-000	EXPENDITURE RESTRAINT GRANT	0	0	61,785	(61,785)	0
	TOTAL INTERGOVERNMENTAL REVENUE	0	0	61,785	(61,785)	0
	TOTAL FUND REVENUE	34,315	34,315	96,100	(61,785)	36

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

LEVY CAPITAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
430-52200-840 LEVY POLICE EQUIPMENT	0	0	9,100	9,100	0
TOTAL DEPARTMENT 200	0	0	9,100	9,100	0
<hr/>					
430-53300-840 LEVY DPW EQUIPMENT	19,832	19,832	40,000	20,168	50
TOTAL DEPARTMENT 300	19,832	19,832	40,000	20,168	50
<hr/>					
430-54640-840 LEVY CEMETERY ROADS	9,178	9,178	0	(9,178)	0
TOTAL DEPARTMENT 640	9,178	9,178	0	(9,178)	0
<hr/>					
430-55720-840 LEVY PARK EQUIP PURCHASE	17,000	17,000	17,000	0	100
TOTAL DEPARTMENT 720	17,000	17,000	17,000	0	100
<hr/>					
430-57960-833 LEVY CITY TECH & COMMUNICATION	0	0	30,000	30,000	0
TOTAL DEPARTMENT 960	0	0	30,000	30,000	0
TOTAL FUND EXPENDITURES	46,010	46,010	96,100	50,090	48
NET REVENUES OVER EXPENDITURES	(11,695)	(11,695)	0	(11,696)	(100)

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WWTP/SANITARY SEWER FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>SPECIAL ASSESSMENTS</u>						
600-42220-530	LIFT STATION #6 SA REVENUES	0	0	0	0	0
600-42400-530	PRINCIPAL LINCOLN ST SPECIALS	0	0	0	0	0
TOTAL SPECIAL ASSESSMENTS		0	0	0	0	0
<u>PUBLIC CHARGES FOR SERVICE</u>						
600-46408-530	INDUSTRIAL SEWER FEES	9,497	9,497	47,304	(37,807)	20
600-46409-530	OUTSIDE MUNI SEWER FEES	0	0	150	(150)	0
600-46410-530	RESIDENTIAL SEWER FEES	300,230	300,230	1,225,607	(925,377)	25
600-46411-530	COMMERCIAL SEWER FEES	55,096	55,096	219,363	(164,267)	25
600-46412-530	MISC OPERATING REVENUE	1,490	1,490	6,269	(4,779)	24
600-46413-530	SEWER NEW CONNECT HOOK UP FEE	14,400	14,400	12,600	1,800	114
600-46414-530	CAPITAL CONTRIBUTIONS-SEWER	0	0	0	0	0
TOTAL PUBLIC CHARGES FOR SERVICE		380,713	380,713	1,511,293	(1,130,580)	25
<u>MISCELLANEOUS REVENUE</u>						
600-47341-530	PUBLIC AUTHORITIES SEWER FEES	12,006	12,006	30,000	(17,994)	40
600-47412-530	WIND TURBINE	(1,059)	(1,059)	24,000	(25,059)	(4)
600-47413-530	MISC REVENUE	0	0	0	0	0
TOTAL MISCELLANEOUS REVENUE		10,947	10,947	54,000	(43,053)	20
<u>INTEREST INCOME</u>						
600-48110-510	INT ON TEMP INVESTMENTS	26,039	26,039	20,000	6,039	130
600-48110-530	INTEREST ON BORROWINGS	14,442	14,442	20,000	(5,558)	72
600-48130-530	SPECIAL ASSESSMENT INT INCOME	0	0	0	0	0
600-48300-530	SALE OF WWTP EQUIPMENT	0	0	0	0	0
600-48500-512	INSUR DIVIDEND/AUDIT ADJ-WWTP	0	0	0	0	0
600-48501-512	INSUR DIVIDEND/AUDIT ADJ-SEWER	0	0	0	0	0
600-48850-530	GAIN ON SALE OF PROPERTY	0	0	0	0	0
600-48900-530	MISC REVENUE	0	0	0	0	0
TOTAL INTEREST INCOME		40,481	40,481	40,000	481	101

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WWTP/SANITARY SEWER FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>OTHER FINANCING SOURCES</u>						
600-49000-000	GRANT REVENUE	0	0	0	0	0
600-49100-530	PROCEEDS FROM LONG TERM DEBT	0	0	1,410,792	(1,410,792)	0
600-49100-531	CONTRA PROCEEDS LONG TERM DEBT	0	0	0	0	0
600-49100-532	BOND PREMIUM	0	0	0	0	0
600-49200-100	DNR REPLACEMENT FUND DEPOSITS	0	0	43,170	(43,170)	0
600-49990-000	DNR REPLACEMENT FUNDS APPLIED	0	0	0	0	0
600-49991-000	RETAINED EARNINGS APPLIED	0	0	0	0	0
TOTAL OTHER FINANCING SOURCES		0	0	1,453,962	(1,453,962)	0
TOTAL FUND REVENUE		432,140	432,140	3,059,255	(2,627,115)	14

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WWTP/SANITARY SEWER FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>DNR REPLACEMENT FUND DEPOSITS</u>						
600-52540-010	DNR REPLACEMENT FUND DEPOSITS	0	0	43,170	43,170	0
	TOTAL DNR REPLACEMENT FUND DEPOSIT	0	0	43,170	43,170	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WWTP/SANITARY SEWER FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>WASTEWATER TREATMENT PLANT</u>						
600-53500-003	CONTRA SEWER EXPENSE	0	0	0	0	0
600-53500-110	WWTP SALARY	35,937	35,937	227,710	191,774	16
600-53500-131	WWTP CLOTHING ALLOWANCE	0	0	600	600	0
600-53500-132	WWTP DENTAL INS	580	580	4,183	3,603	14
600-53500-133	WWTP HEALTH INS	12,279	12,279	77,097	64,818	16
600-53500-134	WWTP INCOME CONT	0	0	869	869	0
600-53500-136	WWTP LIFE INS	38	38	282	244	14
600-53500-138	WWTP RETIREMENT	2,498	2,498	15,344	12,846	16
600-53500-150	WWTP FICA	2,735	2,735	17,420	14,685	16
600-53500-160	COMPENSATED ABSENCES EXPENSE	0	0	0	0	0
600-53500-180	RECOGNITION PROGRAM	0	0	55	55	0
600-53500-200	PENSION EXPENSE	0	0	0	0	0
600-53500-210	WWTP PROFESSIONAL SERVICES	2,605	2,605	15,000	12,395	17
600-53500-211	WWTP PROF SERVICES - CIP	0	0	0	0	0
600-53500-214	WWTP LABORATORY SERVICES	1,755	1,755	9,000	7,245	20
600-53500-215	SLUDGE HAULING	4,865	4,865	28,000	23,135	17
600-53500-251	WWTP IT MAINT & REPAIR	25	25	2,500	2,475	1
600-53500-252	WWTP IT EQUIP	79	79	500	421	16
600-53500-295	WWTP ACCOUNTING & COLLECTIONS	2,435	2,435	7,500	5,065	32
600-53500-310	WWTP GEN OFFICE SUPPLIES & EXP	47	47	1,000	953	5
600-53500-330	WWTP PROFESSIONAL DEVL	5,012	5,012	7,000	1,988	72
600-53500-340	WWTP GENERAL PLANT SUPPLIES	20	20	16,000	15,980	0
600-53500-343	WWTP FUEL	245	245	2,400	2,155	10
600-53500-350	SAN SEWER MAINT & REPAIRS	0	0	0	0	0
600-53500-355	WWTP PLANT MAINT & REPAIR	4,725	4,725	20,000	15,275	24
600-53500-361	WWTP COMMUNICATIONS	1,452	1,452	3,300	1,848	44
600-53500-362	WWTP ELECTRIC/WATER EXP	9,651	9,651	64,000	54,349	15
600-53500-363	WWTP NATURAL GAS EXP	2,232	2,232	5,500	3,268	41
600-53500-390	WWTP MISCELLANEOUS EXP	0	0	1,400	1,400	0
600-53500-391	WWTP READING & COLLECTION EXP	0	0	5,000	5,000	0
600-53500-392	WWTP PUBLIC REALATIONS AND ADV	0	0	500	500	0
600-53500-510	WWTP PROPERTY INSURANCE	7,752	7,752	14,000	6,248	55
600-53500-511	WWTP LIABILITY INSURANCE	0	0	4,800	4,800	0
600-53500-512	WORKERS COMPENSATION INSURANCE	552	552	6,379	5,826	9
600-53500-530	DEBT PRINCIPAL PAYMENT	85,000	85,000	559,106	474,106	15
600-53500-531	CONTRA DEBT PRINCIPAL	0	0	0	0	0
600-53500-540	DEPRECIATION-EXPENSE	0	0	0	0	0
600-53500-541	DEPRECIATION-METERS	0	0	0	0	0
600-53500-542	WWTP METER PILOT	0	0	7,400	7,400	0
600-53500-543	WWTP RETURN ON METERS	0	0	21,000	21,000	0
600-53500-620	WWTP INT ON LONG TERM DEBT	4,210	4,210	259,374	255,164	2
600-53500-630	AMORTIZATION OF BOND DISCOUNT	0	0	0	0	0
600-53500-740	BAD DEBT EXPENSE	0	0	0	0	0
600-53500-741	CLEAN WATER REBATE PROGRAM	1,266	1,266	0	(1,266)	0
600-53500-820	WWTP UPGRADES	0	0	0	0	0
600-53500-821	WWTP WIND TURBINE MONITORING	0	0	0	0	0
600-53500-822	WWTP WIND TURBINE RECONCILIATI	0	0	0	0	0
600-53500-830	WWTP FINE SCREEN	0	0	0	0	0
600-53500-840	EQUIPMENT PURCHASES	0	0	1,000	1,000	0
600-53500-850	SANITARY SEWER CONSTRUCTION	5,510	5,510	0	(5,510)	0
600-53500-860	WWTP BILLING EQUIP	0	0	0	0	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WWTP/SANITARY SEWER FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
600-53500-865	ROAD REMEDIATION	0	0	0	0	0
TOTAL WASTEWATER TREATMENT PLANT		193,505	193,505	1,405,218	1,211,713	14
<u>SANITARY SEWER</u>						
600-53510-110	SANITARY SEWER SALARY	13,674	13,674	77,176	63,501	18
600-53510-132	SAN SEWER DENTAL INS	229	229	1,418	1,188	16
600-53510-133	SANITARY SEWER HEALTH INS	4,456	4,456	24,081	19,625	19
600-53510-134	SANITARY SEWER INCOME CONT	0	0	320	320	0
600-53510-136	SANITARY SEWER LIFE INS	15	15	111	95	14
600-53510-138	SANITARY SEWER RETIREMENT	920	920	5,177	4,257	18
600-53510-150	SANITARY SEWER FICA	1,044	1,044	5,904	4,860	18
600-53510-210	SANITARY PROFESSIONAL SERVICES	0	0	5,000	5,000	0
600-53510-211	SANITARY PROF SERVICES - CIP	0	0	0	0	0
600-53510-310	SAN SEWER OFFICE SUPPLIES -EXP	0	0	250	250	0
600-53510-330	SANITARY PROFESSIONAL DEVL	0	0	500	500	0
600-53510-350	SAN SEWER MAINT & REPAIRS	101	101	39,000	38,899	0
600-53510-512	SAN SEWER WORK COMP INS	97	97	1,124	1,027	9
600-53510-540	DEPRECIATION-COLLECTING SEWERS	0	0	0	0	0
600-53510-840	SANITARY SEWER EQUIPMENT	0	0	0	0	0
600-53510-850	STREET RECONSTRUCTION	66,643	66,643	898,292	831,649	7
600-53510-851	OTHER CAPITAL	0	0	0	0	0
600-53510-860	LINCOLN STREET SEWER PROJECT	0	0	0	0	0
600-53510-890	HWY 14/E.MAIN/UNION ST PROJECT	0	0	0	0	0
600-53510-891	SEWER MAPPING	0	0	1,000	1,000	0
600-53510-900	GARFIELD STREET PROJECT	0	0	0	0	0
600-53510-901	BUILDING STORAGE AND GROUNDS	0	0	12,500	12,500	0
600-53510-910	4TH STREET PROJECT	0	0	0	0	0
TOTAL SANITARY SEWER		87,181	87,181	1,071,852	984,671	8
<u>LIFT STATION</u>						
600-53520-340	WWTP LIFT STATION OPER EXP	0	0	0	0	0
600-53520-355	LIFT STATION MAINT & REPAIRS	0	0	15,000	15,000	0
600-53520-360	LIFT STATION UTILITIES	4,094	4,094	20,000	15,906	20
600-53520-540	DEPRECIATION-LIFT STATIONS	0	0	0	0	0
600-53520-810	LIFT STATION - SCADA UPGRADE	0	0	0	0	0
600-53520-850	LIFT STATION CIP	2,380	2,380	500,000	497,620	0
TOTAL LIFT STATION		6,474	6,474	535,000	528,526	1

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WWTP/SANITARY SEWER FUND

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>WWTP EQUIPMENT</u>						
600-53530-300	WWTP COMPUTERS	0	0	0	0	0
600-53530-310	WWTP REPAIRS	0	0	0	0	0
600-53530-350	EQUIP MAINT & REPAIRS	0	0	1,500	1,500	0
600-53530-540	DEPRECIATION-EQUIPMENT	0	0	0	0	0
600-53530-810	PUMPING/JETTER TRUCK	0	0	0	0	0
600-53530-820	WWTP VEHICLES	0	0	0	0	0
TOTAL WWTP EQUIPMENT		0	0	1,500	1,500	0
<u>DEPARTMENT 540</u>						
600-53540-355	WIND TURBINE MAINT & REPAIR	0	0	2,500	2,500	0
TOTAL DEPARTMENT 540		0	0	2,500	2,500	0
<u>DEPARTMENT 940</u>						
600-58940-630	DEBT ISSUANCE COST	0	0	0	0	0
TOTAL DEPARTMENT 940		0	0	0	0	0
<u>DEPARTMENT 998</u>						
600-99998-000	OPEB CLEARING ACCOUNT- SEWER	0	0	0	0	0
TOTAL DEPARTMENT 998		0	0	0	0	0
<u>DEPARTMENT 999</u>						
600-99999-000	OPEB CLEARING ACCOUNT-SEWER	0	0	0	0	0
TOTAL DEPARTMENT 999		0	0	0	0	0
TOTAL FUND EXPENDITURES		287,160	287,160	3,059,240	2,772,080	9
NET REVENUES OVER EXPENDITURES		144,980	144,980	15	144,965	100

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

STORMWATER UTILITY

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>TAXES</u>						
610-41110-610	TAXES	0	0	0	0	0
TOTAL TAXES		0	0	0	0	0
<u>PUBLIC CHARGES FOR SERVICE</u>						
610-46409-610	RESIDENTIAL STORMWATER FEES	57,107	57,107	247,245	(190,137)	23
610-46411-610	NON-RESIDENTIAL STRMWATER FEES	62,602	62,602	274,414	(211,812)	23
610-46412-610	MISC OPERATING REVENUE	400	400	650	(250)	62
TOTAL PUBLIC CHARGES FOR SERVICE		120,109	120,109	522,309	(402,200)	23
<u>MISCELLANEOUS STORMWATER REV</u>						
610-48000-610	OTHER FINANCING SOURCE	0	0	0	0	0
610-48110-510	INT ON TEMP INVESTMENTS	4,936	4,936	1,000	3,936	494
610-48110-610	INTEREST INCOME	0	0	0	0	0
610-48130-530	STWT ASSESSMENT REVENUE	0	0	0	0	0
610-48300-610	SALE OF CITY PROPERTY	0	0	0	0	0
610-48580-512	INSUR DIVIDEND/AUDIT ADJ-STORM	0	0	0	0	0
TOTAL MISCELLANEOUS STORMWATER RE		4,936	4,936	1,000	3,936	494
<u>OTHER FINANCING SOURCES</u>						
610-49100-571	BOND PREMIUM	0	0	0	0	0
610-49100-610	PROCEEDS FROMLONG TERM DEBT	0	0	592,021	(592,021)	0
610-49100-611	CONTRA PROCEEDS FROM LONG-TERM	0	0	0	0	0
610-49200-570	TRANSFER FROM OTHER FUNDS	0	0	0	0	0
610-49999-990	FUND BALANCE APPLIED	0	0	0	0	0
TOTAL OTHER FINANCING SOURCES		0	0	592,021	(592,021)	0
TOTAL FUND REVENUE		125,045	125,045	1,115,330	(990,285)	11

