

Public Safety Committee
Regular Meeting
Wednesday, May 5, 2021 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

Due to County, State and Federal social distancing recommendations in response to COVID-19, this meeting is being held virtually. Committee members, applicants, and members of the public will be required to participate via the virtual format. To participate via video, go to this website: <https://meet.google.com/xtf-ayun-xwn>. To participate via phone, call this number: 475-222-5110 and enter PIN: 808 226 480# when prompted.

AGENDA

1. Call to Order.
2. Roll Call.
3. Approval of Agenda.
4. Motion to approve the April 7, 2021 Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. Discussion and possible motion to approve the 4th of July Fun Run
 - B. Discussion and possible motion to approve the following Evansville Community School functions:
 - (1)High School Prom, Saturday, May 15th 2021, from 6:00-10:00pm. Location to be in the parking lot of 640 S 5th Street, Evansville.
 - (2)High School Commencement, Friday, June 4th 2021, from 6:30-8:30pm. Location: the football grounds of 640 S 5th Street, Evansville. Rain date June 5th.
 - (3)Middle School Dance, Tuesday, June 8th 2021, from 6:00-8:00pm. Location to be on the large blacktop area at 340 Fair Street, Evansville. Rain date June 9th.
 - C. Discussion and possible motion to approve the Temporary Class “B” Retailer’s License Application for Evansville Home Talent Baseball Club Inc. (Evansville Jays) for Friday, May 21st 2021, at Lake Leota Park, Upper Diamond.
 - (1) Staff Memo from City Clerk, Darnisha Haley.
 - D. Motion to approve the Original Operators License application(s) for: (approved by Police Lieutenant Chris Jones unless otherwise noted).
 - (1)Amber Dienberg (Previously non recommended, returning from 2/3/2021 meeting per Committee request)
 - (2)Cierra Kathryn Glick
 - E. Motion to approve the Renewal Operators License application(s) for: (approved by Police Lieutenant Chris Jones unless otherwise noted).
 - (1)Carmen Renee McIntyre
 - (2)Lisa A. Sonnentag
 - (3)Trudy Lou Helley
 - (4)Diane E Neuenschwander
 - (5)Gregory Brandt Helgesen0
 - (6)Catherine M. Rooney
 - (7)Christal Riveria Helgesen
 - (8)Joshua Michael Blosser

- (9) Alayna Jayne Argue
- (10) John Leigh Schneider
- (11) Candace Lee Andrews
- (12) John Paul Petterson
- (13) Allan L Hurst
- (14) Lynda M Laursen
- (15) Brittany Lee Long
- (16) Jazmine Rae Vanderhoef
- (17) John Carlos Lara
- (18) Joel David Bessire
- (19) James A Brooks (approved by Police Chief Reese)
- (20) Jessica M Bridges (approved by Police Chief Reese)
- (21) Tiffany Fae Bessire (approved by Police Chief Reese)
- (22) Bret Keith Church (approved by Police Chief Reese)
- (23) Angela Nicole Riniker (approved by Police Chief Reese)

F. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Applications for a **Class A Beer/Class A Liquor License** for: (approved by Police Lieutenant Chris Jones unless otherwise noted)

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

G. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Application for a **Class A Beer License** for: (approved by Police Lieutenant Chris Jones unless otherwise noted)

- (1) **Landmark Services Cooperative, Jessica Golz, Agent**, 6909 N Cty Rd M #65, Evansville, WI 53536, d/b/a Cenex Convenience Store of Evansville, 9 John Lindemann Drive, Evansville, WI 53536.

H. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License applications for a **Class B Beer/Class B Liquor License** for: (approved by Police Chief Reese unless otherwise noted)

- (1) **Bessire Bowl, LLC, Tiffany Bessire, Agent**, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
- (2) **Creekside Place Inc., Nicholle L Wagner, Agent**, 14246 W Golf Air Drive, Evansville, WI 53536, **Kari Fehrenbacher, Agent**, 16902 W Porter Rd, Evansville, WI 53536, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
- (3) **The Night Owl Food & Spirits Inc., Gregory P Ardisson, Agent**, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536.
- (4) **Pete's Inn Inc., Linda A Church, Agent**, 555 S. Fifth Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.

- (5) **Romano's Pizza Inc., Antonina Romano, Agent**, 74 N. Sixth Street, Evansville, WI 53536, d/b/a Romano's Pizza, 50 Union Street, Evansville WI 53536.
- (6) **El Vallarta De Evansville, Marco Antonio Lugo Valencia, Agent**, 774 Brown School Rd, Evansville, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
- (7) **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.

I. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Application for a **Class B Beer** and **Class C Wine** License for: (approved by Police Lieutenant Chris Jones unless otherwise noted)

- (1) **Angel's Pizza, LLC, Michael Barcena Agent**, 44 N Madison Street, Evansville, WI 53536, d/b/a Marsala's Pizzeria, 18 E. Main Street, Evansville, WI 53536.
- (2) **The Grove Market, LLC, Jennifer D. Wiedel, Agent**, 112 W. Liberty Street, Evansville, WI 53536, d/b/a The Grove Market, 24 E. Main Street, Evansville, WI 53536.
- (3) **Ceili, LLC, Shannon R. Arndt, Agent**, 414 Meadow Lane, Evansville, WI 53536, d/b/a Ceili Coffee and Wine, 16 W. Main Street, Evansville, WI 53536.

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, June 2nd, 2021 6:00 p.m.

11. Motion to adjourn.

Dianne Duggan, Chairperson

Requests for persons with disabilities who need assistance to participate in this meeting should be made to the City Clerk's office by calling 608-882-2266 with as much advance notice as possible.

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

**City of Evansville Public Safety Committee
Regular Meeting**

Wednesday, April 7, 2021 at 6:00 p.m.

Meeting held virtually due to COVID-19 Guidelines

MINUTES

1. **Call to Order at 6:00pm**, by Dianne Duggan, Public Safety Chair.
2. **Roll Call.**

Members	Present/Absent	Others Present
Aldersperson Dianne Duggan, Chair	P	Bill Hurtley, Mayor
Aldersperson Bill Lathrop	P	Jamie Kessenich, EMS Chief
Aldersperson Erika Stuart	P	Chris Jones, Lieutenant
		Darnisha Haley, City Clerk
		Leah Hurtley, Deputy Clerk

3. *Motion to approve the agenda, by Duggan, seconded by Lathrop. Approved unanimously.*
4. *Motion to approve the March 3, 2021 Public Safety regular meeting minutes and approve them as printed, by Lathrop, seconded by Duggan.*
5. Citizen appearances other than agenda items listed. None
6. Old Business.
 - A. *Discussion and possible motion to recommend to Common Council updated Ordinance 2021-03 Amending Chapter 6 Alcohol Beverage. Motion made by Lathrop, seconded by Duggan. Motion Carried.* Darnisha brought the Amended Alcohol Beverage ordinance back due to Bill's request to have classifications added to the ordinance. Option 1 and Option 2 offered within the packet and presented to the committee. Bill requested to proceed with option 1.
 - B. *Motion to recommend to Common Council Ordinance 2021-04 for updates to Animal Ordinance. Motion made by Stuart, seconded by Lathrop. Motion Carried.* Lathrop requested a grammatical correction to 14-8 2 or more persons, grammatical correction.
 - C. Discussion on EMS and Police Wants & Needs Assessment. Lathrop requested this be on the agenda and supports the need. His opinion would be to continue the topic and have EMS and the Police Department do more of the initial needs assessment ourselves as a cost savings option. Duggan supports the idea to do more homework on our end and then present it to council for direction. Chief Reese and Jamie has the accreditation best practices already and is something that they could put down on paper. Jamie wanted to reiterate again that what she is asking for is not glorified stuff and they do not even have a building that can fit the ambulance in without hitting the walls. In addition, that the current EMS building does not have a building that is legal to sleep in. Duggan reported that Council maybe did not fully support the need but she was purposely waiting to pursue the topic until elections were over and also for the hiring of the new City Administrator. Reese and Kessnich are to sit down and discuss the beginning steps. Lathrop suggested that his incumbent also tour to see what conditions they are working with.
7. New Business.
 - A. Discussion on Place of Last Drink Cooperative Agreement between Janesville Mobilizing 4 Change and Evansville Police Department. Chief Reese presented the topic. Sharing this is an agreement that

“EVPD” has been doing for a number of years. If approved, Jill will be working on gathering data of OWI and drugged driving, from the county and state patrol. EVPD will then provide this information to Janesville Mobilizing 4 Change. In exchange for providing this data, they offer a stipend of \$1,000.00. Reese explained the information is used to help identify the establishments that may be overserving. He went on to say that in Evansville we already know those because we have so few but it is nice to see. Duggan asked if the effort is worth the stipend. Reese said it is not hard to do and the information is helpful and worthwhile. Duggan will bring to council as informational as there is no motion to take and the Chief is the one to sign.

- B. Motion to approve the application for a Street Use License for Creekside Place Cruise Night for the period beginning May through September 2021: Motion made by Stuart, seconded by Lathrop. Motion Carried.**

Thursday, May 6, 2021
Thursday, June 3, 2021
Thursday, July 1, 2021
Thursday, August 5, 2021
Thursday, September 2, 2021

- C. Motion to approve the Temporary Class “B” Retailer’s License Application for Evansville Home Talent Baseball Club Inc. (Evansville Jays) for the period beginning April through September 2021 at Lake Leota Park, Upper Diamond: Motion made by Lathrop, seconded by Stuart. Motion carried.**

Sunday, June 6, 2021
Thursday, June 17, 2021
Sunday, June 20, 2021
Thursday, July 15, 2021
Sunday, July 25, 2021
Thursday, July 29, 2021
Thursday, August 5, 2021

- D. Motion to approve the Original Operators License application(s) for: (approved by Police Chief Reese unless otherwise noted). Duggan requested applicants #1-3 to be separate from 4&5**

#1-3 Motion was made by Stuart, seconded by Lathrop, motion carried.

#4-5 Motion made by Stuart, seconded by Duggan, but recanted immediately as Chairperson Duggan meant to second for denial. Duggan voted in opposition, seconded by Lathrop. Motion denied. Stuart asked for clarification from Chief Reese if his “not recommend” stance was due to the nature of the offenses or failure to disclose the information within the application. Chief Reese shared that Ms. Vanthournout had left off information from her underage drinking that she had just received and found guilty of on 9/14/2020. He felt that it was recent enough that she would remember that. Mr. Oner has some outstanding charges in Green County from 10/2020 for Manufacturing/Delivering THC, and second degree Reckless Endangering Safety. He has had one charge dismissed, one conviction, and one felony charge is still pending. With a long driving record.

- 1) Sarah K. Gay
- 2) Marci L. McCaffrey
- 3) Forrest P. Johnson
- 4) Jonathan I. Oner (not recommended)
- 5) Hannah Vanthournout (not recommended)

- E. Fire District calls and City of Evansville residents. Lathrop requested to add this topic as public record from his experience after serving his term on the Evansville Fire Board. The City of Evansville provides about 60% to the financial support and about 60% of number of calls, excluding mutual aid from other departments. The Board of Trustees of the district includes a member from each of the 6 townships involved and the City has 2 seats. He wanted the committee to be aware of the funding and the activity versus the control discrepancies. Lathrop feels this could be a problem when it comes to the district's policies regarding response fees in particular carbon monoxide responses to charge \$150 vs the standard fee of \$500.00. They expect the \$500 for the natural gas odors and leaks. Lathrop understands that there could be a greater risk when it comes to natural gas; however, we are creating a negative incentive for someone not calling in a gas leak when in fact should. This falls unfairly on city residents because in the last 3 years there have been 33 calls for natural gas odors and leaks, of which 30 were in the city. This particular fee non-reimbursable through insurance and the resident will be responsible for the fee. Lathrop shared his concern with the Fire District Committee but also wanted to emphasize this matter at Public Safety and the city as they may want to discuss and address in the future. Chief Kessnich reported she shares the same concern, stating people do have a fear to call in the event if it is a false alarm and they will be stuck with the large fee.
8. **Evansville Emergency Medical Services Report.** Chief Kessnich shared her written monthly report. Which included ambulance maintenance issues within the last 24 hours. She had a scheduled repair service after one of the ambulances had hit the side of the St. Mary's garage and yesterday while on a service call, a service light came on the second ambulance and it sent it into "shut down mode" causing it to be towed. Thankfully, the repairs ended up being minor, but it left Evansville and the surrounding area without an ambulance. Kessnich reached out to the Chief from the City of Janesville and they allowed her temporary use of one of their ambulances. Kessnich expressed her gratification to the City of Janesville. Lathrop thanked Jamie for her resourceful quick actions and proposed a formal thank you from the City of Evansville to the City of Janesville. Kessnich said she would appreciate that effort and expressed the importance of keeping these strong relationships. ***Chairperson Duggan would like Jamie to draft a letter of appreciation that Dianne will present to Mayor Hurtley to have him sign.***
9. **Evansville Police Department Report.** Chief Reese gave the written monthly report covering the training for officers, community outreach, updates in the department, staffing matters, and accreditation. Duggan asked if the resignation of Officer Wendt had anything to do with the City or anything we could have to prevent him from leaving. Chief Reese confirmed it had nothing to do with the department. Chief Reese just asked for the committees understanding of possible overtime pay while they navigate through the replacement transition. Duggan understood.
- Duggan recapped actionable items prior to the next meeting. Chairperson Duggan would also like to officially thank Bill Lathrop for his time spent sitting on the Public Safety Committee and all of his hard work especially navigating through the Covid-19 pandemic and often times asking hard questions that needed to be asked. Duggan expressed her gratitude for him being here and stepping up to take the open spot. Stuart also expressed her appreciation as well.
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 5, 2021 6:00 p.m.
11. **Motion to adjourn at 6:52 p.m.** *made by Stuart, seconded by Duggan. Motion carried.*