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

STORMWATER UTILITY

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>STORMWATER</u>						
610-53580-110	STORMWATER SALARY	8,698	8,698	71,854	63,156	12
610-53580-131	STORMWATER CLOTHING ALLOWANCE	0	0	200	200	0
610-53580-132	STORMWATER DENTAL INS	149	149	1,186	1,037	13
610-53580-133	STORMWATER HEALTH INS	2,330	2,330	22,382	20,052	10
610-53580-134	STORMWATER INCOME CONT	0	0	309	309	0
610-53580-136	STORMWATER LIFE INS	8	8	161	152	5
610-53580-138	STORMWATER RETIREMENT	605	605	4,994	4,389	12
610-53580-150	STORMWATER FICA	665	665	5,497	4,832	12
610-53580-180	RECOGNITION PROGRAM	29	29	110	81	26
610-53580-200	MAINTENANCE AND REPAIRS	33	33	8,500	8,467	0
610-53580-210	PROFESSIONAL SERVICES	2,018	2,018	8,000	5,982	25
610-53580-211	STWT PROFESSIONAL SERVICES - C	0	0	0	0	0
610-53580-251	STWT IT MAINT & REPAIR	0	0	100	100	0
610-53580-300	STWT EXPENSES	0	0	500	500	0
610-53580-301	WATERWAY MAINTENANCE	4,765	4,765	260,000	255,235	2
610-53580-302	STREET SWEEPING	0	0	3,000	3,000	0
610-53580-330	STWT PROFESSIONAL DEVL	50	50	500	450	10
610-53580-340	STORMWATER SUPPLIES & EQUIP	0	0	1,300	1,300	0
610-53580-350	STORMWATER EQUIP MAINT & REPAI	0	0	2,000	2,000	0
610-53580-390	STORMWATER MISC	0	0	250	250	0
610-53580-392	STWT PUBLIC RELATIONS & ADVOCA	0	0	250	250	0
610-53580-510	STORMWATER PROPERTY INSURANCE	112	112	180	68	62
610-53580-511	STORMWATER LIABILITY INSURANCE	0	0	0	0	0
610-53580-512	STORMWATER WORKERS COMP INS	146	146	1,681	1,535	9
610-53580-530	PRINCIPAL DEBT PAYMENT	110,000	110,000	175,500	65,500	63
610-53580-540	DEPRECIATION-EXPENSE	0	0	0	0	0
610-53580-620	INTEREST ON LONG-TERM DEBT	71,643	71,643	138,793	67,150	52
610-53580-840	STORMWATER EQUIPMENT PURCHASE	0	0	1,000	1,000	0
610-53580-850	STWT ROAD CONSTRUCTION	52,323	52,323	392,022	339,699	13
610-53580-851	SOUTH GATE POND RELOCATE	0	0	0	0	0
610-53580-891	STWT MAPPING	0	0	0	0	0
610-53580-900	GARFIELD STREET PROJECT	0	0	0	0	0
610-53580-901	BUILDING STORAGE AND GROUNDS	0	0	12,500	12,500	0
TOTAL STORMWATER		253,574	253,574	1,112,767	859,193	23
<hr/>						
610-58940-630	DEBT ISSUANCE COST	0	0	0	0	0
610-58940-700	TRANSFER TO WATER & LIGHT	0	0	0	0	0
610-58940-710	TRANSFER TO DEBT SERVICE	0	0	0	0	0
TOTAL DEPARTMENT 940		0	0	0	0	0
TOTAL FUND EXPENDITURES		253,574	253,574	1,112,767	859,193	23
<hr/>						
NET REVENUES OVER EXPENDITURES		(128,529)	(128,529)	2,562	(131,091)	(98)

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WATER UTILITY

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>WATER UTILITY</u>					
620-42421-002 CAPITAL CONTRIBUTIONS - WATER	21,600.00	21,600.00	.00	21,600.00	.00
620-42434-002 GAIN ON SALE OF PROPERTY	620.00	620.00	.00	620.00	.00
620-42452-002 OVERHEAD - WATER	41.99	41.99	.00	41.99	.00
620-42457-002 INSUR DIVIDEND/AUDIT ADJ-WATER	.00	.00	500.00	(500.00)	.00
620-42461-012 RESIDENTIAL WATER SALES	193,174.90	193,174.90	784,550.61	(591,375.71)	24.62
620-42461-022 COMMERCIAL WATER SALES	22,774.63	22,774.63	101,277.27	(78,502.64)	22.49
620-42461-032 INDUSTRIAL WATER SALES	4,529.04	4,529.04	18,844.22	(14,315.18)	24.03
620-42461-042 SUBURBAN WATER SALES	.00	.00	9,794.62	(9,794.62)	.00
620-42461-062 MULTI-FAMILY RESIDENT WTR SALE	7,525.09	7,525.09	19,497.66	(11,972.57)	38.59
620-42462-002 PRIVATE FIRE PROTECTION	2,540.70	2,540.70	10,081.00	(7,540.30)	25.20
620-42463-002 HYDRANT RENTAL	.00	.00	198,686.25	(198,686.25)	.00
620-42463-012 PUBLIC FIRE PROTECTION RENTAL	82,157.20	82,157.20	173,882.00	(91,724.80)	47.25
620-42464-002 PUBLIC AUTHORITY SALES	8,170.66	8,170.66	32,065.00	(23,894.34)	25.48
620-42470-002 PENALTIES	1,222.00	1,222.00	3,500.00	(2,278.00)	34.91
620-42471-002 MISC. SERVICE REVENUES	1,500.00	1,500.00	3,515.36	(2,015.36)	42.67
620-42472-002 RENTS FROM WATER PROPERTY	14,300.73	14,300.73	27,649.00	(13,348.27)	51.72
620-42910-580 PROCEEDS FROM LONG-TERM DEBT	.00	.00	2,955,624.00	(2,955,624.00)	.00
TOTAL WATER UTILITY	360,156.94	360,156.94	4,339,466.99	(3,979,310.05)	8.30
TOTAL ELECTRIC REVENUE	360,156.94	360,156.94	4,339,466.99	(3,979,310.05)	8.30

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WATER UTILITY

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>TAXES - WATER</u>					
620-52408-001 TAXES	4,821.79	4,821.79	20,000.00	15,178.21	24.11
620-52408-002 FICA TAX EXPENSE	.00	.00	24,652.23	24,652.23	.00
620-52408-022 PROPERTY TAX EQUIVALENT-WATER	.00	.00	190,000.00	190,000.00	.00
TOTAL TAXES - WATER	4,821.79	4,821.79	234,652.23	229,830.44	2.05
<u>AMORTIZATION & INT - WATER</u>					
620-52427-000 DEBT PAYMENTS	35,000.00	35,000.00	395,000.00	360,000.00	8.86
620-52427-002 INTEREST EXPENSE	385.00	385.00	146,385.00	146,000.00	.26
TOTAL AMORTIZATION & INT - WATER	35,385.00	35,385.00	541,385.00	506,000.00	6.54
<u>WATER PLANT MAINTENANCE</u>					
620-52605-002 MAINT WATER SOURCE PLANT	23.73	23.73	5,000.00	4,976.27	.47
TOTAL WATER PLANT MAINTENANCE	23.73	23.73	5,000.00	4,976.27	.47
<u>POWER FOR PUMPING</u>					
620-52620-110 OPER PUMPING SALARY	2,129.20	2,129.20	15,243.53	13,114.33	13.97
620-52622-002 OPER POWER PURCHASED FOR PUMPI	9,476.18	9,476.18	55,000.00	45,523.82	17.23
620-52623-002 OPER PUMP SUPPLIES & EXPENSES	.00	.00	750.00	750.00	.00
620-52625-002 MAINT PUMP BUILDINGS & EQUIPME	743.95	743.95	10,000.00	9,256.05	7.44
620-52625-110 MAINT PUMP BLDG & EQPMT SALARY	5,546.84	5,546.84	22,357.32	16,810.48	24.81
TOTAL POWER FOR PUMPING	17,896.17	17,896.17	103,350.85	85,454.68	17.32
<u>WATER TREATMENT</u>					
620-52630-110 OPER WATER TREATMENT SALARY	6,317.11	6,317.11	33,751.04	27,433.93	18.72
620-52631-002 OPER WATER TREATMENT CHEMICALS	7,629.76	7,629.76	28,000.00	20,370.24	27.25
620-52635-002 MAINT TREATMENT EQUIPMENT	.00	.00	2,500.00	2,500.00	.00
620-52635-110 MAINT TREATMENT EQPMNT SALARY	27.80	27.80	1,652.22	1,624.42	1.68
TOTAL WATER TREATMENT	13,974.67	13,974.67	65,903.26	51,928.59	21.20
<u>WATER OPERATIONS</u>					
620-52640-110 OPER SUPERVISION SALARY	618.17	618.17	17,431.68	16,813.51	3.55
620-52641-002 WATER INVESTIGATIONS	7,363.25	7,363.25	2,000.00	(5,363.25)	368.16
TOTAL WATER OPERATIONS	7,981.42	7,981.42	19,431.68	11,450.26	41.07

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WATER UTILITY

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>WATER MAINTENANCE</u>					
620-52650-002 MAINT STANDPIPE & RESERVOIRS	5,018.74	5,018.74	10,000.00	4,981.26	50.19
620-52651-002 MAINT MAINS	84,698.30	84,698.30	45,000.00	(39,698.30)	188.22
620-52651-003 CAPITAL PROJECTS MAINS	.00	.00	1,709,543.00	1,709,543.00	.00
620-52651-004 CAPITAL WATER OTHER	.00	.00	1,187,556.00	1,187,556.00	.00
620-52651-110 MAINT MAINS SALARY	603.09	603.09	16,953.17	16,350.08	3.56
620-52651-891 MAINT MAIN MAPPING	.00	.00	1,000.00	1,000.00	.00
620-52652-002 MAINT SERVICES	537.54	537.54	9,500.00	8,962.46	5.66
620-52652-110 MAINT SERVICES SALARY	7,686.67	7,686.67	49,440.01	41,753.34	15.55
620-52653-002 MAINT METERS	31,446.00	31,446.00	43,000.00	11,554.00	73.13
620-52653-110 MAINT METERS SALARY	3,280.99	3,280.99	9,625.03	6,344.04	34.09
620-52654-002 MAINT HYDRANTS	21.44	21.44	19,500.00	19,478.56	.11
620-52654-110 MAINT HYDRANTS SALARY	757.59	757.59	6,568.82	5,811.23	11.53
620-52655-002 MAINT MAINTENANCE OF OTHER PLA	39.99	39.99	22,500.00	22,460.01	.18
TOTAL WATER MAINTENANCE	134,090.35	134,090.35	3,130,186.03	2,996,095.68	4.28
<u>WATER CUSTOMER ACCOUNTS</u>					
620-52901-110 OPER METER READING SALARY	.00	.00	1,223.81	1,223.81	.00
620-52902-002 OPER ACCOUNTING & COLLECTING	1,993.14	1,993.14	55,000.00	53,006.86	3.62
620-52902-110 OPER ACCOUNT & COLLECT SALARY	10,157.28	10,157.28	52,821.04	42,663.76	19.23
620-52903-002 OPER READING & COLLECTING EXPE	1,114.12	1,114.12	6,500.00	5,385.88	17.14
620-52904-002 OPER UNCOLLECTABLE ACCOUNTS	.00	.00	150.00	150.00	.00
TOTAL WATER CUSTOMER ACCOUNTS	13,264.54	13,264.54	115,694.85	102,430.31	11.47
<u>WATER ADMIN & GENERAL</u>					
620-52920-110 OPER ADMINISTRATIVE SALARY	13,168.91	13,168.91	62,801.40	49,632.49	20.97
620-52921-002 OPER OFFICE SUPPLIES & EXPENSE	3,084.93	3,084.93	5,500.00	2,415.07	56.09
620-52924-002 OPER PROPERTY INSURANCE	1,763.58	1,763.58	5,700.00	3,936.42	30.94
620-52925-002 OPER INJURIES & DAMAGE	636.66	636.66	13,130.00	12,493.34	4.85
620-52926-001 OPER PENSIONS & BENEFITS	16,676.00	16,676.00	84,113.20	67,437.20	19.83
620-52926-002 OPER PENSIONS & BENEFITS	115.44	115.44	.00	(115.44)	.00
620-52928-392 WTR PUBLIC RELATIONS & ADVOCAC	.00	.00	1,500.00	1,500.00	.00
TOTAL WATER ADMIN & GENERAL	35,445.52	35,445.52	172,744.60	137,299.08	20.52

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

WATER UTILITY

	PERIOD ACTUAL	YTD ACTUAL	BUDGET AMOUNT	VARIANCE	% OF BUDGET	
<u>MISC WATER OPER EXPENSES</u>						
620-52930-002	OPER MISC GENERAL EXPENSE	3,624.20	3,624.20	10,000.00	6,375.80	36.24
620-52930-022	RECOGNITION PROGRAM	.00	.00	110.00	110.00	.00
620-52930-110	OPER MISC GENERAL SALARY	5,073.80	5,073.80	21,371.53	16,297.73	23.74
620-52930-130	WATER SAFETY & PPE	276.00	276.00	2,500.00	2,224.00	11.04
620-52930-251	IT SERVICE & EQUIP	1,687.29	1,687.29	6,000.00	4,312.71	28.12
620-52930-330	PROFESSIONAL DEVELOPMENT	9,077.84	9,077.84	7,500.00	(1,577.84)	121.04
620-52930-343	TRANSPORTATION FUEL	453.69	453.69	6,000.00	5,546.31	7.56
620-52930-360	BUILDING EXPENSES - RENT	2,625.00	2,625.00	10,500.00	7,875.00	25.00
620-52933-002	OPER TRANSPORTATIONS EXPENSE	.00	.00	50,025.00	50,025.00	.00
620-52933-003	CONTRA OPER EQUIPMENT EXPENSE	(.71)	(.71)	.00	.71	.00
620-52935-002	MAINT MAINTENANCE OF GENERAL P	2,750.32	2,750.32	6,000.00	3,249.68	45.84
620-52935-110	MAINTENANCE OF GEN PLNT SALARY	1,002.67	1,002.67	5,220.01	4,217.34	19.21
	TOTAL MISC WATER OPER EXPENSES	26,570.10	26,570.10	125,226.54	98,656.44	21.22
	TOTAL WATER EXPENDITURES	289,453.29	289,453.29	4,513,575.04	4,224,121.75	6.41
	NET REVENUES OVER EXPENDITURES	70,703.65	70,703.65	(174,108.05)	244,811.70	28.88

CITY OF EVANSVILLE
DETAIL REVENUES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

	PERIOD ACTUAL	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>REVENUES</u>					
630-41400-001 OPERATING & OTHER REVENUES	110	110	0	110	0
630-41415-001 JOBBING SALES	0	0	0	0	0
630-41419-001 INTEREST & DIVIDENDS	265	265	32,000	(31,735)	1
630-41421-001 CAPITAL CONTRIBUTIONS - ELECTR	0	0	0	0	0
630-41425-001 AMORTIZATION OF REG LIABILITY	0	0	0	0	0
630-41426-001 OTHER INCOME DEDUCTIONS	0	0	0	0	0
630-41434-001 SALE OF PROPERTY	16,751	16,751	0	16,751	0
630-41440-011 URBAN RESIDENTIAL RG1	961,136	961,136	2,856,823	(1,895,686)	34
630-41440-101 YARD LIGHTS URBAN RESIDENTIAL	1,937	1,937	0	1,937	0
630-41441-011 RURAL RESIDENTIAL RG1	0	0	1,538,289	(1,538,289)	0
630-41441-021 RURAL COMMERCIAL S-PH GS1	0	0	465,282	(465,282)	0
630-41441-031 RURAL COMMERCIAL 3-PH GS2	0	0	13,436	(13,436)	0
630-41441-041 RURAL SMALL POWER CP1	0	0	153,319	(153,319)	0
630-41441-051 RURAL LARGE POWER CP2	0	0	63,539	(63,539)	0
630-41441-101 YARD LIGHTS RURAL	0	0	20,844	(20,844)	0
630-41442-011 URBAN COMMERCIAL S-PH GS1	268,830	268,830	864,095	(595,265)	31
630-41442-021 MUNICIPAL COMMERCIAL S-PH GS2	0	0	10,551	(10,551)	0
630-41442-031 URBAN COMMERCIAL 3-PH GS2	0	0	13,436	(13,436)	0
630-41442-041 MUNICIPAL COMMERCIAL 3-PH GS2	0	0	53,039	(53,039)	0
630-41442-051 MUNICIPAL ATHLETIC FIELD MS2	0	0	3,705	(3,705)	0
630-41442-062 MUNICIPAL GREEN POWER	(1,144)	(1,144)	1,000	(2,144)	(114)
630-41442-101 YARD LIGHTS URBAN COMMERCIAL	3,786	3,786	5,507	(1,721)	69
630-41443-011 URBAN LARGE POWER CP2	621,285	621,285	1,514,023	(892,738)	41
630-41443-021 MUNICIPAL LARGE POWER CP2	0	0	300,307	(300,307)	0
630-41443-031 INDUSTRIAL CP3	0	0	1,283,178	(1,283,178)	0
630-41443-041 URBAN SMALL POWER CP1	0	0	180,890	(180,890)	0
630-41443-051 MUNICIPAL SMALL POWER CP1	0	0	39,221	(39,221)	0
630-41443-101 YARD LIGHTS LARGE POWER	899	899	4,137	(3,237)	22
630-41444-001 MUNICIPAL STREET LIGHTING MS1	16,391	16,391	91,062	(74,671)	18
630-41445-001 PUBLIC AUTHORITY SALES	132,989	132,989	0	132,989	0
630-41448-001 INTERDEPARTMENTAL SALES	9,380	9,380	25,000	(15,620)	38
630-41450-001 PENALTIES	6,091	6,091	20,000	(13,909)	30
630-41451-001 MISCELLANEOUS SERVICE REVENUES	0	0	0	0	0
630-41454-001 RENT ELECTRIC PROPERTY	4,524	4,524	0	4,524	0
630-41456-001 OTHER ELECTRIC REVENUE	5,559	5,559	1,500	4,059	371
630-41457-001 INSUR DIVIDEND/AUDIT ADJ-ELECT	0	0	1,000	(1,000)	0
630-41910-001 OVERHEAD - ELECTRIC	2,016	2,016	65,000	(62,984)	3
630-41910-580 PROCEEDS FROM LONG-TERM DEBT	0	0	1,399,000	(1,399,000)	0
630-41910-581 CONTRA PROCEEDS FROM LONG-TERM	0	0	0	0	0
TOTAL REVENUES	2,050,806	2,050,806	11,019,184	(8,968,378)	19
TOTAL FUND REVENUE	2,050,806	2,050,806	11,019,184	(8,968,378)	19

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

	PERIOD ACTUAL	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET
630-50926-138 RETIREMENT	11,058	11,058	0	(11,058)	0
TOTAL DEPARTMENT 926	11,058	11,058	0	(11,058)	0
<hr/>					
630-51241-150 FICA TAX EXPENSE	12,254	12,254	91,230	78,976	13
TOTAL DEPARTMENT 241	12,254	12,254	91,230	78,976	13
<hr/>					
DEPARTMENT 403					
630-51403-101 DEPRECIATION EXPENSE - CIAC	0	0	0	0	0
630-51403-300 DEPRECIATION EXPENSE	0	0	0	0	0
TOTAL DEPARTMENT 403	0	0	0	0	0
<hr/>					
DEPARTMENT 408					
630-51408-011 LICENSE FEES & OTHER TAX	0	0	90,000	90,000	0
630-51408-021 PROPERTY TAX EQUIVALENT	0	0	225,000	225,000	0
TOTAL DEPARTMENT 408	0	0	315,000	315,000	0
<hr/>					
DEPARTMENT 416					
630-51416-300 COST OF JOBBING SALES	0	0	0	0	0
TOTAL DEPARTMENT 416	0	0	0	0	0
<hr/>					
DEPARTMENT 426					
630-51426-300 OTHER INCOME DEDUCTIONS	0	0	0	0	0
TOTAL DEPARTMENT 426	0	0	0	0	0
<hr/>					
DEPARTMENT 427					
630-51427-002 DEBT PAYMENTS	0	0	525,441	525,441	0
630-51427-003 CONTRA DEBT PAYMENTS	0	0	0	0	0
630-51427-004 ANNUAL DEBT SERVICE FEES	0	0	0	0	0
630-51427-300 INTEREST EXPENSE	0	0	92,495	92,495	0
TOTAL DEPARTMENT 427	0	0	617,936	617,936	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

		PERIOD			BUDGET			% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE			BUDGET
<u>DEPARTMENT 428</u>								
630-51428-003	DEBT ISSUANCE EXPENSE	0	0	0	0			0
630-51428-300	AMORTIZATION OF DEBT DISC	0	0	0	0			0
TOTAL DEPARTMENT 428		0	0	0	0			0
<u>DEPARTMENT 555</u>								
630-51555-300	POWER PURCHASED	874,175	874,175	6,605,351	5,731,176			13
TOTAL DEPARTMENT 555		874,175	874,175	6,605,351	5,731,176			13
<u>DEPARTMENT 580</u>								
630-51580-110	OPER SUPERVISION SALARY	10,322	10,322	46,484	36,162			22
630-51580-210	OPERATION ENGINEERING	0	0	0	0			0
630-51580-300	OPER SUPERVISION EXPENSE	0	0	0	0			0
TOTAL DEPARTMENT 580		10,322	10,322	46,484	36,162			22
<u>DEPARTMENT 582</u>								
630-51582-110	OPER SUBSTATION SALARY	0	0	0	0			0
630-51582-300	CAPITAL SUBSTATION EXPENSES	13,038	13,038	769,000	755,962			2
TOTAL DEPARTMENT 582		13,038	13,038	769,000	755,962			2
<u>DEPARTMENT 583</u>								
630-51583-110	OPER OH LINES SALARY	742	742	38,398	37,656			2
630-51583-300	OPER OH LINE INSTALL	0	0	0	0			0
TOTAL DEPARTMENT 583		742	742	38,398	37,656			2
<u>DEPARTMENT 584</u>								
630-51584-110	OPER UG LINE SALARY	4,531	4,531	38,398	33,867			12
630-51584-300	OPER UG LINE	1,260	1,260	100,000	98,740			1
TOTAL DEPARTMENT 584		5,791	5,791	138,398	132,607			4

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>DEPARTMENT 585</u>						
630-51585-300	STREET LIGHT INSTALLATION	271	271	2,500	2,229	11
TOTAL DEPARTMENT 585		271	271	2,500	2,229	11
<u>DEPARTMENT 586</u>						
630-51586-300	OPER METER EXPENSE	0	0	0	0	0
630-51586-301	CONTRA OPER METER EXPENSE	0	0	0	0	0
TOTAL DEPARTMENT 586		0	0	0	0	0
<u>DEPARTMENT 587</u>						
630-51587-110	CUSTOMER INSTALL SALARY	49	49	2,541	2,491	2
630-51587-300	CUSTOMER INSTALLATIONS EXPENSE	0	0	0	0	0
TOTAL DEPARTMENT 587		49	49	2,541	2,491	2
<u>DEPARTMENT 588</u>						
630-51588-300	MISC DISTRIBUTION EXPENSES	798	798	1,200	402	66
TOTAL DEPARTMENT 588		798	798	1,200	402	66
<u>DEPARTMENT 590</u>						
630-51590-110	SUBSTATION SUPERVISION SALARY	1,504	1,504	46,484	44,981	3
630-51590-300	MAINT SUPERVISION EXPENSE	0	0	0	0	0
TOTAL DEPARTMENT 590		1,504	1,504	46,484	44,981	3
<u>DEPARTMENT 591</u>						
630-51591-300	STRUCTURE MAINTENANCE	0	0	0	0	0
TOTAL DEPARTMENT 591		0	0	0	0	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>DEPARTMENT 592</u>						
630-51592-110	SUBSTATION MAINT SALARY	4,742	4,742	191,844	187,102	2
630-51592-210	SUBSTATION MAINT PROF SERVICES	0	0	10,000	10,000	0
630-51592-300	SUBSTATION MAINTENANCE EXPENSE	2,284	2,284	50,000	47,716	5
TOTAL DEPARTMENT 592		7,025	7,025	251,844	244,819	3
<u>DEPARTMENT 593</u>						
630-51593-110	OH LINE MAINTENANCE SALARY	23,808	23,808	292,012	268,205	8
630-51593-300	OH LINE MAINTENANCE	33,877	33,877	172,000	138,123	20
630-51593-301	OH TREE TRIMMING	0	0	100,000	100,000	0
TOTAL DEPARTMENT 593		57,684	57,684	564,012	506,328	10
<u>DEPARTMENT 594</u>						
630-51594-110	UG LINE MAINTENANCE SALARY	25	25	1,307	1,281	2
630-51594-300	UG LINE MAINENANCE	6,473	6,473	100,000	93,527	6
630-51594-891	LINE MAPPING	0	0	20,000	20,000	0
TOTAL DEPARTMENT 594		6,499	6,499	121,307	114,808	5
<u>DEPARTMENT 595</u>						
630-51595-110	TRANSFORMERS MAINT SALARY	573	573	7,694	7,121	7
630-51595-300	TRANSFORMER MAINTENANCE	13	13	6,000	5,987	0
630-51595-840	TRANSFORMER EQUIPMENT	0	0	100,000	100,000	0
630-51595-841	CONTRA TRANSFORMER EQUIPMENT	0	0	0	0	0
TOTAL DEPARTMENT 595		586	586	113,694	113,108	1
<u>DEPARTMENT 596</u>						
630-51596-110	MAINT STREET LIGHTING SALARY	2,459	2,459	18,074	15,615	14
630-51596-300	MAINT STREET LIGHTING	6,810	6,810	6,000	(810)	113
630-51596-840	STREET LIGHT EQUIPMENT	307	307	5,000	4,693	6
TOTAL DEPARTMENT 596		9,575	9,575	29,074	19,498	33

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>DEPARTMENT 597</u>						
630-51597-110	MAINT METERS SALARY	1,511	1,511	18,727	17,216	8
630-51597-300	MAINT METERS	2,940	2,940	5,000	2,060	59
TOTAL DEPARTMENT 597		4,451	4,451	23,727	19,276	19
<u>DEPARTMENT 599</u>						
630-51599-003	CONTRA EXPENSE CITY JOBS	0	0	0	0	0
TOTAL DEPARTMENT 599		0	0	0	0	0
<u>DEPARTMENT 901</u>						
630-51901-110	METER READING SALARY	98	98	5,081	4,983	2
TOTAL DEPARTMENT 901		98	98	5,081	4,983	2
<u>DEPARTMENT 902</u>						
630-51902-110	ACCOUNTING & COLLECTING SALARY	29,685	29,685	199,872	170,187	15
630-51902-210	ACCT & COLLETING PROF SERVICES	3,809	3,809	20,000	16,191	19
630-51902-300	ACCT & COLLECTING EXPENSES	3,529	3,529	45,000	41,471	8
630-51902-330	ACCT & COLLECTING PROF DEV	0	0	2,000	2,000	0
630-51902-361	COMMUNICATION EXPENSE	891	891	9,000	8,109	10
TOTAL DEPARTMENT 902		37,915	37,915	275,872	237,958	14
<u>DEPARTMENT 903</u>						
630-51903-300	BILLING SUPLIES AND EXPENSE	10,909	10,909	75,000	64,091	15
TOTAL DEPARTMENT 903		10,909	10,909	75,000	64,091	15
<u>DEPARTMENT 904</u>						
630-51904-300	UNCOLLECTABLE ACCOUNTS	0	0	6,000	6,000	0
TOTAL DEPARTMENT 904		0	0	6,000	6,000	0

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

	PERIOD ACTUAL	YTD ACTUA	BUDGET AMOUNT	VARIANCE	% OF BUDGET
<u>DEPARTMENT 920</u>					
630-51920-110 ADMINISTRATIVE SALARY	29,056	29,056	138,942	109,886	21
630-51920-210 ADMINISTRATIVE PRO SERVICES	559	559	3,000	2,441	19
630-51920-330 ADMINISTRATIVE PROF DEV	350	350	0	(350)	0
TOTAL DEPARTMENT 920	29,965	29,965	141,942	111,977	21
<u>DEPARTMENT 921</u>					
630-51921-300 OFFICE SUPPLIES & EXPENSES	2,547	2,547	6,500	3,953	39
630-51921-361 COMMUNICATION EXPENSE	900	900	0	(900)	0
TOTAL DEPARTMENT 921	3,447	3,447	6,500	3,053	53
<u>DEPARTMENT 923</u>					
630-51923-300 OUTSIDE SERVICE EXPENSE	0	0	0	0	0
TOTAL DEPARTMENT 923	0	0	0	0	0
<u>DEPARTMENT 924</u>					
630-51924-300 PROPERTY INSURANCE	3,275	3,275	13,000	9,725	25
TOTAL DEPARTMENT 924	3,275	3,275	13,000	9,725	25
<u>DEPARTMENT 925</u>					
630-51925-300 LIABILITY CLAIMS	2,551	2,551	0	(2,551)	0
630-51925-511 LIABILITY INSURANCE	0	0	29,000	29,000	0
TOTAL DEPARTMENT 925	2,551	2,551	29,000	26,449	9

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

	PERIOD		BUDGET		% OF	
	ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET	
<u>DEPARTMENT 926</u>						
630-51926-131	CLOTHNG ALLOWANCE	895	895	5,000	4,105	18
630-51926-132	DENTAL INSURANCE	1,611	1,611	18,304	16,693	9
630-51926-133	HEALTH INSURANCE	39,913	39,913	335,516	295,603	12
630-51926-134	INCOME CONTINUATION INSURANCE	0	0	5,073	5,073	0
630-51926-136	LIFE INSURANCE	173	173	1,241	1,068	14
630-51926-137	LONGEVITY PAY	0	0	0	0	0
630-51926-138	WRS RETIREMENT	0	0	82,298	82,298	0
630-51926-180	RECOGNITION PROGRAM	0	0	440	440	0
630-51926-200	PENSION EXPENSE	0	0	0	0	0
630-51926-512	WORKERS COMPENSATION	0	0	5,073	5,073	0
TOTAL DEPARTMENT 926		42,591	42,591	452,946	410,354	9
<u>DEPARTMENT 928</u>						
630-51928-210	REGULATORY PROF SERVICES	0	0	0	0	0
630-51928-300	REGULATORY EXPENSE	6,632	6,632	15,000	8,368	44
TOTAL DEPARTMENT 928		6,632	6,632	15,000	8,368	44
<u>DEPARTMENT 930</u>						
630-51930-003	CONTRA LABOR EXPENSE	0	0	0	0	0
630-51930-004	CONTRA ADMIN EXPENSE	0	0	0	0	0
630-51930-005	CONTRA OPER EQUIPMENT EXPENSE	(26,643)	(26,643)	0	26,643	0
630-51930-110	MISC GENERAL SALARY	33,848	33,848	135,151	101,304	25
630-51930-130	SAFETY EQUIPMENT AND PPE	16,876	16,876	21,000	4,124	80
630-51930-251	IT SERVICE AND EQUIPMENT	3,577	3,577	18,000	14,423	20
630-51930-300	MISC GENERAL EXPENSES	674	674	6,000	5,326	11
630-51930-330	PROFESSIONAL DEV/TRAINING	8,520	8,520	28,000	19,480	30
630-51930-331	APPRENTICESHIP TRAINING	2,169	2,169	10,500	8,331	21
630-51930-340	TOOL AND EQUIPMENT	7,324	7,324	27,000	19,676	27
630-51930-343	TRANSPORTATION FUEL	1,089	1,089	20,000	18,911	5
630-51930-350	TRANSPORTATION MAINTENANCE	5,438	5,438	35,000	29,562	16
630-51930-392	PUBLIC RELATIONS AND ADVOCACY	639	639	3,000	2,361	21
630-51930-840	CAPITAL TRANSPORTATION EQUIP	0	0	670,000	670,000	0
TOTAL DEPARTMENT 930		53,510	53,510	973,651	920,141	6
<u>DEPARTMENT 931</u>						
630-51931-360	BUILDING EXPENSES - RENT	4,875	4,875	19,500	14,625	25
TOTAL DEPARTMENT 931		4,875	4,875	19,500	14,625	25

CITY OF EVANSVILLE
DETAIL EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 3 MONTHS ENDING MARCH 31, 2025

FUND 630

		PERIOD		BUDGET		% OF
		ACTUAL	YTD ACTUA	AMOUNT	VARIANCE	BUDGET
<u>DEPARTMENT 932</u>						
630-51932-110	BUILDING AND PLANT SALARY	223	223	11,541	11,318	2
630-51932-300	BUILDING AND PLANT MAINTENANCE	10,850	10,850	45,000	34,150	24
630-51932-360	BUILDING & PLANT UTILITY COSTS	2,837	2,837	20,000	17,163	14
630-51932-821	BUILDING & PLANT IMPROVEMENT	0	0	4,000	4,000	0
TOTAL DEPARTMENT 932		13,910	13,910	80,541	66,631	17
TOTAL FUND EXPENDITURES		1,225,502	1,225,502	11,872,213	10,646,711	10
NET REVENUES OVER EXPENDITURES		825,304	825,304	(853,029)	1,678,334	49



PUBLIC WORKS LIGHT DUTY SEASONAL LABORER POSITION DESCRIPTION

General Statement of Duties:

The Public Works Light Duty Seasonal Laborer is responsible for the general maintenance of parks and other facilities of public trust, and/or monitoring the use of the yard waste facility.