Respectfully submitted, Leah Hurtley, Deputy Clerk City of Evansville

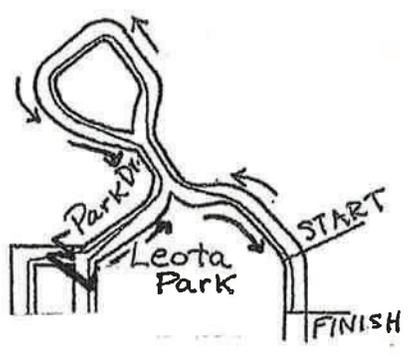
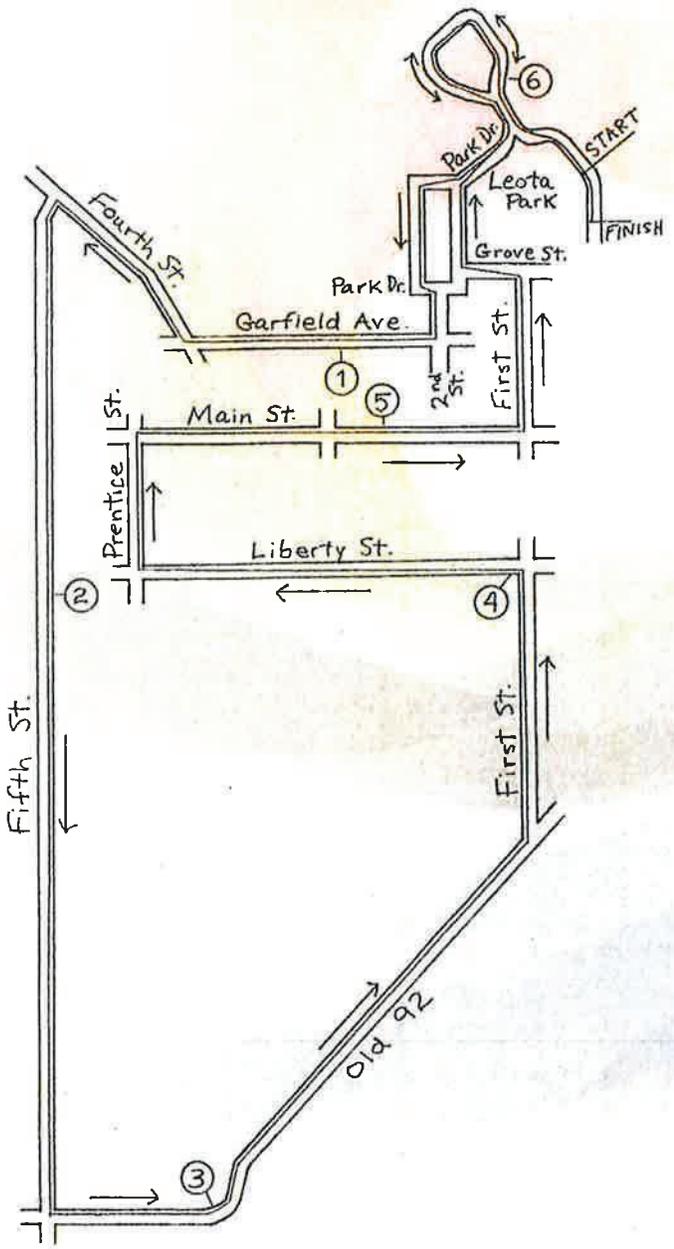
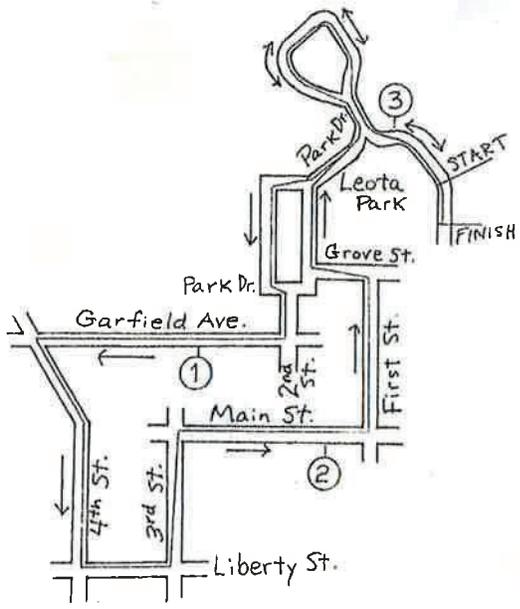


10K / 5K / 1 Mile Run - Walk

Lake Leota Park
Evansville, Wisconsin

5K Course Map

10K Course Map



One Mile Run-Walk Course

.AT

EVANVILLE
JULY 10
EVANVILLE

EVANVILLE JULY 10 EVANVILLE



am representing the Evansville 4th of July Fun Run. Each year we appear before the committee to confirm the racecourse through the city streets, ask about any issues with road construction, confirm where our racers will park, and ask for assistance from EMS and the police department. We have had between 350 to 600 racers in past years. We have no idea what this year will bring, but we are hopeful for numbers in the 300's once again.

The city has always given us full support for everything we've asked, but we don't want to take it for granted which is why we wish to appear in "person" at the safety meeting.

1. All race information can be found on the website if anyone is interested in learning more: www.runsignup.com/Race/WI/Evansville/Evansville4thofjulyrunwalk
2. Our event will take place on July 4th at 8:30am. We will begin race setup at 6AM at Lake Leota Park and throughout Evansville. Clean-up will be completed by 11:30am.
3. I've attached a map of the race routes. The 1Mile race stays inside the boundaries of the park. The 5k and 10k leave the park via 2nd street and return via Grove. Every year the city undertakes some street constructions that sometimes affect our certified course, and we will make modifications as necessary. We place our own volunteers at about every turn on the course as well as orange cones and mile markers along the route to aid in navigation for runners and to alert motorists. We have never asked for traffic closures outside of the park, but we ask our volunteers to stop traffic intermittently if there is a large "clot" of runners crossing an intersection. I can point out those areas if you wish. Our volunteers are identifiable by their shirts, and this year we will have them wearing hi vis yellow vests.
4. **We would like EMS to support the race by having an ambulance available at the park between 8:15-9:45am (approx.). Obviously emergencies come first. I can give you the history of this relationship and how EMS has helped in the past.**
5. **We would like Police assistance in closing Antes Dr near the lake, the 2nd street entrance to the park, and the Grove street entrance to the park between 8:30 and 9:30am. We've never asked for this specific help before. We are hopeful there will be manpower this year. Obviously emergencies come first and we understand this is the most demanding part of the year for the police force. I can give you the history of what we've asked and received from the police in the past at the meeting.**

Dan Winter

4th of July fun run



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

Public Safety Meeting Agenda--4th of July fun run

4 Messages

Dan Winter <Dan@yourlifecircle.net>

Sat, Apr 24, 2021 at 10:53 AM

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

Cc: Amy Eager <amygorsucheager@gmail.com>

Hi Leah,

Thank you for returning my call about the May 5 public safety meeting agenda. I thought it might be easier to eMail vs calling back.

I'm representing the Evansville 4th of July Fun Run. Each year we appear before the committee to confirm the racecourse through the city streets, ask about any issues with road construction, confirm where our racers will park, and ask for assistance from EMS and the police department. We have had between 350 to 600 racers in past years. We have no idea what this year will bring, but we are hopeful for numbers in the 300's once again.

The city has always given us full support for everything we've asked, but we don't want to take it for granted which is why we wish to appear in "person" at the safety meeting.

Other than getting on the agenda, I have some logistical questions. "How" to attend the meeting (I assume I need a Zoom link?). Do I need to send you or the committee any items I wish to share ahead of time, or will I be allowed to use "screen share" to share maps, etc with the committee. Also I would wish to have some other committee members join the zoom meeting as I'm stepping down from the majority of my organizational duties for the run after about 10 years of involvement and I want some other to see how this meeting typically goes.

I'm sure I'm forgetting something....

My cell is 608 302-2213 in the event you prefer to call me back.

Thanks much!!!

Dan W



Dan Winter

Planning & Wealth Management Director

604 Pleasant St Suite 110

Beloit, WI 53511

Ph: 608 365-2115

: 608 313-8484

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Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
To: Dan Winter <Dan@yourlifecircle.net>
Cc: Dianne Duggan <dianne.duggan@ci.evansville.wi.gov>

Tue, Apr 27, 2021 at 3:46 PM

Hello Dan,

I have cc'd Public Safety Chair Dianne Duggan on this email for transparency sake in the event I miss something she would like to see ahead of time.

It would be wonderful if you could have documentation provided ahead of time to make the information part of the permanent packet. It also gives the committee time to look over in the event they have more specific questions. This month's meeting will be heavy with all of the annual alcohol renewals so I would recommend to Dianne that your agenda item be added for discussion and possible motion towards the top of the agenda.

Suggested information to include could be:

- Dates/Times
- Routes or maps
- Specific requests from EMS and the Police Department including road closures.

In order to make it into this month's packet it would be wonderful if you could have this information to me by the end of the day Thursday., April 29th. The Agenda with Packet will be accessible no less than 24 hours prior to the May 5th Meeting at 6:00pm.