Distinguishing Features of the Position:

This position requires flexibility in time and scheduling. This position is appointed by Municipal Services Director and reports to the Public Works Foreperson. Under the direction of the Public Works Foreperson, the employee may be assigned to assist the Parks Custodian or Cemetery Sexton.

Examples of work (illustrative only):

Maintenance of Parks and Grounds:

- Assist with basic lawn care requiring the operation push mowers, weed whackers and other landscaping or maintenance equipment.
- Assist with maintenance of the park system and cemetery.
- Assist with pruning, and removal/replanting.
- Assist with minor repairs to playground equipment, shelters, benches, waste containers and fencing.
- Weeding of flower and planting beds, watering flowers and trees
- All other duties as assigned.

Required Knowledge, Skills, and Abilities:

- Ability to use small tools.
- Valid driver's license with a good driving record, is required.
- Basic computer skills.
- Ability to deal courteously and tactfully with the public.
- Ability to arrive at work in a punctual manner and reliably assume responsibility as delegated.
- Ability to understand and carry out both written and oral instructions.

Work Environment:

Working outside in the elements such as heat, cold, rain and sun. Potential for high levels of pollen, dust and other irritants typical with outdoor conditions and large maintenance garages. Standing, walking, working and driving around or within moving traffic.

Physical Demands:

The physical demands described here are representative of those that may need to be met by an employee to successfully perform the assigned duties of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to use hands and arms. The employee is occasionally required to climb or balance; stoop, kneel, crouch, or crawl. The employee is occasionally required to walk, sit, and talk or hear. The employee may be required

to lift, pull and/or move 50 pounds. Specific vision abilities required by this job include close vision, color vision, and the ability to adjust focus.

Selection guidelines:

Formal applications, rating of education and experience, or an interview and reference check. Job related tests may be required.

Compensation:

The City of Evansville's Pay Philosophy doesn't categorize this position. Wages are determined annually through the City budget process.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

The position description for the Public Works Light Duty Seasonal Laborer does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change. No individual City official has authority to enter into an oral or written promise or contract of employment with any individual or group of employees. Any employment contract must be approved by a majority of the Common Council.

May 8, 2025

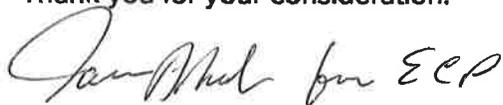
Leah Hurtley
City of Evansville
Evansville, WI 53536

Hello,

I, James A. Brooks, acting as agent for Evansville Community Partnership and the Evansville 4th of July Committee, wish to appeal the decision of the Public Safety Committee and the conditions applied to the picnic permit on Wednesday, May 7, 2025.

Specifically, we would like to address limited service on Sunday, July 6, 2025 and the possibility of private event security.

Thank you for your consideration.



James Brooks

RECEIVED
5/8/2025
JH

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	EVANSVILLE
License Period	2025-2026

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

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

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ <u>42.00</u>
Publication Fee	\$ <u>100.00</u>
Total Fees	\$ <u>742.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) CASEY'S MARKETING COMPANY			
2. Business Trade Name or DBA CASEY'S # 3583			
3. FEIN 42-1435913		4. Wisconsin Seller's Permit Number 456-00000602957-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization IOWA		7. Date of Organization 03/15/1995	8. Wisconsin DFI Registration Number CO42322
9. Premises Address 230 E MAIN ST			
10. City EVANSVILLE		11. State WI	12. Zip Code 53536
13. County ROCK	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: EVANSVILLE		15. Aldermanic District
16. Premises Phone (608) 424-4236	17. Premises Email LICENSINGTEAM@CASEYS.COM		18. Website WWW.CASEYS.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <div style="padding: 10px;"> <p>Alcohol is stored on the shelves and backstock is kept in the back storage area with roll-down gate, and sold at the front cash register. Paperwork is stored in the filing cabinet behind the counter.</p> </div>			
20. Mailing Address (if different from premises address) ATTN LICENSING, ONE SE CONVENIENCE BLVD			
21. City ANKENY		22. State IA	23. Zip Code 50021

Part B: Questions

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

Part D: Attestation

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

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

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

Last Name BEECH	First Name DOUGLAS	M.I. M
Title ASSISTANT SECRETARY	Email LICENSINGTEAM@CASEYS.COM	Phone ██████████
Signature <i>Douglas M. Beech</i>		Date 3/11/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3-28-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

CASEY'S MARKETING COMPANY

Federal Tax I.D. 42-1435913

Date of Incorporation: March 15, 1995

Effective 10/8/2021

CASEY'S GENERAL STORES, INC OWNS 100%
OFFICERS OWN 0%

Samuel J. James, President

[REDACTED]
[REDACTED]
POLK COUNTY

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

Brian J. Johnson, Vice President

[REDACTED]
POLK COUNTY

SSN: 483-88-7158
PHONE: [REDACTED]
DOB: [REDACTED]

Scott A. Faber, Secretary

[REDACTED]
POLK COUNTY

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

Eric M. Larsen, Treasurer

[REDACTED]
POLK COUNTY

SSN: [REDACTED]
PHONE: [REDACTED]
DOB: [REDACTED]

Douglas M. Beech, Assistant Secretary

[REDACTED]
POLK COUNTY

SSN: 480-64-3010
PHONE: [REDACTED]
DOB: [REDACTED]

BOARD OF DIRECTORS

Samuel J. James, Chairman

[REDACTED]

Brian J. Johnson

[REDACTED]

Scott Faber

[REDACTED]

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S #3583	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name FRANK	2. First Name MELISSA	3. M.I. ANN	
4. Email LICENSINGTEAM@CASEYS.COM		5. Phone [REDACTED]	
6. Home Address [REDACTED]			
7. City MILTON	8. State WI	9. Zip Code 53563	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name BEECH	First Name DOUGLAS	M.I. M
Title ASSISTANT SECRETARY	Email [REDACTED]	Phone [REDACTED]
Signature <i>Douglas M. Beech</i>	Date 03/18/25	

Part E: Agent Attestation

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

Last Name FRANK	First Name MELISSA	M.I. A
Signature <i>Melissa A. Frank</i>	Date 03/18/25	



City of Evansville

www.ci.evansville.wi.gov

Date: Friday, March 21, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/Initials	Notes
Casey's #3583	Frank	Melissa	[REDACTED]	04-23-25	Approved	
	Beech	Douglas		↓	↓	
	James	Samuel				
	Johnson	Brian				
	Faber	Scott				
	Larsen	Eric				

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name FRANK	2. First Name MELISSA	3. M.I. A	
4. Relationship to Business (Title) AGENT	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City MILTON	9. State WI	10. Zip Code 53563	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years 5</td> <td style="width: 50%; text-align: center;">Months 7</td> </tr> </table>	Years 5	Months 7
Years 5	Months 7				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 28 W ST MARY ST	City MILTON	State WI	Zip Code 53563		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County WASHINGTON	State WI	County ROCK		
State	County	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Michelle A. Trand</i>	Date 03/20/2025
---------------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name BEECH	2. First Name DOUGLAS	3. M.I. M	
4. Relationship to Business (Title) ASSISTANT SECRETARY	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City ANKENY	9. State IA	10. Zip Code 50021	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance IA	

Part C: Address History			
1. Do you currently reside in Wisconsin?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?		Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State IA	County POLK	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Douglas M. Reed</i>	Date 03/18/2025
----------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name JAMES	2. First Name SAMUEL	3. M.I. J	
4. Relationship to Business (Title) PRESIDENT	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City ANKENY	9. State IA	10. Zip Code 50021	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance IA	

Part C: Address History							
1. Do you currently reside in Wisconsin?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years</td> <td style="width: 50%; text-align: center;">Months</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Years	Months		
Years	Months						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County				
IA	POLK						
State	County	State	County				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 03/18/2025
-----------------------------------------------------------------------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name JOHNSON	2. First Name BRIAN	3. M.I. J	
4. Relationship to Business (Title) VICE PRESIDENT	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City JOHNSTON	9. State IA	10. Zip Code 50131	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance IA	

Part C: Address History						
1. Do you currently reside in Wisconsin?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;"></td> <td style="border: none; width: 10%; text-align: center;">Years</td> <td style="border: none; width: 10%; text-align: center;">Months</td> </tr> </table>		Years	Months
	Years	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1	City	State	Zip Code			
Previous Address 2	City	State	Zip Code			
Previous Address 3	City	State	Zip Code			
Previous Address 4	City	State	Zip Code			
Previous Address 5	City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.						
State	County	State	County			
IA	POLK					
State	County	State	County			

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 03/18/2025
-----------------------------------------------------------------------------------------------	-----------------

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY				
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information

1. Last Name FABER		2. First Name SCOTT		3. M.I. A
4. Relationship to Business (Title) SECRETARY		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City JOHNSTON		9. State IA	10. Zip Code 50131	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance IA	

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

	Years	Months
--	-------	--------

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
IA	POLK						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 03/18/2025
-----------------------------------------------------------------------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY			
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information					
1. Last Name LARSEN		2. First Name ERIC		3. M.I. M	
4. Relationship to Business (Title) TREASURER		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City ANKENY		9. State IA	10. Zip Code 50023	11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance IA		

Part C: Address History						
1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1		City		State	Zip Code	
Previous Address 2		City		State	Zip Code	
Previous Address 3		City		State	Zip Code	
Previous Address 4		City		State	Zip Code	
Previous Address 5		City		State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.						
State IA	County POLK	State	County	State	County	
State	County	State	County	State	County	

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

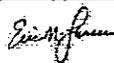
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 03/18/2025
-----------------------------------------------------------------------------------------------	--------------------

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

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

Fees	
License Fees	\$ 100-
Background Check Fee	\$ 42-
Publication Fee	\$ 100-
Total Fees	\$ 242-

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

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

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

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

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

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

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.
 Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
See Attached List			

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Cantwell	First Name Eric	M.I. S
Title CEO	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04/08/20

Part E: For Clerk Use Only

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

Consumers Cooperative Directors and Officers

Eric Cantwell	CEO	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Thomas Schwarz	Board of Director - President	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Michael Kindshi	Board of Director - Vice President	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Steven Kindschi	Board of Director - Secretary	608-787-8552
[REDACTED]	[REDACTED]	[REDACTED]
Gregory Elsing	Board of Director	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Joel Wyttenbach	Board of Director	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Alcohol Beverage Appointment of Agent

Date **4-11-25**

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Consumers Cooperative Oil Company	
2. Business Trade Name or DBA Evansville Cenex	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Golz	2. First Name Jessica	3. M.I. E
4. Email [REDACTED]		5. Phone [REDACTED]
6. Home Address [REDACTED]		
7. City Evansville	8. State WI	9. Zip Code 53536
11. Drivers License/State ID Number [REDACTED]		10. Date of Birth [REDACTED]
12. Drivers License/State ID State of Issuance WI		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

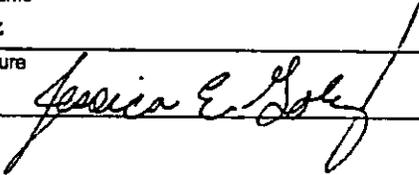
Part D: Business Attestation

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

Last Name Cantwell		First Name Eric	M.I. S
Title CEO	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 04/08/25	

Part E: Agent Attestation

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

Last Name Golz		First Name Jessica	M.I. E
Signature 		Date 04/08/25	



City of Evansville

www.ci.evansville.wi.gov

Date: Friday, April 11, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Consumers Cooperative	Golz	Jessica E.	[REDACTED]	04-23-25	A-G	
	Cantwell	Eric S.	[REDACTED]			
	Kindschi	Steven	[REDACTED]			
	Wytenbach	Joel	[REDACTED]			
	Kindschi	Michael	[REDACTED]			
	Schwarz	Tom	[REDACTED]			
	Elsing	Greg	[REDACTED]			

Alcohol Beverage Individual Questionnaire

Date **4-11-2025**

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Consumers Cooperative Oil Company</i>	
2. Business Trade Name or DBA <i>Evansville C. corp</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>Golz</i>		2. First Name <i>Jessica</i>		3. M.I. <i>E.</i>
4. Relationship to Business (Title) <i>Store Manager</i>		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City <i>Evansville</i>		9. State <i>WI</i>	10. Zip Code <i>53536</i>	11. Date of Birth <i>06/23/1986</i>
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <i>38</i>	Months <i>10</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
<i>6909 N County Rd M lot 65</i>		<i>Evansville</i>	<i>WI</i>	<i>53536</i>	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
<i>WI</i>	<i>Rock</i>				
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Jessica E. Golej

Date

4-11-2025

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor)	Consumers Cooperative Oil Company
2. Business Trade Name or DBA	Evansville Cenex
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Cantwell	Eric	S	
4. Relationship to Business (Title)	5. Email	6. Phone	
CEO	[REDACTED]	[REDACTED]	
7. Home Address			
[REDACTED]			
8. City	9. State	10. Zip Code	11. Date of Birth
Prairie Du Sac	WI	53578	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		WI	

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 05/2021
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
707 Walter Way	Bismarck	ND	58503				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Sauk	ND	Burleigh	ND	Grand Forks	SD	Brown
State	County	State	County	State	County	State	County
SD	Pennington	MN	Kandoyhi				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 04/08/2025
--------------------------------------------------------------------------------------------------	--------------------

Alcohol Beverage Individual Questionnaire

Date
4-11-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Consumers Cooperative Oil Company	
2. Business Trade Name or DBA Evansville Cenex	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Kindschi		2. First Name Steven	
3. M.I.			
4. Relationship to Business (Title) Board of Director		5. Email [REDACTED]	
6. Phone [REDACTED]			
7. Home Address [REDACTED]			
8. City Prairie Du Sac		9. State WI	10. Zip Code 53578
11. Date of Birth [REDACTED]			
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 12/1959
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
1820 Club Circle Dr.	Prairie Du Sac	WI	53578
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Sauk		
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Steven Rindichi* Date 04/08/2025

Alcohol Beverage Individual Questionnaire

Date
4-1-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Consumers Cooperative Oil Company	
2. Business Trade Name or DBA Evansville Cenex	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Wytttenbach		2. First Name Joel	
		3. M.I.	
4. Relationship to Business (Title) Board of Director		5. Email [REDACTED]	
7. Home Address [REDACTED]		6. Phone [REDACTED]	
8. City Sauk City		9. State WI	10. Zip Code 53583
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 11/1976
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
E10738 CTY HWY 0	Sauk City	WI	53583
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Sauk		
State	County	State	County

Continued →

Part D: Criminal History		
<p>1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.</p>		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed:		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.</p>		

Part E: Attestation	
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature <i>John Stetson</i>	Date 04/08/2025

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor)	Consumers Cooperative Oil Company
2. Business Trade Name or DBA	Evansville Cenex
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Kindschi	Michael		
4. Relationship to Business (Title)	5. Email	6. Phone	
Board of Director	[REDACTED]	[REDACTED]	
7. Home Address			
[REDACTED]			
8. City	9. State	10. Zip Code	11. Date of Birth
Mazomanie	WI	53560	[REDACTED]
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]		WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/1968
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
6539 Mint Rd.	Mazomanie	WI	53560
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Dane		
State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>Michael Phillips</i>	Date 04/08/2025

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	Consumers Cooperative Oil Company
2. Business Trade Name or DBA	Evansville Cenex
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Schwarz	2. First Name Tom	3. M.I.	
4. Relationship to Business (Title) Board of Director	5. Email	6. Phone	
7. Home Address			
8. City Prairie Du Sac	9. State WI	10. Zip Code 53578	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/1902
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 58729 Waters Edge way	City Prairie Du Sac	State WI	Zip Code 53578
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Sank	State	County
State	County	State	County

Continued →

Part D: Criminal History

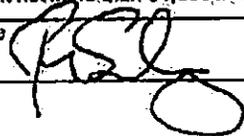
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 04/08/2025

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

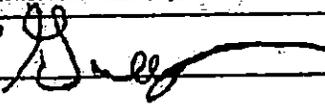
Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) Consumers Cooperative Oil Company	
2. Business Trade Name or DSA Evansville Cenex	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Eising		2. First Name Greg	
4. Relationship to Business (Title) Board of Director		3. M.I.	
5. Email		6. Phone	
7. Home Address			
8. City Prairie Du Sac		9. State WI	10. Zip Code 53578
11. Date of Birth		13. Drivers License/State ID State of issuance WI	
12. Drivers License/State ID Number		11. Date of Birth	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 06/1966
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 829 21 st St.	City Prairie Du Sac	State WI	Zip Code 53578
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Sank	State	County
State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date
	04/08/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