Information on when and how to join can be found here:
https://www.ci.evansville.wi.gov/life_in_evansville/city_events_calender/?eid=774

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

Thank you,

Leah Hurtley, Deputy Clerk
City of Evansville
31 S Madison St, PO Box 529
Evansville, WI 53536
(608) 492-0942

[Quoted text hidden]

Dan Winter <Dan@yourlifecircle.net>
To: "leah.hurtley@ci.evansville.wi.gov" <leah.hurtley@ci.evansville.wi.gov>
Cc: "dianne.duggan@ci.evansville.wi.gov" <dianne.duggan@ci.evansville.wi.gov>, Amy Eager <amygorsucheager@gmail.com>, Steve Eager <seager@sbcg.bank>, "Ann Elliott (bellselliott@gmail.com)" <bellselliott@gmail.com>

Tue, Apr 27, 2021 at 5:12 PM

Thank You Leah,

To answer your questions:

1. All race information can be found on the website if anyone is interested in learning more: www.runsignup.com/Race/WI/Evansville/Evansville4thofjulyrunwalk
2. Our event will take place on July 4th at 8:30am. We will begin race setup at 6AM at Lake Leota Park and throughout Evansville. Clean-up will be completed by 11:30am.
3. I've attached a map of the race routes. The 1Mile race stays inside the boundaries of the park. The 5k and 10k leave the park via 2nd street and return via Grove. Every year the city undertakes some street constructions that sometimes affect our certified course, and will make modifications as necessary. We place our own volunteers at about every turn on the course as well as orange cones and mile markers along the route to aid in navigation for runners and to alert motorists. We have never asked for traffic closures outside of the park, but we ask our volunteers to stop traffic intermittently if there is a large "clot" of runners crossing an intersection. I can point out those areas if you wish. Our volunteers are identifiable by their shirts, and this year we will have them wearing hi vis yellow vests.
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Leah or Diane, let me know if you would like any more specific details before the meeting. I will be out of town after April 28th, returning May 2nd, but I will be able to respond to a text or phone call at 608 302-2213.

Thank you very much!

Dan Winter

(CC Amy Eager, Steve Eager, Ann Elliot)

[Quoted text hidden]

 **Course Map.pdf**
1350K

Dianne Duggan <dianne.duggan@ci.evansville.wi.gov>
To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
Cc: Dan Winter <Dan@yourlifecircle.net>

Wed, Apr 28, 2021 at 2:22 PM

Thanks, Leah and Dan.

I look forward to chatting about this at the next public safety meeting.

Dianne
[Quoted text hidden]



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

PSC Meeting May

2 messages

7 B(1)(2)(3)

Mon, Apr 12, 2021 at 2:36 PM

Patrick Reese <p.reese@ci.evansville.wi.gov>
To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
Cc: "Dobbs, Joanie" <dobbsj@evansville.k12.wi.us>, Darnisha <darnisha.haley@ci.evansville.wi.gov>

Good afternoon Leah,

For the next PSC meeting will you please add Ms. Dobbs to the agenda to speak about the following:

- May 15th High School Homecoming dance (outdoors w/ music) 6-10PM
- June 4th High School Commencement 6:30P-8:30P (outdoors w/ HS Band) Rain date June 5th
- June 8th Middle School Dance (Outdoors with music) 6-8PM Rain date June 9th

Thank you,

Chief Patrick Reese
Evansville Police Department
10 West Church Street Evansville WI 53536
Phone: 608.882.2292
Fax: 608.882.2295
www.ci.evansville.wi.gov



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Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
Patrick Reese <p.reese@ci.evansville.wi.gov>
Cc: "Dobbs, Joanie" <dobbsj@evansville.k12.wi.us>, Darnisha <darnisha.haley@ci.evansville.wi.gov>

Mon, Apr 12, 2021 at 3:02 PM

I sure will. Do you happen to have locations of said events?

Thank you,

Leah Hurtley, Deputy Clerk
City of Evansville
31 S Madison St, PO Box 529
Evansville, WI 53536
(608) 492-0942

[Quoted text hidden]

Dobbs, Joanie <dobbsj@evansville.k12.wi.us>
To: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>, Patrick Reese <p.reese@ci.evansville.wi.gov>
Cc: Darnisha <darnisha.haley@ci.evansville.wi.gov>

Mon, Apr 12, 2021 at 3:39 PM

8th grade Recognition is at the Middle School on the large blacktop area just off of First Street.

Prom will be in the parking lot at the HS.

Commencement will be held on the football field.

Joanie Dobbs
JC McKenna Middle School Principal
(608) 882-3302 (office)
(608) 313-4477 (virtual office)

From: Leah Hurtley <leah.hurtley@ci.evansville.wi.gov>
Sent: Monday, April 12, 2021 3:02 PM
To: Patrick Reese <p.reese@ci.evansville.wi.gov>
Cc: Dobbs, Joanie <dobbsj@evansville.k12.wi.us>; Darnisha <darnisha.haley@ci.evansville.wi.gov>
Subject: Re: PSC Meeting May

[Quoted text hidden]



Evansville Home Talent Baseball

13816 W. Northridge Drive
Evansville, Wisconsin 53536
Tel: 608-882-4626
www.evansvillehometalent.org

May 3, 2021

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

Dear Public Safety Committee:

The Evansville Home Talent Baseball Club, Inc. (aka Jays) is applying for a Temporary Class “B” Retailer’s License. This application is the same as previous applications submitted since the 2011 season.

Please find enclosed:

- Application Form AT-315
- Exhibit A – Officer/Manager/Operator Information
- Exhibit B – Location of Premises
- Exhibit C – Name and Dates of Event.

Check #182 (\$10) has been provided to the City for this application.

I will plan on attending the next Public Safety Committee meeting on May 5, 2021 via phone or virtual method.

If there are any questions regarding this application before the May meeting, please feel free to contact me at 608-575-4359 or email jonfrey17@gmail.com.

Sincerely,

Jon Frey
General Manager



APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

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

FEE \$ 10.00

Application Date: May 3, 2021

Town Village City of Evansville County of Rock

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

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

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

at the premises described below during a special event beginning May 21, 2021 and ending Sept 30, 2021 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Evansville Home Talent Baseball Club, Inc (aka Jays)

(b) Address 13816 W Northridge Drive, Evansville, WI 53536
(Street) Town Village City

(c) Date organized January 12, 2005

(d) If corporation, give date of incorporation April 9, 2012

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

(f) Names and addresses of all officers:

President See Exhibit A

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: See Exhibit A

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number See Exhibit B

(b) Lot _____ Block _____

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

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

3. NAME OF EVENT

(a) List name of the event See Exhibit C

(b) Dates of event _____

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer  May 3, 2021
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Evansville Home Talent Baseball Club, Inc (aka Jays)
(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____

EXHIBIT A

Application Date: May 3, 2021

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application

Form AT-315

Item 1f Name and address of officer:

Jon M Frey, President/General Manager
13816 W Northridge Drive
Evansville, WI 53536
City of Evansville Operator's License No. 19/21-10
Birth Date: 12/30/1976

Item 1g Name and address of managers or person in charge of affair:

Same as above.

EXHIBIT B

Application Date: May 3, 2021

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application

Form AT-315 Item 2 - Location of premises where beer will be sold:

Lake Leota Park Upper Diamond Area

Address: Burr W Jones Circle, Evansville, WI 53536

Premises defined by white dashed line noted below in Figure 1



Figure 1

EXHIBIT C

Application Date: May 3, 2021

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application
Form AT-315

Item 3a Name of the event:

Evansville Jays Home Talent Baseball Games

Item 3b Dates of event:

May 21, 2021 thru September 30, 2021



City of Evansville

www.ci.evansville.wi.gov

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

Tuesday, May 04, 2021

Issuance of Temporary Class "B" License

At the April 7th 2021, Public Safety meeting, a motion was made as written by committee. The motion to approve a temporary class "B" license for the dates listed. The motion encompassed the specific dates indicated on Mr. Frey's Evansville Jays application. When we received Mr. Frey's additional date request, which was not indicated within the motion or his original application. It prompted additional steps into this matter since the Clerk's office does not have the authority to issue a license according to City of Evansville's Municipal Code on Alcohol Beverage Sec 6-44.

Sec. 6-44. Temporary class "B" (picnic) beer license or temporary "class B" (picnic) wine license.