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

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Class "A" Beer \$ <u>100</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ <u>500</u> | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>14.00</u>
Publication Fee	\$ <u>100</u>
Total Fees	\$ <u>714</u>

+ tobacco. 100
\$ 814.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Kopecky's Worldwide Foods Inc</u>			
2. Business Trade Name or DBA <u>Kopecky's Piggy Wiggly</u>			
3. FEIN <u>39-1715093</u>		4. Wisconsin Seller's Permit Number <u>456-0000368472-03</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address <u>8 N city Rd m</u>			
10. City <u>Evansville</u>		11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u>		15. Aldermanic District
16. Premises Phone	17. Premises Email		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Inside, retail, grocery store in designated area/shelf(s)</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kopecny	Jean	Vice President	[REDACTED]
Kopecny	John T	General Manager	
Kopecny	James D	President	

Part D: Attestation

One of the following must sign and attest to this application:
 sole proprietor one general partner of a partnership one corporate officer one member of an LLC

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

Last Name: Kopecny First Name: James M.I.: D
 Title: President Email: [REDACTED] Phone: [REDACTED]
 Signature: [Handwritten Signature] Date: 04-01-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk: 4-3-25 License Number: _____ Date License Granted: _____ Date License Issued: _____
 Signature of Clerk/Deputy Clerk: _____ Date Provisional License Issued (if applicable): _____

James

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
04-01-2025

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Kopecky's Worldwide Foods Inc.	
2. Business Trade Name or DBA Kopecky's Piggly Wussly	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Kopecky	2. First Name James	3. M.I. D	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address [REDACTED]			
7. City Evansville	8. State WI	9. Zip Code 53536	10. Age 78
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name	KODECITY	First Name	James	M.I.	D
Title	President	Email	[REDACTED]	Phone	[REDACTED]
Signature	[Signature]			Date	04-01-2025

Part E: Agent Attestation

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

Last Name	KODECITY	First Name	James	M.I.	D
Signature	[Signature]			Date	04-01-2025



City of Evansville

www.ci.evansville.wi.gov

Date: Thursday, April 3, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Kopecky's Worldwide Foods	Kopecky	James	[REDACTED]	04-23-25	A - CT	
	Kopecky	Jean L.	[REDACTED]	↓	↓	
	Kopecky	John	[REDACTED]	↓	↓	

Jean

Form AB-100

Alcohol Beverage Individual Questionnaire

Date 04-01-2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information
1. Legal Business Name (individual name if sole proprietor) KOPECKY'S WORLDWIDE FOODS INC.
2. Business Trade Name or DBA KOPECKY'S DIGGILY LUGGILY
3. Entity Type (check one) [] Sole Proprietor [] Partnership [] Limited Liability Company [X] Corporation [] Nonprofit Organization

Part B: Individual Information
1. Last Name KOPECKY 2. First Name JEAN 3. M.I. L
4. Relationship to Business (Title) Vice President
7. Home Address [Redacted]
8. City EVANSVILLE 9. State WI 10. Zip Code 53536 11. Date of Birth [Redacted]
12. Drivers License/State ID Number [Redacted] 13. Drivers License/State ID State of Issuance WI

Part C: Address History
1. Do you currently reside in Wisconsin? [X] Yes [] No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ... Years 51 Months 0
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
Previous Address 1 City State Zip Code
Previous Address 2 City State Zip Code
Previous Address 3 City State Zip Code
Previous Address 4 City State Zip Code
Previous Address 5 City State Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
WI Waukesha WI Sheboygan
MO Prince Georges

Continued ->

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature Jean Kopecky Date 04-01-2025

John

Form AB-100

Alcohol Beverage Individual Questionnaire

Date 04-01-2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

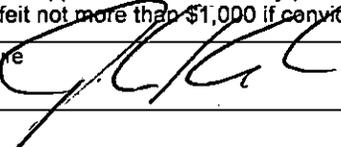
Part A: Business Information
1. Legal Business Name (Individual name if sole proprietor) Kopecky's Worldwide Foods Inc.
2. Business Trade Name or DBA Kopecky's Pissly Wigsly
3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company [X] Corporation Nonprofit Organization

Part B: Individual Information
1. Last Name Kopecky 2. First Name John 3. M.I. T
4. Relationship to Business (Title) General Manager 5. Email [Redacted] 6. Phone [Redacted]
7. Home Address [Redacted]
8. City Albany 9. State WI 10. Zip Code 53502 11. Date of Birth [Redacted]
12. Drivers License/State ID Number [Redacted] 13. Drivers License/State ID State of issuance WI

Part C: Address History
1. Do you currently reside in Wisconsin? [X] Yes [] No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ... Years 40+ Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
Previous Address 1: N7575 Cty Rd X, Albany, WI 53502
Previous Address 2: 13921 W. Northridge Ct, Evansville, WI 53536
Previous Address 3: [Redacted]
Previous Address 4: [Redacted]
Previous Address 5: [Redacted]
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
WI Rock WI Green WI Dane

Continued ->

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated <i>Disorderly Conduct</i>	Location <i>Lake County</i>	Conviction Date <i>Not Sure</i>
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date <i>04-01-2025</i>

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025 - 2026

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

- Class "A" Beer \$ 100.00 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>100</u>
Total Fees	\$ <u>707</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>MADISON STREET EXP, INC</u>		
2. Business Trade Name or DBA <u>ALL - N - ONE</u>		
3. FEIN <u>04-3738143</u>	4. Wisconsin Seller's Permit Number <u>456-0000637428-03</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization <u>03/2003</u>	8. Wisconsin DFI Registration Number <u>M058164</u>
9. Premises Address <u>104 S. MADISON STREET,</u>		
10. City <u>EVANSVILLE</u>	11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>ROCK</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>EVANSVILLE</u>	
15. Aldermanic District	16. Premises Phone <u>608-882-4757</u>	
17. Premises Email <u>PSEKHON4966@GMAIL.COM</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>STORE BUILDING - (BEER & LIQ. ROOM + BACK ROOM)</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
SEKHON	PARMINDER	PRESIDENT	[REDACTED]

Part D: Attestation

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

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

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

Last Name SEKHON		First Name PARMINDER		M.I. K
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]		
Signature Parminder Sekhon		Date 3-26-2025		

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
3-26-2025

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) MADISON STREET EXP, INC.	
2. Business Trade Name or DBA ALL-N-ONE	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name SEKHON	2. First Name PARMINDER	3. M.I. K
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City FITCHBURG	8. State WI	9. Zip Code 53711
10. Age 63		
11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name SEKHON		First Name PARMINDER		M.I. K
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]		
Signature Parminder Sekhon			Date 3-26-2025	

Part E: Agent Attestation

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

Last Name SEKHON		First Name PARMINDER		M.I. K
Signature Parminder Sekhon			Date 3-26-2025	



City of Evansville

www.ci.evansville.wi.gov

Date: Thursday, March 27, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name		DOB	Date	Police Department Review	
	Last	First			Approve/Deny w/ Initials	Notes
Madison Street Exp., Inc.	Sekhon	Parminder	[REDACTED]	04-23-25	A - [initials]	

Alcohol Beverage Individual Questionnaire

Date 3-26-2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	MADISON STREET EXP., INC
2. Business Trade Name or DBA	ALL-N-ONE
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name SEKHON	2. First Name PARMINDER	3. M.I. K			
4. Relationship to Business (Title) PRESIDENT	5. Email	[REDACTED]			
7. Home Address [REDACTED]					
8. City FITCHBURG	9. State WI	10. Zip Code 53711	11. Date of Birth [REDACTED]		
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?							
					Years 22	Months	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
[REDACTED]	FITCHBURG	WI	53711				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State IL	County KANE	State	County	State	County	State	County
State MI	County WASHTENAW	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	<i>Pamela Selmer</i>	Date	<i>3-26-2025</i>
-----------	----------------------	------	------------------

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>139 EAST MAIN STREET LLC.</u>			
2. Business Trade Name or DBA <u>Allen Creek CoffeeHouse</u>			
3. FEIN <u>92-1236271</u>		4. Wisconsin Seller's Permit Number <u>456-1031168196-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>August 2022</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>137 EAST Main Street</u>			
10. City <u>Evansville</u>		11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone <u>608-882-1249</u>		17. Premises Email <u>AllenCreekCoffeeHouse@gmail.com</u>	18. Website <u>N/A</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>A small above ground building with an Apartment on Top - storage - downstairs Basement floor + corner in Retail space, sold in store, outside patio, Backyard Events, where we will also have live music on the patio Deck, Backyard, in Home Rural setting Back.</u>			
20. Mailing Address (if different from premises address) <u>Same</u>			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
HANNA	JAWFIDE (Johnny)	OWNER	[REDACTED]
HANNA	Simon	Manager	[REDACTED]

Part D: Attestation

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

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

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

Last Name HANNA	First Name JAWFIDE (Johnny)	M.I. M
Title OWNER	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date March - 25 - 2005	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk MAR 3-25-05	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Tommy

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
March 25/2005

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) 139 EAST MAIN STREET - LLC	
2. Business Trade Name or DBA Allen Creek Coffee House	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

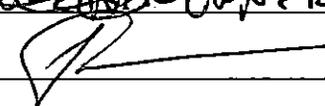
Part B: Agent Information			
1. Last Name HAWWA	2. First Name TawFide (Tommy)	3. M.I. M	
4. Email [REDACTED]			
6. Home Address [REDACTED]			
7. City Madison	8. State WI	9. Zip Code 53719	10. Age 53
11. Driver's License/State ID State of Issuance [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name	HANNA	First Name	Travis (Tommy)	M.I.	M.
Title	OWNER OWNER		Email	[REDACTED]	
Signature				Date	

Part E: Agent Attestation

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

Last Name	HANNA	First Name	Travis (Tommy)	M.I.	M.
Signature				Date	March 25/2015



City of Evansville

www.ci.evansville.wi.gov

Date: Tuesday, March 25, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/ Initials	Notes
Allen Creek Coffee House	Hanna	Tawfick (Tommy)	[REDACTED]	04-23-25	A - CT	
	Hanna	Simon	[REDACTED]	↓	↓	

Simon

Form AB-100

Alcohol Beverage Individual Questionnaire

Date 3-25-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
• all officers, directors, and agent of a corporation or nonprofit organization
• all partners of a partnership
• members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information
1. Legal Business Name (individual name if sole proprietor) 139 East Main Street LLC
2. Business Trade Name or DBA
3. Entity Type (check one) Sole Proprietor Partnership [X] Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information
1. Last Name Hamer 2. First Name Simon 3. M.I. M
4. Relationship to Business (Title) 5. Email 6. Phone
7. Home Address
8. City Milton 9. State WI 10. Zip Code 53413 11. Date of Birth
12. 13. Drivers License/State ID State of Issuance WI

Part C: Address History
1. Do you currently reside in Wisconsin? [X] Yes [] No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
Previous Address 1: 4834 E Bingham PL, Milton, WI, 53513
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
State: WI County: Racine

Continued ->

Part D: Criminal History

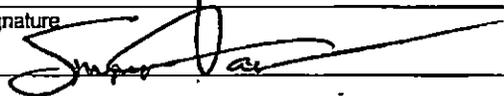
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date March 25, 2025

Tommy

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
March 25/2005

Agent Type (check one)

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

Part A: Business Information

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

139 EAST MAIN STREET - LLC

2. Business Trade Name or DBA

Allen Creek Coffee House

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

HANNA

2. First Name

Tom Fide (Tommy)

3. M.I.

M

6. Home Address

7. City

Madison

8. State

WI

9. Zip Code

53714

10. Age

53

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name	HANNA	First Name	TAUFIDE (Tommy)	M.I.	M
Title	OWNER OWNER	Email	[REDACTED]	Phone	[REDACTED]
Signature	[Signature]	Date			

Part E: Agent Attestation

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

Last Name	HANNA	First Name	TAUFIDE (Tommy)	M.I.	M
Signature	[Signature]	Date	March 27/2015		

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

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

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

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

Part A: Premises/Business Information

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

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

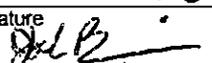
Last Name	First Name	Title	Phone
Bessire	Joel	Owner	[REDACTED]
Bessire	Tiffany	Manager	[REDACTED]

Part D: Attestation

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

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

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

Last Name Bessire	First Name Joel	M.I. D.
Title Owner	Email Bessire@BlueDevilBowl.com	Phone [REDACTED]
Signature 		Date 3/31/25

Part E: For Clerk Use Only

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

Joel

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date: 3/31/25

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) BESSIRE BOWL LLC	
2. Business Trade Name or DBA BLUE DEVIL BOWL	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Bessire	2. First Name Joel	3. M.I. D
4. Email Bessire@BlueDevilBowl.com		5. [Redacted]
6. Home Address [Redacted]		
7. City Evansville	8. State WI	9. Zip Code 53536
		10. Age 39
11. Drivers License/State ID Number [Redacted]		12. Drivers License/State ID State of Issuance Wisconsin

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name	Bessire	First Name	Joel	M.I.	D.
Title	Owner	Email	Bessire@BlueDevilBowl.com	Phone	[REDACTED]
Signature	[Handwritten Signature]			Date	3/31/25

Part E: Agent Attestation

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

Last Name	Bessire	First Name	Joel	M.I.	D.
Signature	[Handwritten Signature]			Date	3/31/25



City of Evansville

www.ci.evansville.wi.gov

Date: Wednesday, April 2, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/Initials	Notes
Bessire Bowl, LLC	Bessire	Joel	[REDACTED]	04-23-25	A - [initials]	
	Bessire	Tiffany	[REDACTED]	04-23-25	D - [initials]	OWI - 2022

Joel

Form
AB-100

Alcohol Beverage
Individual Questionnaire

Date 3/31/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

2. Business Trade Name or DBA
Blue Devil Bowl

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name Bessire 2. First Name Joel 3. M.I. D.

4. Relationship to Business (Title) Owner 5. Email Bessire@BlueDevilBowl.com 6. Phone [REDACTED]

7. Home Address [REDACTED]

8. City Evansville 9. State WI 10. Zip Code 53536 11. Date of Birth [REDACTED]

12. Drivers License/State ID Number [REDACTED] 13. Drivers License/State ID State of Issuance Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?
Years 16 Months 0

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Dane	OH	Hamilton				

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>[Handwritten Signature]</i>	Date 3/31/25

Tiffany

Form AB-100

Alcohol Beverage Individual Questionnaire

Date 3/31/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Bessire Bowl LLC
2. Business Trade Name or DBA Blue Devil Bowl
3. Entity Type (check one) Sole Proprietor Partnership [X] Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

1. Last Name Bessire 2. First Name Tiffany 3. M.I. F.
4. Relationship to Business (Title) Manager 5. Email Bessire@BlueDevilBowl.com 6. [Redacted]
7. Home Address [Redacted]
8. City Evansville 9. State WI 10. Zip Code 53530 11. Date of Birth [Redacted]
12. Drivers License/State ID Number [Redacted] 13. Drivers License/State ID State of Issuance Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? [X] Yes [] No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 16 Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
Previous Address 1 City State Zip Code
Previous Address 2 City State Zip Code
Previous Address 3 City State Zip Code
Previous Address 4 City State Zip Code
Previous Address 5 City State Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
State County State County State County State County
WI Dane OH Hamilton MI Oakland

Continued ->

Part D: Criminal History

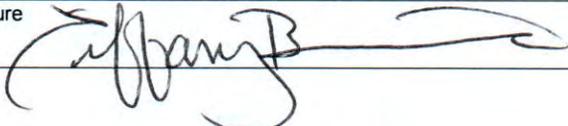
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>First OWI Offense</i>	Location <i>Evansville, WI</i>	Conviction Date <i>5-16-2023</i>
Penalty Imposed <i>Restricted license for 8 months, Paid forfeiture in full, treatment program + assessment</i>	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date *3/31/25*

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>600</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ <u>500</u> |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>600-</u>
Background Check Fee	\$ <u>35-</u>
Publication Fee	\$ <u>100-</u>
Total Fees	\$ <u>735-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Creekside Place Inc</u>		
2. Business Trade Name or DBA		
3. FEIN <u>20-8509682</u>	4. Wisconsin Seller's Permit Number <u>456-1026386142-05</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address <u>102 Maple St</u>		
10. City <u>Evansville</u>	11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u>	15. Aldermanic District
16. Premises Phone <u>608-882-0407</u>	17. Premises Email	18. Website <u>Creeksideplace.org</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Comm. Center that hosts events such as weddings, gatherings, art reception, fundraising events, etc Beverages are hosted inside the bldg in all Rms & outside catering the Creekside</u>		
20. Mailing Address (if different from premises address) <u>owned parking lot, side lawn & behind the bldg</u>		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Beltran	Jesse	President	
St Clair	Robin	Vice-president	
Carr	Patrick	Secretary	
AH	Mary Anne	Treasurer	

Part D: Attestation

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

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

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

Last Name Wagner	First Name Nicholle	M.I. L
Title Executive Director	Email nicki@creeksideplace.org	Phone 608-882-0407
Signature 	Date 4/10/2025	

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date
4-10-25

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Creekside Place, Inc	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Lynn	2. First Name Shawn	3. M.I. J
4. Email	5. Phone	
6. Home Address		
7. City Evansville	8. State WI	9. Zip Code 53534
10. Age 59		
11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance Wisconsin	

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name Wagner		First Name Nicholle		M.I. L
Title Executive Director	Email nicki@creeksideplace.org		Phone 608-882-0407	
Signature			Date	

Part E: Agent Attestation

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

Last Name Lynn		First Name Shawn		M.I. J
Signature Shawn Lynn			Date 4-10-25	



City of Evansville

www.ci.evansville.wi.gov

Date: Friday, April 11, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/Initials	Notes
Creekside Place, Inc.	Lynn	Shawn J.	[REDACTED]	04-23-25	A-CT	
	Beltran	Jesse	[REDACTED]			
	Alt	Mary Anne	[REDACTED]			
	St. Clair	Robin S.	[REDACTED]			
	Carr	Patrick F.	[REDACTED]			

Alcohol Beverage Individual Questionnaire

Date 4/10/05

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Creekside Place, Inc</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>Beltran</u>	2. First Name <u>Jesse</u>	3. M.I.	
4. Relationship to Business (Title) <u>officer / president</u>	5. Email	6. Phone	
7. Home Address			
8. City <u>Evansville</u>	9. State <u>WI</u>	10. Zip Code <u>53536</u>	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years
			Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary:			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 4/10/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

2. Business Trade Name or DBA

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name: AH 2. First Name: Mary Anne 3. M.I.