Picnic licenses may be issued by the council or the public safety committee under Wis. Stats. § 125.26(6). Application therefor shall be filed at least 30 days prior to the date such license is intended to be used, but applications may be accepted within such 30-day period if the applicant agrees in writing to pay the cost of any special meeting of the council or the committee called for the purpose of acting upon such application.

The Clerk's Office and I felt as though our hands were tied and it would be necessary to bring it to the Chairperson's attention. The steps that were taken were verified by Municipal Code, Wisconsin State Statute and at the recommendation of Jason Lee, Special Agent, State of Wisconsin Alcohol and Tobacco Enforcement. The AT-315 Application for Temporary Class "B"/"Class B" Retailer's License does not allow open-ended application dates, which is why the motion was written to include Mr. Frey's specific requested dates. Unfortunately, we understand that in the past, this was permissible; however, it appears to be incorrect.

In an effort to resolve this issue, and for an immediate solution, it is my recommendation that Mr. Frey list specific dates on a new application for committees approval, as the dates become scheduled the committee will have already given their approval and as we receive payment, then we can issue the license.

Also note the following:

- 1) All beer MUST be purchased through a distributor.
- 2) Jon & Karen Frey both currently have an operator licenses that expires 6/30/2021, this is a reminder that it needs to be renewed. The renewal application date is May 14th to ensure that you have a valid licenses prior to the expiration date.

Sincerely,

Darnisha Haley

Darnisha Haley
City Clerk

7c(1)

(A) 51



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Second main paragraph of text, continuing the narrative or report.

Third main paragraph of text, providing further details.

Fourth main paragraph of text, possibly a concluding thought or summary.

Fifth main paragraph of text, located near the bottom of the page.

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7 D (1)

City of Evansville Public Safety Committee
Regular Meeting
Wednesday, February 3, 2021 at 6:00 p.m.
Meeting held virtually due to COVID-19 Guidelines
MINUTES

1. **Call to Order at 6:00 pm**, by Dianne Duggan, Public Safety Chair.
2. **Roll Call.**

<u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Aldersperson Dianne Duggan, Chair	P	Patrick Reese, Police Chief
Aldersperson Bill Lathrop	P	Jamie Kessenich, EMS Chief
Aldersperson Erika Stuart	P	Chris Jones, Lieutenant
		Jeremy Schmidt, Officer
		Trevor Tway, Officer
		Darnisha Haley, City Clerk
		Leah Hurtley, Deputy Clerk

3. **Motion to approve the agenda**, by Duggan, seconded by Stuart. Approved unanimously.
4. **Motion to waive the reading of the minutes from the January 6, 2021 regularly scheduled Public Safety Meeting minutes and approve them as printed** by Lathrop, seconded by Stuart. Lathrop and Duggan requested grammatical revisions to the paragraph 8(2) and 9. Approved unanimously.
5. **Citizen appearances other than agenda items listed.** None
6. **Old Business.**

A. Discussion on a 4-way stop at the intersection of E Main and Water St. Chief Reese reported topic discussion at a department head meeting. Municipal Services Director Chad Renly looked into the 4-way stop with Lieutenant Jones and Chief Reese. Staff determined that the state would not allow the stop without a considerable amount of money invested into redoing the intersection. Chief Reese's recommendation would be to table the discussion unless directed otherwise. Lathrop questioned accident quantity in relation to other areas in town. Chief disclaimed there has been no formal study and Evansville does not have a large number of accidents in general, however there does seem to be more accidents at that intersection, guessing maybe five accidents in last 7 years. Lieutenant Jones concurred with maybe a few more. Jones also added his main concern is more less the truck routes with the long wait times trying to take a right towards Janesville. Jones reported the state's concern with potential backups and importance with the timing of the stoplight on Hwy 14 and County M. Duggan proposed to consider a special study should there be another incident, until then, this topic is tabled.

7. New Business.

A. Motion to approve the Original Operators License application(s) for: (approved by Police Chief Reese unless otherwise noted).

- 1) Motion was made to approve the Original Operators License application for Sawyer M Sendelbach, by Stuart, seconded by Duggan, Motion carried.

- 2) Motion was made to approve the Original Operators License application for Kari A Fehrenbacher, by Stuart, seconded by Duggan, Motion carried.
- 3) Motion was made to discuss the approval of the Original Operators License application for Amber L Dienberg (not recommended), made by Duggan, seconded by Lathrop. Amber Dienberg attended. Duggan asked why she left off several felonies and misdemeanors off her application. Dienberg claimed that she did not intentionally leave them off rather she misread the question as the question stated "have you been convicted" which she says she has not as they have all been dismissed and she has had a license issued to her by the city since her convictions. Duggan asked for details of the items not disclosed. Dienberg stated Endangerment and Battery charges in 2007. The only conviction she received was a non-criminal ordinance violation for a disorderly conduct in 2008. Duggan said she was ok with approving the license with her explanation. Stuart had additional questions on the previously issued license she received from the city. Dienberg stated eight or 9 years ago, she received a license to serve at Good Speed Gas & Go. Lathrop asked Chief Reese for comments on his nonrecommendation. Chief explained information left off the application on the conviction of the rock county ordinance disorderly conduct, likely due to a plea bargain from the following charges: delinquency of a child, battery, disorderly conduct, and intentional cause to bodily harm to a child (felony). No further questions by the committee. *Duggan voted for the approval of the Original Operators License, Lathrop and Stuart opposed, motion denied.* After the vote of opposition, applicant then asked if there was anything that could be done to change the committee's minds. Duggan proposed a 90-day provisional. Lathrop and Stuart were ok with a provisional Duggan instructed Dienberg to resubmit another application for an Original License with the \$25.00 fees for another background check and she must disclose all information that she should have originally reported, Dienberg will need to return to the May Public Safety Meeting.

B. Discussion for updates to Animal Ordinance. Lieutenant Jones pointed out two separate conflicting ordinances and both ordinances were created to accomplish the same goal however, one has more strict guidelines with the 2+ persons. 14 - 8 says "Disturbing the peace prohibited. No person may keep a Pet which disturbs the peace by loud or unusual noises at any time of the day or night." 14-33(3) says, "Harboring certain dogs or cats prohibited. 3. Habitually makes noise to the annoyance of any two or more other persons." 14-8 seems to cover any animal and 14-33 is more specific to dogs and cats. Leah read Attorney Mark Kopp's response. Duggan supported Lathrop's feedback, that the ordinance as it stands is unnecessarily complex. Chairperson Duggan expressed, Sec 14.33 is specific to the dogs and cats area but even a sentence within 14.8 referring to Sec 14.33, and wants Sec 14.8 clarified while separate to have consistent standards. Lathrop proposed Sec 14.8 to cover details everywhere in the ordinance with respect to noise and disturbing the peace. The language on disturbing the peace in Sec 14.8 and then refer elsewhere to Sec 14.8 silencing other areas where it references to noise. Lieutenant Jones will work on updating the language with his recommendations for next meeting.

C. Discussion on K9 Officers and fundraising by Officer Schmidt and Officer Tway. (Officer Tway left the meeting to respond to a service call.) Chief Reese summarized staff's interest to get a K9 Officer and wanted to gauge interest of the committee. Schmidt reported higher volumes of drug related calls pertaining to drugs and the obstacles they face without having probable cause, which a K9 officer would allow. In reply, the Lathrop summarized that with the change to laws, the K9 would allow for additional legal options currently not available. Lathrop asked about the overall costs as well as annually thereafter. Officer Schmidt estimated the startup costs could be around \$60,000, depends on donations and type of K9 and the level of training of the officers and perhaps \$500.00/year thereafter.

Duggan questioned insurance. Officer Schmidt will investigate this further. Lathrop asked about service life. Schmidt estimated perhaps 8-9 years. Chief Reese acknowledged the biggest expense to the city would be the training time and wages as training and certification would need to be done monthly. Chief Reese will research insurance, wages, training, union and its members in addition to how it may affect the City's insurance. Chief Reese will create a presentation for council input at either a regular Common Council meeting, or the Special Common Council meeting in May.