4. Relationship to Business (Title): officer/treasurer 5. Email: [REDACTED] 6. Phone: [REDACTED]

7. Home Address: [REDACTED]

8. City: Evansville 9. State: WI 10. Zip Code: 53536 11. Date of Birth: [REDACTED]

12. Drivers License/State ID Number: [REDACTED] 13. Drivers License/State ID State of Issuance: WI

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?
 Years: 78 Months: 11

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Rock	WI	Walworth				
WI	Dane	WI	Winnebago				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Mary Anne Alt

Date

4-10-2025

Alcohol Beverage Individual Questionnaire

Date 4/10/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Creekside Place, Inc</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>St Clair</u>	2. First Name <u>Robin</u>	3. M.I. <u>S</u>	
4. Relationship to Business (Title) <u>officer / Vice President</u>	5. Email	6. Phone	
7. Home Address			
8. City <u>Evansville</u>	9. State <u>WI</u>	10. Zip Code <u>53536</u>	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years
			Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <u>WI</u>	County <u>Rock</u>	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Robin St. Clair* Date *4-10-25*

Alcohol Beverage Individual Questionnaire

Date 4/10/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

2. Business Trade Name or DBA

3. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

1. Last Name Carr 2. First Name Patrick 3. M.I. T

4. Relationship to Business (Title) officer / secretary 5. Email [REDACTED] 6. Phone [REDACTED]

7. Home Address [REDACTED]

8. City Madison 9. State WI 10. Zip Code 53703 11. Date of Birth [REDACTED]

12. Drivers License/State ID Number [REDACTED] 13. Drivers License/State ID State of issuance WI [REDACTED]

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years <u>0</u>	Months
----------------	--------

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
<u>IL</u>	<u>Lake</u>						
<u>IN</u>	<u>Hamilton</u>						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 4/10/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025-2026

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

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

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>100</u>
Total Fees	\$ <u>707</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>El Vallarta Evansville LLC</u>		
2. Business Trade Name or DBA		
3. FEIN	4. Wisconsin Seller's Permit Number <u>456-1030363270-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WI</u>	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address <u>609 E Main Street</u>		
10. City <u>Evansville, WI</u>	11. State <u>WI</u>	12. Zip Code <u>53534</u>
13. County <u>Kock</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone <u>(608)882-1069</u>	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Restaurant, walk-in cooler</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Marco Lugo	Marco	Owner	[REDACTED]

Part D: Attestation

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

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

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

Last Name LUGO	First Name Marco	M.I. A
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature Marco-A-Lugo		04107125

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-7-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date 04/07/25

Agent Type (check one)

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

Part A: Business Information

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

EI Vallarta

2. Business Trade Name or DBA

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

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

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

Renew alcohol beverage license

Part B: Agent Information

1. Last Name

Lucio

2. First Name

Marco

3. M.I.

A

4. Email

5. Phone

6. Home Address

7. City

EVANSVILLE WI

8. State

WI

9. Zip Code

53536

10. Age

46

11. Drivers License/State ID Number

no wisconsin drivers ID

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name LUGO	First Name MARCO	M.I. A
-------------------	---------------------	-----------

Title owner	Email [REDACTED]	Phone [REDACTED]
----------------	---------------------	---------------------

Signature MARCO-A-LUGO	Date 04/07/25
---------------------------	------------------

Part E: Agent Attestation

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

Last Name LUGO	First Name MARCO	M.I. A
-------------------	---------------------	-----------

Signature MARCO-A-LUGO	Date 04/07/25
---------------------------	------------------



City of Evansville

www.ci.evansville.wi.gov

Date: Monday, April 7, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
El Vallarta Mexican	Lugo	Marco A.	[REDACTED]	04-23-25	A-CT	

Alcohol Beverage Individual Questionnaire

Date 04/07/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) <u>El Vallarta</u>				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <u>LUJO</u>		2. First Name <u>MARCO</u>		3. M.I. <u>A</u>
4. Relationship to Business (Title) <u>owner</u>		5. Email		6. Phone
7. Home Address				
8. City <u>Evansville</u>		9. State <u>WI</u>	10. Zip Code <u>53536</u>	11. Date of Birth
12. Drivers License/State ID Number <u>no wisconsin drivers ID</u>			13. Drivers License/State ID State of Issuance	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <u>20</u>	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1	City <u>Evansville</u>	State <u>WI</u>	Zip Code <u>53536</u>		
Previous Address 2	City <u>Evansville</u>	State <u>WI</u>	Zip Code <u>53536</u>		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Marco A. Lugo</i>	Date 04/07/25
-----------------------------------	------------------

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	25/26

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Evansville Memorial Post 6905/VFW</u>			
2. Business Trade Name or DBA <u>VFW Post 6905</u>			
3. FEIN <u>39-1555281</u>		4. Wisconsin Seller's Permit Number <u>456-0000482923-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>1946</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>179 E. Main St.</u>			
10. City <u>Evansville</u>		11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u>		15. Aldermanic District
16. Premises Phone <u>608 882-2335</u>	17. Premises Email <u>post6905@vfwpost6905.net</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>old railroad station, VFW meeting hall + Club Bar + Beer Garden, storage room and office.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Schneider	John	Bar Agent/QM	[REDACTED]
Laursen	Lynda	Bar Mgr.	[REDACTED]

Part D: Attestation

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

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

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

Last Name Schneider		First Name John		M.I. L.
Title Bar Agent/QM		Email post6905@vfwpost6905.net		Phone [REDACTED]
Signature John L. Schneider			Date 3-21-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-4-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

John

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date 3-21-2025

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

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

Part B: Agent Information			
1. Last Name Schneider	2. First Name John	3. M.I. L.	
4. Email post 6905 @ vfwpost6905.net		5. Phone [REDACTED]	
6. Home Address [REDACTED]			
7. City Evansville	8. State WI	9. Zip Code 53536	10. Age 76
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance Wisconsin	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

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

Last Name Schneider		First Name John		M.I. L
Title Bar Agent	Email post6905@vfwpost6905.net		Phone [REDACTED]	
Signature John D. Schneider			Date 3-21-2025	

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 Schneider		First Name John		M.I. L
Signature John D. Schneider			Date 4-7-2025	



City of Evansville

www.ci.evansville.wi.gov

Date: Monday, April 7, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/Initials	Notes
Evansville Memorial Post 6905	Schneider	John C.	[REDACTED]	04-23-25	A-CT	
	Laursen	Lynda M.		↓	↓	

Alcohol Beverage
Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
VFW Post 6905

2. Business Trade Name or DBA
same

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name Laurson 2. First Name Lynda 3. M.I. M

4. Relationship to Business (Title) Bar Manager 5. Email [REDACTED] 6. Phone [REDACTED]

7. Home Address [REDACTED]

8. City Evansville 9. State WI 10. Zip Code 53536 11. Date of Birth [REDACTED]

12. Drivers License/State ID Number [REDACTED] 13. Drivers License/State ID State of Issuance Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 30 Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Lynda Laurson* Date 03/21/2025

John

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date 3-21-2025

Agent Type (check one)

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

Part A: Business Information

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

Part B: Agent Information

1. Last Name Schneider	2. First Name John	3. M.I. L
4. Email post6905@vfwpost6905.net		5. Phone [REDACTED]
6. Home Address [REDACTED]		
7. City Evansville	8. State WI	9. Zip Code 53536
11. Drivers License/State ID Number [REDACTED]		10. Age 76
12. Drivers License/State ID State of Issuance Wisconsin		

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name Schneider	First Name John	M.I. L
Title Bar Agent	Email post6905@vfwpost6905.net	Phone [REDACTED]
Signature John D. Schneider	Date 3-21-2025	

Part E: Agent Attestation

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

Last Name Schneider	First Name John	M.I. L
Signature John D. Schneider	Date 4-7-2025	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	2025 - 2026

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

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

Fees	
License Fees	\$ <u>614</u>
Background Check Fee	\$ <u>14</u>
Publication Fee	\$ <u>100</u>
Total Fees	\$ <u>714</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Lovegoods LLC</u>			
2. Business Trade Name or DBA <u>Lovegoods Coffee & Cocktails</u>			
3. FEIN <u>93-2145905</u>		4. Wisconsin Seller's Permit Number <u>456-1031461851-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>6/29/2023</u>	8. Wisconsin DFI Registration Number <u>L 078473</u>
9. Premises Address [REDACTED]			
10. City <u>Evansville</u>		11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Evansville</u>		15. Aldermanic District
16. Premises Phone <u>(715) 630-7626</u>	17. Premises Email <u>Lovegoodscc@gmail.com</u>		18. Website <u>lovegoodscffee.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>2 story historic building; upstairs is a separate 2 bed apartment. 1st floor is a commercial space with a patio out front. Patio space is approx. 50 sq feet, with outdoor seating. Locked cabinets & refrigerators for alcohol storage. Utility closet & handicap bathroom.</u>			
20. Mailing Address (if different from premises address) <u>16 W main st.</u>			
21. City <u>Evansville,</u>		22. State <u>WI</u>	23. Zip Code <u>53536</u>

Part B: Questions

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
O'Brien	Hannah	Co Owner	[REDACTED]
O'Brien	Logan	Co owner	

Part D: Attestation

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

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

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

Last Name O'Brien	First Name Hannah	M.I. M
Title Owner	Email lovegoodsec@gmail.com	Phone [REDACTED]
Signature <i>Hannah O'Brien</i>		Date 4/11/2025

Part E: For Clerk Use Only

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

Alcohol Beverage Appointment of Agent

Date 04/11/2025

Agent Type (check one)

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

Part A: Business Information

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

2. Business Trade Name or DBA
Lovegoods Coffee + Cocktails

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. 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 is checked above.

Part B: Agent Information

1. Last Name <u>O'Brien</u>	2. First Name <u>Hannah</u>	3. M.I. <u>VM</u>
4. Email <u>lovegoodscc@gmail.com</u>		5. Phone [REDACTED]
6. Home Address [REDACTED]		
7. City <u>Evansville</u>	8. State <u>WI</u>	9. Zip Code <u>53536</u>
11. Drivers License/State ID Number [REDACTED]		10. Age <u>29</u>
		12. Drivers License/State ID State of Issuance <u>WI</u>

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>O'Brien</i>	First Name <i>- Hannah</i>	M.I. <i>M</i>
Title <i>Owner</i>	Email <i>lovegoods cc@gmail.com</i>	Phone 
Signature <i>Hannah OB</i>	Date <i>4/11/2025</i>	

Part E: Agent Attestation

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

Last Name <i>O'Brien</i>	First Name <i>Hannah</i>	M.I. <i>M</i>
Signature <i>Hannah OB</i>	Date <i>4/11/2025</i>	



City of Evansville

www.ci.evansville.wi.gov

Date: Friday, April 11, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Date	Police Department Review	
	Last	First	DOB		Approve/Deny w/ Initials	Notes
Lovegood's Coffee & Cocktails	O'Brien	Hannah M.	[REDACTED]	04-23-25	A-	
	O'Brien	Logan J.	[REDACTED]			

Alcohol Beverage Individual Questionnaire

Date 4/11/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Lovegoods LLC</u>	
2. Business Trade Name or DBA <u>Lovegoods Coffee & Cocktails</u>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>O'Brien</u>		2. First Name <u>Logan</u>	
		3. M.I. <u>J</u>	
4. Relationship to Business (Title) <u>Owner</u>		5. Email <u>lovegoodscc@gmail.com</u>	
7. Home Address [REDACTED]			
8. City <u>Evansville</u>		9. State <u>WI</u>	10. Zip Code <u>53536</u>
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years <u>30</u></td> <td style="width: 50%;">Months <u>8</u></td> </tr> </table>	Years <u>30</u>	Months <u>8</u>
Years <u>30</u>	Months <u>8</u>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]	City <u>Evansville</u>	State <u>WI</u>	Zip Code <u>53536</u>		
Previous Address 2 [REDACTED]	City <u>Evansville</u>	State <u>WI</u>	Zip Code <u>53536</u>		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>WI</u>	County <u>Rock</u>	State <u>WI</u>	County <u>La Crosse</u>		
State <u>WI</u>	County <u>Dane</u>	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *A. J. O'Brien* Date *04/11/2025*

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
04/11/2025

Agent Type (check one)

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

Part A: Business Information

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

2. Business Trade Name or DBA
Lovegoods Coffee + Cocktails

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. 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 is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.

O'Brien Hannah M

4. Email 5. Phone

lovegoodscc@gmail.com [REDACTED]

6. Home Address

[REDACTED]

7. City 8. State 9. Zip Code 10. Age

Evansville WI 53536 29

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance

[REDACTED] WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>O'Brien</i>		First Name <i>- Hannah</i>		M.I. <i>M</i>
Title <i>Owner</i>	Email <i>lovegoods.ec@gmail.com</i>		Phone <i>[REDACTED]</i>	
Signature <i>Hannah OB</i>			Date <i>4/11/2025</i>	

Part E: Agent Attestation

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

Last Name <i>O'Brien</i>		First Name <i>Hannah</i>		M.I. <i>M</i>
Signature <i>Hannah OB</i>			Date <i>4/11/2025</i>	

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>PETE'S INN INC.</u>		
2. Business Trade Name or DBA		
3. FEIN <u>39-1893-894</u>	4. Wisconsin Seller's Permit Number <u>456-0000036729-03</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization <u>50 yrs. +</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>14 N. MADISON ST. 100</u>		
10. City <u>EVANSVILLE</u>	11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>ROCK</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone <u>608-882-4170</u>	17. Premises Email <u>N/A</u>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>BEHIND BAR/BACK WALK IN COOLER + BASEMENT STORAGE CAGE</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

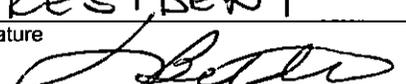
Last Name	First Name	Title	Phone
BIDDICK	SHERI	PRESIDENT	[REDACTED]
BIDDICK	BRYCE	VICE PRESIDENT	[REDACTED]

Part D: Attestation

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

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

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

Last Name BIDDICK	First Name SHERI	M.I. L.
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature 		Date (F) 4/11/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-11-2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)

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

Part A: Business Information

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

PETES INN, INC.

2. Business Trade Name or DBA

PETES INN, INC.

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

BIDDICK

2. First Name

SHERI

3. M.I.

L.

4. Email

5. Phone

6. Home Address

7. City

EVANSVILLE

8. State

WI

9. Zip Code

53536

10. Age

56

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI,

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

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

Part E: Agent Attestation

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

Last Name BIDDICK		First Name SHERI		M.I. L.
Signature 			Date (F) 4/11/2025	



City of Evansville

www.ci.evansville.wi.gov

Date: Friday, April 11, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Pete's Inn, Inc.	Biddick	Sheri L.	[REDACTED]	04-24-25	A - 5	
	Biddick	Bryce	[REDACTED]	04-24-25	A [initials]	

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
PETES INN, INC.