D. Discussion on resolution/ordinance guidelines for issuance of Alcohol Beverage Licensees in the City of Evansville. Chief Reese explained his goal, along with City Clerk Darnisha Haley was to provide guidance on whether or not to approve nonrecommendations and have a streamlined process in place. Question on whether it should be Resolution vs Ordinance. Darnisha's suggestion was to issue recommended applicants right away as well as a fee increase of \$10.00 to cover the cost of the background check. The committee agreed unanimously to move forward with implementation of proposed recommendations. Darnisha and Chief Reese will work together and present it back to the committee for approval to send to Council.

E. Discussion on Boy Scout event at Lake Leota. Chief Kessnich informed the committee that she was approached with a volunteer request for a private event to demonstrate lifesaving skills. After much discussion and in light of COVID-19 guidelines, the committee agreed unanimously to not support city endorsement of said event.

- 8. Evansville Emergency Medical Services Report.** Chief Kessnich gave a verbal report as her computer was down. 48 calls for service. 3 weeks post second dose of Covid shots. Discussed the desire for a larger garage and the inability to maintain proper vehicle maintenance in the winter due to the less than a foot clearance. Chief Kessnich proposed a possible solution could be to remove the center of the garage. Committee granted Jamie permission to seek quotes on the potential removal of the center garage door.
- 9. Evansville Police Department Report.** Chief Reese gave the written monthly report covering the training for officers, community outreach, updates in the department, staffing matters, and accreditation. Bill Lathrop asked what he could do for Police Department and EMS in terms of space and working conditions. Chief asked for consideration of a joint building in the long term. Stuart shared the concern over other high priority items within the city. Duggan asked the Chief Reese to perform a needs assessment, especially with references with fire code violations. Chief Reese will work on this over the next few months.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, March 3, 2021 at 6:00 p.m.**
- 11. Motion to adjourn at 7:47 p.m.**, made by Duggan, seconded by Lathrop.

Respectfully submitted, Leah Hurtley, Deputy Clerk City of Evansville



OPERATOR'S LICENSE

7D1

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Amber L Dienberg
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Evansville STATE: WI ZIP: 53536 PHONE: L

GENDER: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 months Former Name(s): _____

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>181/2 W Main St apt B Evansville</u>	<u>EV</u>	<u>WI</u>	<u>53536</u>	<u>2018</u> <u>2020</u>
<u>313 S Madison St</u>	<u>EV</u>	<u>WI</u>	<u>53536</u>	<u>2016</u> <u>2018</u>

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

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

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

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

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>physical abuse to children</u>	<u>10/2007</u>	<u>Evansville</u>	<u>WI</u>
<u>contributing to del. of minor</u>	<u>10/2007</u>	<u>Evansville</u>	<u>WI</u>
<u>disorderly conduct - conviction 11/2008</u>			

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin (provisional)

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: [Signature] Email: amberdienberg@gmail.com

Printed Name: Amber Dienberg Date: 4/23/20

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 4-29-21

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

7E1

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: CARMEN RENEAE MCINTYRE DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____ 71

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 YRS Former Name(s): BAUMBERGER

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

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: Carmen McIntyre Email: carmenmcintyre12@gmail.com
 Printed Name: CARMEN MCINTYRE Date: 4/16/2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

	City Clerk's Signature	Date

Approved: [Signature] Denied: 4-29-21 Receipt #: 1,143939
 Police Chief's Signature Date



APPLICATION FOR OPERATOR'S LICENSE

7E2

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Lisa A. Sonntag DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 11 yrs Former Name(s): Lisa A. Luebbe

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

Driver's License No _____ Issuing State: WI

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

Signature: Lisa A. Sonntag Email: _____
 Printed Name: Lisa A. Sonntag Date: 4-3-21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature _____ Date _____

Approved: [Signature] Denied: _____
 Police Chief's Signature _____ Date: 4-29-21

Receipt # 1.143880



APPLICATION FOR OPERATOR'S LICENSE

7E(3)

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

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

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

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

1. LEGAL NAME: _____ DATE OF BIRTH: _____

ADDRESS: ^{First} TRUDY ^{Middle} LYNN ^{Last} HELLEY PHONE: _____

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 MONTHS Former Name(s): TRUDY L. CLOUD

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
299 FRANKLIN ST. EVANSVILLE	WI	53536		2012	2020

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: Trudy L. Helley Email: _____

Printed Name: TRUDY L. HELLEY Date: 4-9-2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 4-29-21

Receipt # 10143873



APPLICATION FOR OPERATOR'S LICENSE

7E(4)

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Diane Elizabeth Neuenschwander DATE OF BIRTH: _____
First Last

ADDRESS: _____ PHONE: _____

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 1/2 years Former Name(s): Kennitz, Oliver

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

<u>348 Bree Dr N</u>	<u>WI</u>	<u>53563</u>	<u>April 2013</u>	<u>October 17</u>
----------------------	-----------	--------------	-------------------	-------------------

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: Diane E Neuenschwander Email: dneuenschwander@caaffiliated.com
 Printed Name: Diane E Neuenschwander Date: 4/12/21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: _____
 Police Chief's Signature Date: 4-29-21

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

7E(5)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Gregory A Brandt Helgesen
 First Middle Last
 ADDRESS: _____
 CITY: Evansville STATE: WI ZIP: 53536
 PHONE: 608 719 4100
 Gender: Male Female
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 22 years
 Former Name(s): NONE
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: Gregory 3. Helgesen Email: greg@helgesens.net
 Printed Name: Gregory 3. Helgesen Date: April 7, 2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: 4-29-21
 Police Chief's Signature Date

Receipt # _____
 Receipt: 1143720
 CRISTAL RIVERA HINOJOSA
 Apr 21, 2021 10:43:26PM



APPLICATION FOR OPERATOR'S LICENSE

7 E (6)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Mary Catherine Rooney
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: 6

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? almost 28 yrs Former Name(s): _____

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

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: M. Catherine Rooney Email: crooney@sharon-law.com

Printed Name: M. Catherine Rooney Date: 4/13/2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: Police Chief's Signature

Denied: _____ Date: 4-29-21

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

7E(7)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Christal Rivera Helgesen DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 23 years Former Name(s): Christal Rivera Flynn

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

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

ARREST AND CONVICTION RECORD

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

Successfully completed a Responsible Alcohol Servers Course Attach certificate of completion for Responsible Alcohol Servers Course

Held an Operator's License Issued in Wisconsin An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Christal R. Helgesen Email: chhelgesen@caia-affiliated.com

Printed Name: Christal R. Helgesen Date: April 7, 2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 4-29-21

Receipt # _____

Receipt: 1.143720 05 02
CHRISTAL RIVERA HELGSEN
Apr 21, 2021 03:33PM



CITY OF EVANSVILLE
Operator's License Application

City Hall
31 S. Madison St
PO Box 76
Evansville, WI 53536

7E(8)

Provisional License \$15.00 Original License \$~~25.00~~³⁵ Renewal License \$25.00

Joshua Michael Blosser
First Middle Last (as on your driver's license) Date of Birth

Address _____ WI 53536
Street City State Zip Code

Telephone No.: _____ Gender: Male Female

Current Driver's License No.: _____ Issued in the State of: WI
(If no current DL, Provide the Last Valid Driver's License No.)

If you are unsure about the answers to questions 3-5 below, you may obtain a copy of your record from the Wisconsin Department of Transportation or visit CCAP's website at <http://wcca.wicourts.gov>. Incomplete information may result in a delay or denial of your application. Answer ALL questions below.

1) In the last 2 years, have you held a valid Wisconsin Operator's License or completed a Wisconsin Certified Responsible Beverage Server's Training Course?
Yes No Original applications require a copy of either document.