2. Business Trade Name or DBA
PETES INN, INC.

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name: Biddick 2. First Name: Bryce 3. M.I.: L.

4. Relationship to Business (Title): Vice President 5. Email: 6. Phone: [REDACTED]

7. Home Address: [REDACTED]

8. City: Evansville 9. State: WI 10. Zip Code: 53536 11. Date of Birth: [REDACTED]

12. Drivers License/State ID Number: [REDACTED] 13. Drivers License/State ID State of Issuance: WI

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?
 Years: 26 Months: 2

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	DAVE						
WI	ROCK						

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date
<i>Bryce Biddell</i>	4-11-25

Alcohol Beverage Individual Questionnaire

Date 4/11/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) PETES FUN, INC.	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name BIDDICK		2. First Name SHERI	
		3. M.I. L.	
4. Relationship to Business (Title) PRESIDENT		5. Email [REDACTED]	
		6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City EVANSVILLE		9. State WI	10. Zip Code 53536
		11. Date of Birth [REDACTED]	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance AB321 WI	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 56</td> <td style="width: 50%;">Months 9</td> </tr> </table>	Years 56	Months 9
Years 56	Months 9				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State		
[REDACTED]		EVANSVILLE	WI		
Previous Address 2		City	State		
Previous Address 3		City	State		
Previous Address 4		City	State		
Previous Address 5		City	State		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County		
WI	DANE				
State	County	State	County		
WI	ROCK				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Sherr Bidder*

Date (F) 4/11/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
Total Fees	\$ 714

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Stice Golf</i>			
2. Business Trade Name or DBA			
3. FEIN <i>88-204 0513</i>		4. Wisconsin Seller's Permit Number <i>450-1031083731-02</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>WI</i>		7. Date of Organization <i>11-22</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>1 E Main St</i>			
10. City <i>Evansville</i>		11. State <i>WI</i>	12. Zip Code <i>53536</i>
13. County <i>Rock</i>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Evansville</i>	15. Aldermanic District
16. Premises Phone <i>608-882-1044</i>		17. Premises Email <i>Stice.golf.wi@outlook.com</i>	18. Website <i>www.sticegolfwi.com</i>
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. <i>Bar where beverages are served and sold in the main room on 1st floor of building. Secure storage w/ outdoor seating when permitted.</i>			
20. Mailing Address (if different from premises address) <i>1 E Main St</i>			
21. City <i>Evansville</i>		22. State <i>WI</i>	23. Zip Code <i>53536</i>

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity *Spice Golf LLC* 4b. Business Entity FEIN *88-2640513*

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

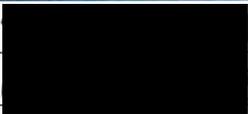
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

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

Part C: Individual Information

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

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

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

Part D: Attestation

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

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

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

Last Name <i>Kilps</i>	First Name <i>Sarah</i>	M.I. <i>M</i>
Title <i>Owner</i>	Email <i>Sarahkilps@gmail.com</i>	Phone 
Signature <i>Sarah Kilps</i>	Date <i>4-8-25</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4-9-2025</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Sarah

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
4-8-25

Agent Type (check one)

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

Part A: Business Information

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

Pine Golf LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name

Klips

2. First Name

Sarah

3. M.I.

M

4. Email

[Redacted]

5. Phone

[Redacted]

6. Home Address

[Redacted]

7. City

Evansville

8. State

WI

9. Zip Code

53530

10. Age

33

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name <i>Kilps</i>	First Name <i>Sarah</i>	M.I. <i>M</i>
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>[Signature]</i>	Date <i>4-8-25</i>	

Part E: Agent Attestation

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

Last Name <i>Kilps</i>	First Name <i>Sarah</i>	M.I. <i>M</i>
Signature <i>[Signature]</i>	Date <i>4-8-25</i>	



City of Evansville

www.ci.evansville.wi.gov

Date: Wednesday, April 9, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Date	Police Department Review	
	Last	First	DOB		Approve/Deny w/ Initials	Notes
Slice Golf	KILPS	Sarah	[REDACTED]	04-23-25	A-9	
	Tomlin	Andrew	[REDACTED]			

Alcohol Beverage Individual Questionnaire

Date
4-8-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>PIKE BOIC LLC</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>Tomlin</i>		2. First Name <i>Andrew</i>		3. M.I. <i>M</i>
4. Relationship to Business (Title) <i>Owner</i>		5. Email		6. Phone
7. Home Address				
8. City <i>EVANSVILLE</i>		9. State <i>WI</i>	10. Zip Code <i>53536</i>	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years <i>18</i></td> <td style="width: 50%;">Months <i>0</i></td> </tr> </table>	Years <i>18</i>	Months <i>0</i>
Years <i>18</i>	Months <i>0</i>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1	City	State	Zip Code		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <i>WI</i>	County <i>Rowe</i>	State	County		
State	County	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

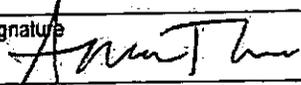
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 4-8-25

Sarah

Form
AB-100

Alcohol Beverage
Individual Questionnaire

Date
4-8-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

Stiu Golf LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

Sole Proprietor

Partnership

Limited Liability Company

Corporation

Nonprofit Organization

Part B: Individual Information

1. Last Name

Kilps

2. First Name

Sarah

3. M.I.

M

4. Relationship to Business (Title)

Owner

5. Email

6. Phone

7. Home Address

8. City

Evansville WI

9. State

WI

10. Zip Code

53534

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

33

Months

11

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

Brown School Rd

City

Evansville

State

WI

Zip Code

53534

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

WI

County

Rock

State

WI

County

Dane

State

WI

County

Wauworth

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

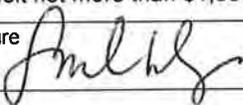
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date <u>4-8-25</u>
-----------------------------------------------------------------------------------------------	--------------------

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

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

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
Total Fees	\$ 714

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <i>THE NIGHT OWL FOOD & SPIRITS INC.</i>			
2. Business Trade Name or DBA <i>THE NIGHT OWL SPORTS PUB & EATERY</i>			
3. FEIN <i>20-4558759</i>		4. Wisconsin Seller's Permit Number <i>456102002153003</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>WI</i>		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address <i>189 E MAIN</i>			
10. City <i>EVANSVILLE</i>		11. State <i>WI</i>	12. Zip Code
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>EVANSVILLE</i>		15. Aldermanic District
16. Premises Phone <i>608-882-9973</i>	17. Premises Email <i>THENIGHTOWLSPORTSPUBANDEATERY@GMAIL.COM</i>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>6000 SQ FT BUILDING PATIO BAR & GREEN SPACE WEST OF BUILDING</i>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
ARDISSON	TRAVIS	MANAGER	
ARDISSON	GREGORY	PRESIDENT	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name: ARDISSON First Name: GREGORY M.I.: P
 Title: PRESIDENT Email: _____ Phone: _____
 Signature: *Travis Gregory* Date: 4/10/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk: 7-14-2025 License Number: _____ Date License Granted: _____ Date License Issued: _____
 Signature of Clerk/Deputy Clerk: _____ Date Provisional License Issued (if applicable): _____

Greg

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
4/14/25

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) THE NIGHT OWL FOOD & SPIRITS INC	
2. Business Trade Name or DBA THE NIGHT OWL SPORTS PUB & EATERY	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name ADDISSON	2. First Name GREGORY	3. M.I. P
4. Email [REDACTED]		
6. Home Address [REDACTED]		
7. City EVANSVILLE	8. State WI	9. Zip Code 53534
10. Age 66		
11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name <i>ADDISSON</i>	First Name <i>GREGORY</i>	M.I. <i>P</i>
Title <i>PRESIDENT</i>	Email [REDACTED]	
Signature <i>[Handwritten Signature]</i>	Date	

Part E: Agent Attestation

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

Last Name <i>ADDISSON</i> <i>ADDISSON</i>	First Name <i>GREGORY</i>	M.I. <i>P</i>
Signature <i>[Handwritten Signature]</i>	Date <i>4/14/25</i>	



City of Evansville

www.ci.evansville.wi.gov

Date: Monday, April 14, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name		DOB	Police Department Review		
	Last	First		Date	Approve/Deny w/ Initials	Notes
The Night Owl	Ardisson	Gregory P.	[REDACTED]	04-23-25	A - CS	
	Ardisson	Travis		↓	↓	

Travis

Form AB-100

Alcohol Beverage Individual Questionnaire

Date 4-21-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information
1. Legal Business Name (individual name if sole proprietor) The Night (w) Sports Pub and Eatery
2. Business Trade Name or DBA
3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information
1. Last Name Ardsson 2. First Name Travis 3. M.I.
4. Relationship to Business (Title) Member 5. Email 6. Phone
7. Home Address
8. City Evansville 9. State W 10. Zip Code 53536 11. Date of Birth
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance W.

Part C: Address History
1. Do you currently reside in Wisconsin? Yes No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 34 Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
State County State County State County State County
W, Rock
W, Milwaukee

Continued ->

Part D: Criminal History

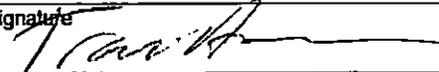
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... Yes No
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 4-17-25

Greg

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
4/14/25

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) THE NIGHT OWL FOOD & SPIRITS INC	
2. Business Trade Name or DBA THE NIGHT OWL SPORTS PUB & EATERY	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

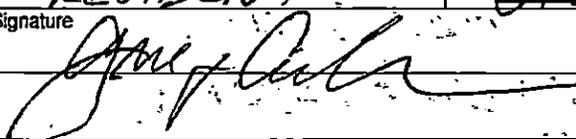
Part B: Agent Information			
1. Last Name ADDISSON	2. First Name GREGORY	3. M.I. P	
4. Em [REDACTED]			
6. Home Address [REDACTED]			
7. City EVANSVILLE	8. State WI	9. Zip Code 53534	10. Age 66
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

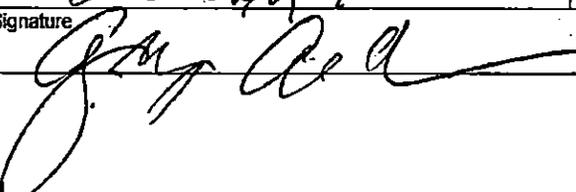
Part D: Business Attestation

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

Last Name AZZISSON		First Name GREGORY		M.I. P
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]		
Signature 			Date 4/14/25	

Part E: Agent Attestation

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

Last Name Gregory AZZISSON		First Name GREGORY		M.I. P
Signature 			Date 4/14/25	

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

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

Fees	
License Fees	\$ <u>600-</u>
Background Check Fee	\$ <u>7.00</u>
Publication Fee	\$ <u>100-</u>
Total Fees	\$ <u>707-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Johnnie Mae Washington</u>		
2. Business Trade Name or DBA <u>Totally Elegant Event Sec. LLC</u>		
3. FEIN <u>92-0247359</u>	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization <u>09-15-2022</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>7 East Main Street Unit 1</u>		
10. City <u>Evansville</u>	11. State <u>WI</u>	12. Zip Code <u>53536</u>
13. County <u>Rock</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone <u>608-446-0424</u>	17. Premises Email <u>J.Washington66@yahoo.com</u>	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>7 East main street unit 1 alcohol will be stored in storage room in lower level, it will only be served in rental space</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity Totally Elegant Event Dec. LLC	4b. Business Entity FEIN 92-0247359
---------------------------------------------------------------	----------------------------------------

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Washington	Johnne	Sole Proprietor	608-446-0424

Part D: Attestation

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

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

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

Last Name Washington	First Name Johnne	M.I. M
Title Sole Proprietor	Email J.Washington66@yahoo.com	Phone 608-446-0424
Signature 		Date 03-31-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-7-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date
03-31-25

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Totally Elegant Event Sec. LLC Johnnie M. Washington	
2. Business Trade Name or DBA Totally Elegant Event Sec LLC	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Washington	2. First Name Johnnie	3. M.I. M	
4. Email J.washington66@yahoo.com		5. Phone 608-446-0424	
6. Home Address [REDACTED]			
7. City Madison	8. State WI	9. Zip Code 53704	10. Age 58
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

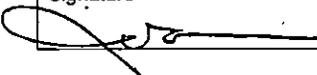
Part C: Agent Questions

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

Continued →

Part D: Business Attestation

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

Last Name Washington		First Name Johnnie		M.I. Mae
Title Sole Proprietor	Email J.Washington66@yahoo.com		Phone 608-446-0424	
Signature 			Date 04-07-25	

Part E: Agent Attestation

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

Last Name Washington		First Name Johnnie		M.I. M.
Signature 			Date 04-07-25	



City of Evansville

www.ci.evansville.wi.gov

Date: Monday, April 7, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials:	Notes
Totally Elegant, LLC	Washington	Johnnie Mae	[REDACTED]	04-23-25	A- <i>[initials]</i>	

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Totally Elegant Event Sec, LLC</u>	Johnnie M. Washington
2. Business Trade Name or DBA <u>Totally Elegant Event Sec LLC</u>	
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>Washington</u>	2. First Name <u>Johnnie</u>	3. M.I. <u>M.</u>	
4. Relationship to Business (Title) <u>Sole Proprietor</u>	5. Email <u>J.Washington66@yahoo.com</u>	6. Phone <u>608-446-0424</u>	
7. Home Address [REDACTED]			
8. City <u>Madison</u>	9. State <u>WI</u>	10. Zip Code <u>53704</u>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <u>Madison, WI</u>	

Part C: Address History					
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years <u>33</u></td> <td style="width: 50%;">Months</td> </tr> </table>	Years <u>33</u>	Months
Years <u>33</u>	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]	City <u>Madison, WI</u>	State <u>WI</u>	Zip Code <u>53704</u>		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>IL</u>	County <u>Cook</u>	State	County		
State <u>WI</u>	County <u>Dane</u>	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 03-31-25
--------------------------------------------------------------------------------------------------	------------------

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Evansville
License Period	25-26

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

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

Fees	
License Fees	\$ 600
Background Check Fee	\$ 14
Publication Fee	\$ 100
Total Fees	\$ 714

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Trappers BAR & Grill LLC			
2. Business Trade Name or DBA			
3. FEIN 92-0636569		4. Wisconsin Seller's Permit Number 456-103114989204	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisc		7. Date of Organization 11-1-2022	8. Wisconsin DFI Registration Number
9. Premises Address 50 Union St			
10. City EVANSVILLE		11. State WI	12. Zip Code 53534
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: EVANSVILLE		15. Aldermanic District
16. Premises Phone 582-1170	17. Premises Email trappersbar50@gmail	18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. un-used bev. are in a secure, locked area in basement BAR Area & 2 diningrooms, all alcohol is kept behind bar w/ licensed adult & only served by adult			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Schuh	Travis	owner	[REDACTED]
Sluz	Vanessa	manager	

Part D: Attestation

One of the following must sign and attest to this application:
 sole proprietor one general partner of a partnership one corporate officer one member of an LLC

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

Last Name Schuh	First Name Travis	M.I. J
Title owner	Email trappers bar 50@gmail	Phone [REDACTED]
Signature <i>[Handwritten Signature]</i>		Date 4-10-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-10-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Travis

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date 4-10-25

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Trappers Bar and Grill LLC

2. Business Trade Name or DBA

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name Schuh 2. First Name Travis 3. M.I. J

4. Email trappers bar 50@gmail.com 5. Phone [REDACTED]

6. Home Address [REDACTED]

7. City Orfordville 8. State WI 9. Zip Code 535710 10. Age 43

11. Drivers License/State ID Number [REDACTED] 12. Drivers License/State ID State of Issuance WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name	Schuck	First Name	Travis	M.I.	J.
Title	owner	Email	[REDACTED]	Phone	[REDACTED]
Signature				Date	4-10-25

Part E: Agent Attestation

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

Last Name	Schuck	First Name	Travis	M.I.	J.
Signature				Date	4-10-25



City of Evansville

www.ci.evansville.wi.gov

Date: Thursday, April 10, 2025
To: Police Department
From: Leah Hurtley/Jolene Klitzman
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Renewals

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

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Trappers Bar & Grill	Schuh	Travis	[REDACTED]	04-24-25	A - [Signature]	
	Slye	Vanessa M.	[REDACTED]	04-24-25	A [Signature]	

Alcohol Beverage Individual Questionnaire

Date 4-10-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Trappers BAR and Grill LLC</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>SCHUK</u>	2. First Name <u>TRAVIS</u>	3. M.I. <u>J</u>	
4. Relationship to Business (Title) <u>owner</u>	5. Email [REDACTED]		
7. Home Address [REDACTED]			
8. City <u>Orfordville</u>	9. State <u>WI</u>	10. Zip Code <u>53570</u>	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years <u>43</u> Months <u>2</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 [REDACTED]	City <u>Orfordville</u>	State <u>WI</u>	Zip Code <u>53570</u>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <u>WI</u>	County <u>DANE</u>	State	County
State <u>WI</u>	County <u>ROCK</u>	State	County

Continued →

Part D: Criminal History

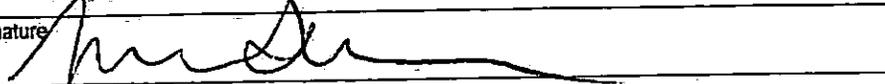
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated DUI	Location Rock County	Conviction Date 4-16-08
Penalty Imposed Ticket, 10 days bracelet	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated DUI	Location Rock County	Conviction Date
Penalty Imposed tickets	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date 3-17-08
Penalty Imposed	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 4-10-25
---------------------------------------------------------------------------------------------------	------------------------

Travis

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date: 4-10-25

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Trappers Bar and Grill LLC

2. Business Trade Name or DBA

3. Entity Type (check one)
 Limited Liability Company
 Corporation
 Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License
 State Permit

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

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

Part B: Agent Information

1. Last Name: Schuh

2. First Name: Travis

3. M.I.: J

4. Email: trappersbar50@gmail.com

5. Phone: [REDACTED]

6. Home Address: [REDACTED]

7. City: Orfordville

8. State: WI

9. Zip Code: 53576

10. Age: 43

11. Drivers License/State ID Number: [REDACTED]

12. Drivers License/State ID State of Issuance:

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions

Continued →

Part D: Business Attestation

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

Last Name	Schuck	First Name	Travis	M.I.	J.
Title	owner	Email	[REDACTED]	Phone	[REDACTED]
Signature				Date	4-10-25

Part E: Agent Attestation

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

Last Name	Schuck	First Name	Travis	M.I.	J.
Signature				Date	4-10-25

May 8, 2025

Leah Hurtley
City of Evansville
Evansville, WI 53536

Hello,

I, James A. Brooks, acting as agent for Evansville Community Partnership and the Evansville 4th of July Committee, wish to appeal the decision of the Public Safety Committee and the conditions applied to the picnic permit on Wednesday, May 7, 2025.