2) Do you need to apply for a Provisional (60 Day) License?
Yes No If yes, please enclose an additional \$15.00 fee

3) Have you ever been cited and/or convicted of any felony or misdemeanor in the State of Wisconsin or in the United States?
Yes No If yes, state nature of offense and, if applicable, the conviction date and name of court:

4) Within the last 10 years have you been cited and/or convicted of violating any other law or ordinance in the City of Evansville or State of Wisconsin?
Yes No If yes, state nature of offense and if applicable the conviction date and name of court:

5) Within the last 10 years have you been cited and/or convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors?
Yes No If yes, state nature of offense and if applicable the conviction date and name of court:

I hereby apply for a license to serve Fermented Malt Beverage and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted me. I understand that the Provisional License expires 60 days after issuance and the Original License expires on the second June 30th after issuance (unless revoked prior to expiration).

I certify that I am a citizen of the United States; I am _____ years of age; and that all answers in this application are true and correct, and I agree that any misstatements or omissions of material fact may result in the denial of this application. I understand the application fees are non-refundable.

Date: 4-3-21 Signature of Applicant: 

----- **For Office Use Only** -----

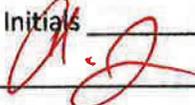
Provisional License Receipt # _____ Faxed _____ Initials _____

Police: Recommend _____ Non-Recommend _____ Signature/Date: _____

Reason for Non-Recommendation if Applicable: _____

Lic No. _____ Issue Date: _____ Date Approved: _____ Clerk Approval: _____

Operator's License Receipt # 143939 Faxed _____ Initials _____

Police: Recommend Non-Recommend _____ Signature/Date:  4-29-21

Reason for Non-Recommendation if Applicable: _____

Public Safety Committee: Granted _____ Denied _____

Reason for Denial: _____

Lic No. _____ Issue Date: _____

Signature/Date: _____ / _____



APPLICATION FOR OPERATOR'S LICENSE

7E(9)

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Alayna Jayne Argue Argue
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Edgerton STATE: WI ZIP: 53534 Gender: Male Female

PHONE: _____

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 months Former Name(s): Alayna Powell

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>909 Bluff St</u>	<u>Beloit</u>	<u>WI</u>	<u>53511</u>	<u>Dec 2014</u>	<u>7-20</u>
<u>1705 King St</u>	<u>Janesville</u>	<u>WI</u>	<u>53546</u>	<u>2017</u>	<u>2019</u>

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Disturbing the Peace</u>	<u>June 2016</u>	<u>Janesville</u>	<u>WI</u>

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

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

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

Signature: Alayna Argue Email: apow747@gmail.com

Printed Name: Alayna Argue Date: 4-10-21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 4-29-21

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

7 E(10)

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: John Leigh Schneider DATE OF BIRTH: 11
First Middle Last

ADDRESS: _____ PHONE: _____
CITY: Evansville STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 26 yrs Former Name(s): _____
Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State Zip From To

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

Signature: John L. Schneider Email: sjohn1248@charter.net
Printed Name: John L. Schneider Date: 4-8-21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature _____ Date _____

Approved: [Signature] Denied: _____
Police Chief's Signature Date: 4-29-21



APPLICATION FOR OPERATOR'S LICENSE

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

7 E (11)

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

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

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

1. LEGAL NAME: Candace Lee Andrews DATE OF BIRTH:
First Middle Last

ADDRESS: PHONE: () - - - - -

CITY: Footville STATE: WI ZIP: 53537 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 20 years Former Name(s):

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

Driver's License No.: Issuing State: Wisconsin

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

Signature: Candace L. Andrews Email: candrews015@gmail.com
Printed Name: Candace L. Andrews Date: 4/1/2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

City Clerk's Signature: _____ Date: _____

Receipt # _____

Approved: Police Chief's Signature Denied: _____ Date: 4-29-21



APPLICATION FOR OPERATOR'S LICENSE

7E(12)

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: JOHN PAUL PETERSON DATE OF BIRTH: Y
First Middle Last

ADDRESS: _____ PHONE: 6

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1993 Former Name(s): _____

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

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: John P. Peterson
Printed Name: JOHN P. PETERSON

Email: _____
Date: 04-02-2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: 4-29-21
Police Chief's Signature Date

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

7E(13)

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

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

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

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

1. LEGAL NAME: ALLAN LEE HURST DATE OF BIRTH: _____
First Middle Last

ADDRESS: 1 PHONE: L

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 50 Former Name(s): _____

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

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

ARREST AND CONVICTION RECORD

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

Successfully completed a Responsible Alcohol Servers Course Attach certificate of completion for Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Allan Hurst Email: _____
Printed Name: ALLAN HURST Date: 4-8-21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature _____ Date _____

Approved: [Signature] Denied: 4-29-21
Police Chief's Signature Date

Receipt # _____
Date _____



APPLICATION FOR OPERATOR'S LICENSE

7 E (14)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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



New/Renewal Operator's License: \$35.00



Provisional Fee: \$15.00

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

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1. LEGAL NAME: Lynda Marie Laurson DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: 608-785-1111

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10 yrs Former Name(s): _____

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

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: Lynda Laurson Email: laursons2@charter.net
 Printed Name: Lynda Laurson Date: 04-15-2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: 4-29-21
 Police Chief's Signature Date

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

7 E (15)

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Brittany Lee Long DATE OF BIRTH: ---
First Middle Last

ADDRESS: Evansville CITY: Evansville STATE: WI ZIP: 53536 PHONE: ---
Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 5 years Former Name(s):

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

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Brittany Long Email: blforrett@gmail.com
Printed Name: Brittany Long Date: 4-15-2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

City Clerk's Signature: Date:

Approved: [Signature] Denied:
Police Chief's Signature: Date: 04-29-21



APPLICATION FOR OPERATOR'S LICENSE

7 E (17)

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

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

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

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

1. LEGAL NAME: John Carlos Lara DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 yrs Former Name(s): _____

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>31 Mill St.</u>	<u>EVANSVILLE WI</u>	<u>53536</u>	<u>2018</u>	<u>2019</u>

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Disorderly Conduct</u>	<u>2018</u> <u>2020</u>	<u>EVANSVILLE</u>	<u>WI</u>

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

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

Attach certificate of completion for Responsible Alcohol Servers Course
 An alcohol agent for a retail alcohol license
 The sole proprietor of retail alcohol license

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

Signature: John Lara Email: Smoothersilk1990@gmail.com
Printed Name: John Lara Date: 4-13-21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature _____ Date _____

Approved: [Signature] Denied: _____
Police Chief's Signature _____ Date: 04-29-21
Receipt #: 1.143874



APPLICATION FOR OPERATOR'S LICENSE

7E(18)

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Joel David Bessire DATE OF BIRTH: _____
 First Middle Last
 ADDRESS: _____ PHONE: _____
 CITY: Evansville STATE: WI ZIP: 53536 Gender: Male Female
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 years Former Name(s): _____
 Prior Street Address if Above Address is Less Than 5 Years State Zip From To

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: Joel Bessire Email: Bessire@BlueDevilBowl.com
 Printed Name: Joel Bessire Date: 4-7-2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: 04-29-21
 Police Chief's Signature Date

Receipt # _____
 Receipt: 1143749
 BESSIRE JOEL
 Apr 13, 2021 10:08AM



APPLICATION FOR OPERATOR'S LICENSE

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

7 E (19)

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

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

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

1. LEGAL NAME: JAMES ALAN BROOKS
First Middle Last DATE OF BIRTH:

ADDRESS: _____ PHONE: _____

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 18 years Former Name(s): N/A AKA Jim

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

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

ARREST AND CONVICTION RECORD

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

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

Signature: James Brooks Email: James.A.Brooks@ci.evansville.wi.us
Printed Name: JAMES BROOKS Date: 4/9/21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature _____ Date _____