Specifically, we would like to address limited service on Sunday, July 6, 2025 and the possibility of private event security.

Thank you for your consideration.

James Brooks for ECP

James Brooks

RECEIVED
5/8/2025
JH



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

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

Application Fee: \$10.00 per Licensed Premise

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premise(s): 1 x \$10.00 = \$ 10- Total Due

License Type: (Check one)

Beer Only

Wine Only

Event Name: FOURTH OF JULY

Event Date: JULY 2-6

Event Time: 12-12

Name of Person in Charge of Event: JIM BRADICKS

Organization

Bona fide Club

Church

Lodge/Society

Chamber of Commerce/ similar
Civic or Trade Organization

Fair Assoc/Agricultural Society

Veteran's Organization

Organization Name: EVANSVILLE COMMUNITY PARTNERSHIP

Address: PO Box 691 EVANSVILLE 53536

Date Organized:

If Corporation, Date of Incorporation:

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



Names and addresses of all Organization Officers:

President/Primary Officer: JIM BRADICKS 310 S 6th St EVANSVILLE

Name Address City/State/Zip

Vice President: _____

Name Address City/State/Zip

Secretary: _____

Name Address City/State/Zip

Treasurer: _____

Name Address City/State/Zip

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

Address/Location Description: LEONARD LEOTA PARK NEAR UPSA DINNOR D

Do premises occupy all or part of building? OUTSIDE

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

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

[Handwritten Signature]



Temporary Class "B" / "Class B" Retailer's License AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: <u>JULY 2-4, 2025</u>	EVENT TIME: <u>12-12</u>
NAME: <u>JAMES BROOKS</u>	DATE OF BIRTH: <u>8/8/1957</u>
ADDRESS: <u>310 S 6th ST 53536</u>	
EMAIL: <u>JAMES.A.BROOKS@CAROLINA.COM</u>	PHONE: <u>608 238 0587</u>

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

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

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

[Signature] 4/5/25
Signature of Manager/Person in Charge of event Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Police Chief's Signature

Date

Date Filed with Clerk: 5-5-25

Date License Issued:

Public Safety: 5-7-2025

Clerk's Signature:

Paid To:
City of Evansville

Notes & Receipt Information:

Receipt: 1.158650 10.00
EVANSVILLE COMMUNITY PA
May 5, 2025 12:51 PM



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

7E3-4

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

Application Fee: \$10.00 per Licensed Premise

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premise(s): 1 x \$10.00 = \$ 10- Total Due

License Type: (Check one)

Beer Only

Wine Only

Event Name: FOURTH OF JULY

Event Date: JULY 2-6

Event Time: 12-12

Name of Person in Charge of Event: JIM BRADICKS

Organization

Bona fide Club

Church

Lodge/Society

Chamber of Commerce/ similar
Civic or Trade Organization

Fair Assoc./Agricultural Society

Veteran's Organization

Organization Name: EVANSVILLE COMMUNITY PARTNERSHIP

Address: PO Box 691 EVANSVILLE 53536

Date Organized:

If Corporation, Date of Incorporation:

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

Names and addresses of all Organization Officers:

President/Primary Officer: JIM BRADICKS 310 S 6th St EVANSVILLE
Name Address City/State/Zip

Vice President: _____
Name Address City/State/Zip

Secretary: _____
Name Address City/State/Zip

Treasurer: _____
Name Address City/State/Zip

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

Address/Location Description: LEONARD LEOTA PARK NEAR MAPSA DINNOR D

Do premises occupy all or part of building? OUTSIDE

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

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

[Handwritten Signature]



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

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: July 2-6, 2025

EVENT TIME: 12-12

NAME: JAMES A BROOKS

DATE OF BIRTH: 8/8/1955

ADDRESS: 310 S 6th ST 53536

EMAIL: JAMES.A.BROOKS@CAROLINA.COM

PHONE: 608 239 0587

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

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

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

Signature of Manager/Person in Charge of event

5/5/25

Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions X

07/02 - Setup & Storage only, 07/03 - 6p - 12a, 07/04 - 12A-12p, 07/05 - 12p - 12A, 07/06 - No Alcohol Served.

Police Chief's Signature

05/08/2025

Date

Date Filed with Clerk:

Date License Issued:

Public Safety:

Clerk's Signature:

Paid To:
City of Evansville

Notes & Receipt Information:

Receipt: 1.158650 10.00
EVANSVILLE COMMUNITY PA
May 5, 2025 12:51 PM

Addendum To:
Agreement Between Owner and Contractor for Construction Contract
Project #: E02-24A
Owner: Evansville Water & Light

Owner and MP Systems, Inc. ("Contractor") agree to modify Owner's Terms and Conditions related to the Agreement as follows:

1. INDEMNITY/LIMITATION OF LIABILITY:

Contractor only agrees to indemnify, hold harmless and defend Owner and Engineer against any third party claims for personal injury, death or tangible property damage resulting from Contractor's negligence, reduced to the extent of any other party's negligence, provided Contractor is provided reasonable notice regarding such claim and has the sole right to select and direct counsel and settle the claim.

IN NO EVENT SHALL A PARTY'S LIABILITY TO THE OTHER EXCEED AN AGGREGATE OF \$5,000,000 UNDER THIS AGREEMENT. THE PARTIES AGREE THAT NEITHER PARTY SHALL BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES. However, this limit of liability shall not apply to (a) fraud, gross negligence or willful misconduct; (b) indemnity obligations regarding third party claims; or (c) confidentiality obligations herein.

OWNER Signature: _____ Date _____

Name/ Title: _____

7.18 Indemnification

- A. To the fullest extent permitted by Laws and Regulations, and in addition to any other obligations of Contractor under the Contract or otherwise, Contractor shall indemnify and hold harmless Owner and Engineer, and the officers, directors, members, partners, employees, agents, consultants and subcontractors of each and any of them from and against all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to the performance of the Work, provided that any such claim, cost, loss, or damage is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the Work itself), ~~including the loss of use resulting therefrom~~ but only to the extent caused by any negligent act or omission of Contractor, any Subcontractor, any Supplier, or any individual or entity directly or indirectly employed by any of them to perform any of the Work or anyone for whose acts any of them may be liable.
- B. In any and all **third party** claims against Owner or Engineer or any of their officers, directors, members, partners, employees, agents, consultants, or subcontractors by any employee (or the survivor or personal representative of such employee) of Contractor, any Subcontractor, any Supplier, or any individual or entity directly or indirectly employed by any of them to perform any of the Work, or anyone for whose acts any of them may be liable, the indemnification obligation under Paragraph 7.18.A shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for Contractor or any such Subcontractor, Supplier, or other individual or entity under workers' compensation acts, disability benefit acts, or other employee benefit acts.
- C. The indemnification obligations of Contractor under Paragraph 7.18.A shall not extend to the liability of Engineer and Engineer's officers, directors, members, partners, employees, agents, consultants and subcontractors arising out of:
 - a. the preparation or approval of, or the failure to prepare or approve maps, Drawings, opinions, reports, surveys, Change Orders, designs, or Specifications; or
 - b. giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage.

18.04 Limitations of Damages

- A. With respect to any and all Change Proposals, Claims, disputes subject to final resolution, and other matters at issue, neither Owner nor Engineer, nor any of their officers, directors, members, partners, employees, agents, consultants, or subcontractors, shall be liable to Contractor for any claims, costs, losses, or damages sustained by Contractor on or in connection with any other project or anticipated project.
- B. **IN NO EVENT SHALL A PARTY'S LIABILITY TO THE OTHER EXCEED AN AGGREGATE OF \$5,000,000 UNDER THIS AGREEMENT. THE PARTIES AGREE THAT NEITHER PARTY SHALL BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES. However, this limit of liability shall not apply to (a) fraud, gross negligence or willful misconduct; (b) indemnity obligations regarding third party claims; or (c) confidentiality obligations herein. OWNER**

City of Evansville
MAYORAL PROCLAMATION
Proclamation #2025-07

Emergency Medical Services Week

WHEREAS, the week of May 18-24, 2025 has been designated as the 51st time EMS Week has been observed in our nation, will feature the theme, “We Care. For Everyone”; and

WHEREAS, in 1974, President Gerald Ford authorized EMS Week to celebrate EMS practitioners and the important work they do in our nation's communities.

WHEREAS, the City of Evansville is proud of the significant commitment of our Emergency Medical Service personnel; and

WHEREAS, the City of Evansville EMS staff have responded to 710 service calls in 2024, and

WHEREAS, the EMS staff are dedicated and compassionate in providing emergency medical services to the community, and

WHEREAS, the dedicated individuals of the Evansville EMS deserve the community’s support, recognition, and thanks for the considerable training they undertake and the excellent work they do and service they provide; and

WHEREAS, the City of Evansville has the following active emergency medical service providers who respond on a moment’s notice to provide lifesaving and life-enhancing measures for the residents of our city and surrounding towns:

Chief, Carolyn Kleisch
Assistant Chief, Morgan Katzenmeyer
Karla Gay, Treasurer
Klarissa Bennett
Gail Carr
Keri Ann Castonguay
William Castonguay
Meegan Christopherson
Yutzil Contreras Ruiz
Julie Flynn

Scott Genz
Ben Lapointe
Albert Lin
William Mentele
Holly Nida
Lida Nimz
Josh Piper
Edward Vroman
Dennis Wessels
Lawrence White

NOW, THEREFORE, I, Dianne C. Duggan, Mayor of the City of Evansville, do hereby proclaim the week of May 18-24, 2025 to be Emergency Medical Services Week in Evansville. I ask all citizens to respect and appreciate the diligent efforts of our EMS personnel.

Dated this 13th day of May, 2025.

Dianne C. Duggan, Mayor

ATTEST: _____
Leah L. Hurtley, City Clerk

**City of Evansville
MAYORAL PROCLAMATION
Proclamation #2025-08**

Public Works Week

WHEREAS, the week of May 18-24, 2025 has been designated as the Annual National Public Works Week and is being observed in the State of Wisconsin, and

WHEREAS, public works services are an integral part of our citizens’ everyday lives, and

WHEREAS, the health, safety and comfort of our residents greatly depends on the services provided by our Municipal Service Department staff, and

WHEREAS, the City of Evansville is proud of the commitment and hard work of our Municipal Services personnel, and

WHEREAS, the City of Evansville provides residents the following services under the Municipal Services Department:

- Distribute clean water to our homes and businesses
- Treatment of waste water for a cleaner and safer environment
- Repairing, maintaining and snow clearing of roads for safe travel
- Repair of City facilities and equipment to protect the public’s investment
- Repair and maintenance of City parks for the enjoyment of residents and visitors
- Repair and maintenance of Maple Hill Cemetery for our loved ones
- Stormwater management to reduce the flooding of private property
- Electricity to our homes and businesses
- Cleaning of the sewer collection system to reduce sewer back-ups

WHEREAS, the dedicated individuals of the Municipal Services Department face daily risks to provide these services whether treating hazardous waste water, servicing high power distribution lines, repairing roads abutting traffic or clearing snow from the road in bad weather conditions.

WHEREAS, the City of Evansville has the following staff members of the Municipal Services Department that provide these vital services to our community and surrounding area.

- | | |
|--------------------------------------------------|-----------------------------------------------------|
| <i>Scott Kriebs, Municipal Services Director</i> | <i>Kerry Lindroth, Water and Light Foreperson</i> |
| <i>Dale Roberts, Public Works Foreperson</i> | <i>Anthony Brady, Electric Lineperson</i> |
| <i>RJ Laube, Laborer</i> | <i>Michael Mathews, Electric Lineperson</i> |
| <i>John Leuzinger, Laborer</i> | <i>Bradley Nimz, Apprentice Electric Lineperson</i> |
| <i>Ryan Nass, Laborer</i> | <i>Hunter White, Apprentice Electric Lineperson</i> |
| <i>Tim Fischer, Cemetery Sexton</i> | <i>Patrick Hartin, Lead Water Operator</i> |
| <i>Ray Anderson, Parks Custodian</i> | <i>Don Roberts, Water Operator</i> |
| <i>Andy Tomlin, WWTP Operator in Charge</i> | <i>Nicholas Ambrose, WWTP Operator</i> |

NOW, THEREFORE, I, Dianne C. Duggan, Mayor of the City of Evansville, do hereby proclaim the week of May 18-24, 2025 to be National Public Works Week in Evansville. I ask all citizens to respect and appreciate the diligent efforts of our Municipal Services personnel. Dated this 13th day of May, 2025.

Dianne C. Duggan, Mayor

ATTEST: _____
Leah L. Hurtley, City Clerk

Introduced: 5/13/2025
Adoption: 5/13/2025

**City of Evansville
MAYORAL PROCLAMATION
Proclamation #2025-09**

PRIDE MONTH JUNE 2025

WHEREAS; catalyzed in the early hours of June 28, 1969, the Stonewall Riots in the Greenwich Village neighborhood of Manhattan, New York, marked a pivotal turning point in the fight for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) rights in the United States; and

WHEREAS, the City of Evansville is a friendly and welcoming community that celebrates and promotes diversity and inclusion; and

WHEREAS, the City of Evansville recognizes the importance of inclusion, equality, and freedom; and

WHEREAS; members of the LGBTQ+ community in our state, across our nation and around the world have collectively worked to overcome gender, race, sexuality, and class adversity for generations, combating social stigma and demanding visibility; and

WHEREAS, the City of Evansville is dedicated to fostering acceptance of all its residents and preventing discrimination and harassment based on sexual orientation or gender identity; and

WHEREAS, the City of Evansville is strengthened by and thrives upon the rich diversity of ethnic, cultural, racial, gender and sexual identities of its residents; all of which contribute to the vibrant character of our City and

WHEREAS, the City of Evansville recognizes the importance of building protective factors for LGBTQ+ youth in our community,

WHEREAS; there is still much more work to be done to ensure our LGBTQ+ family members, friends and neighbors are treated equitably and with dignity under the law in our state and across our country; and

WHEREAS; this month, as we raise the Pride flag in front of City Hall, we are reminded that everyone in Evansville deserves to stand boldly in their truth, without fear of persecution, judgement, or discrimination;

NOW, THEREFORE, I, Mayor Dianne Duggan, do hereby proclaim and recognize the month of June as LGBTQ+ Pride Month, and we urge all residents to actively promote the principles of equality and liberty.

Dated this 13th day of May, 2025.

Dianne C. Duggan, Mayor

ATTEST: _____
Leah L. Hurtley, City Clerk

Introduced: 05/13/2025
Adoption: 05/13/2025