Approved: [Signature] Denied: _____
Police Chief's Signature _____ Date: 4/12/21
Receipt # _____
Receipt: 1.143720 35.00
BROOKS JAMES
Apr 9, 2021 02:05PM



APPLICATION FOR OPERATOR'S LICENSE

7 E (20)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Jessica Marie Bridges DATE OF BIRTH: _____

First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Evansville STATE: WI ZIP: 53536 Gender: Male Female K

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 1 year Former Name(s): _____

Prior Street Address If Above Address Is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>25 1/2 Montgomery Ct.</u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2019</u>	<u>2020</u>

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

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

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License Issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Jessica Bridges Email: j.bridges27@gmail.com
Printed Name: Jessica Bridges Date: April 8, 2024

Police Department Recommendation and Comments:	Paid To: _____ City of Evansville Date: _____
Approved: <u>[Signature]</u> Police Chief's Signature	Receipt # _____ Receipt #: 1.143724 35.00 BRIDGES JESSICA Apr 9, 2024 01:57PM
Denied: <u>[Signature]</u> Date: <u>4/12/24</u>	



APPLICATION FOR OPERATOR'S LICENSE

7E (21)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Tiffany Fae Bessire DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 years Former Name(s): Tiffany Fae Harper

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

Driver's License No. _____ Issuing State: Wisconsin

ARREST AND CONVICTION RECORD

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

- Within the last two (2) years, did you have and/or complete one of the following:
- Successfully completed a Responsible Alcohol Servers Course
 - Held an Operator's License Issued In Wisconsin
- Attach certificate of completion for Responsible Alcohol Servers Course
- An alcohol agent for a retail alcohol license
 - The sole proprietor of retail alcohol license

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

Signature: Tiffany Bessire Email: Bessire@BlueDevilBowl.com
Printed Name: Tiffany Bessire Date: 04/06/2021

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: 4/12/21
Police Chief's Signature: _____ Date: _____
Receipt #: _____
Receipt: 1.143723 35.00
BESSIRE TIFFANY
Apr 9, 2021 01:51PM



APPLICATION FOR OPERATOR'S LICENSE

7E(22)

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: BRET KEITH CHURCH DATE OF BIRTH: ()
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: EVANSVILLE STATE: WI ZIP: 53536 Gender: Male Female

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 15 YRS Former Name(s): _____

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

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

ARREST AND CONVICTION RECORD

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following in the City of Evansville or the State of Wisconsin?

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

4. For each Yes response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>DUI</u> <u>4TH</u>	<u>12 / 2015</u>	<u>DANE COUNTY</u>	<u>WI</u>

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: [Signature]
Printed Name: BRET K CHURCH

Email: bret.church@cuaaffiliated.com
Date: 04-06-21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Paid To: _____
City of Evansville
City Clerk's Signature _____ Date _____

Approved: [Signature]
Police Chief's Signature
Denied: 4/12/21
Date

Receipt # _____
Receipt #: 1-143721 35.00
CHURCH BRET
Apr 9, 2021 01:13PM



APPLICATION FOR OPERATOR'S LICENSE

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

7 E (23)

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: Angela Nicole Riniker DATE OF BIRTH: C
First Middle Last

ADDRESS: _____ PHONE: 1

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 5 yrs Former Name(s): _____

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

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

ARREST AND CONVICTION RECORD

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

5. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

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

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

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

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

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

Signature: [Signature] Email: anriniker@gmail.com
Printed Name: Angela Riniker Date: 04/05/21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____
City Clerk's Signature _____ Date _____

Approved: [Signature] Denied: _____
Police Chief's Signature _____ Date: 4/12/21

Receipt # Rec. # 1.143672 \$35.00

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name HAWKS	(First) ANTHONY	(Middle Name) WAYNE	Home Address (Street, City or Post Office, & Zip Code) 538 BIESE STREET, COMBINED LOCKS, WI 54113
---------------------------------	---------------------------	-------------------------------	---

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
JAMES	SAMUEL	J	2501 SE 19TH COURT, ANKENY, IA 50021
Vice President / Member Last Name JOHNSON	(First) BRIAN	(Middle Name) J	Home Address (Street, City or Post Office, & Zip Code) 9129 NW 73RD CIRCLE, JOHNSTON, IA 50131
Secretary / Member Last Name JACKOWSKI	(First) JULIA	(Middle Name) LYNN	Home Address (Street, City or Post Office, & Zip Code) 9813 ILTIS DRIVE, URBAN DALE, IA 50322
Treasurer / Member Last Name PISTILLO	(First) JAMES	(Middle Name) ROBERT	Home Address (Street, City or Post Office, & Zip Code) 3415-159TH STRET, URBAN DALE, IA 50323
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CASEY'S GENERAL STORE #3583 Business Phone Number (608) 882-5699
 2. Address of Premises 230 E MAIN ST Post Office & Zip Code EVANSVILLE, 53536

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

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

ONE STORY PRESTRUCTURED STEEL BUILDING

7F(1)

Wisconsin Seller's Permit Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615</u>

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

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

Contact Person's Name (Last, First, M.I.) MIKAEL LAGE	Title / Member STORE OPERATIONS	Date 4/5/2021
Signature <i>Julia L. Jackowski</i>	Phone Number	Email Address

JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S MARKETING COMPANY

TO BE COMPLETED BY CLERK

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

AT-115 (R. 5-19) *Rec # 1.143938 \$615.00*

7 F(2)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615

A. Individual or Partnership:

Full Name (Last) <u>President</u> <u>Kopeciky</u>	(First) <u>James</u>	(Middle Name) <u>Dean</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8017 N. Ridge Ct. 53536</u>
Full Name (Last) <u>V.P.</u> <u>Kopeciky</u>	(First) <u>Jean</u>	(Middle Name) <u>Louise</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8017 N. Ridge Ct. 53536</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

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

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

Agent Last Name <u>Kopeciky</u>	(First) <u>James</u>	(Middle Name) <u>Dean</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8017 N. Ridge CT 53536</u>
------------------------------------	-------------------------	------------------------------	---

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

President / Member Last Name <u>Kopeciky</u>	(First) <u>James</u>	(Middle Name) <u>Dean</u>	Home Address (Street, City or Post Office, & Zip Code) <u>Evansville WI 8017 N. Ridge CT 53536</u>
Vice President / Member Last Name <u>Kopeciky</u>	(First) <u>Jean</u>	(Middle Name) <u>Louise</u>	Home Address (Street, City or Post Office, & Zip Code) <u>Evansville WI 8017 N. Ridge CT 53536</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Kopeciky's Piggly Wiggly Business Phone Number 608 882 5308

2. Address of Premises 8 N City Rd m Post Office & Zip Code Evansville, WI 53536

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

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

grocery store in designated area

5. Legal description (omit if street address is given on previous page): 8 N Cty Rd M Evansville WI 53531
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) James D Kapecky KAPECKY JAMES D	Title / Member PRESIDENT	Date 4-7-21
Signature <i>James D Kapecky</i>	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of Kopecky's Worldwide Foods, Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kopecky's Worldwide Foods, Inc Kopecky's Piggly wissy
(Trade Name)

located at 8 N. County Road M Evansville, WI 53536

appoints James Dean Kopecky
(Name of Appointed Agent)
8017 N. Ridge Court, Evansville, WI 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 46 years

Place of residence last year 8017 N. Ridge Court, Evansville, WI 53536

For: KOPECKY WORLDWIDE FOODS
(Name of Corporation / Organization / Limited Liability Company)

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

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

JAMES KOPECKY ACCEPTANCE BY AGENT
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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

[Signature] 4/7/21 Agent's age _____
(Signature of Agent) (Date)
8017 N. RIDGE CT, EVANSVILLE WI Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7F(3)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-2021 ending: 6-30-2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>MADISON STREET EXP, INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>104 S. MADISON ST., EVANSVILLE, WI-53536</u>
---	---

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

Agent Last Name <u>SEKHON</u>	(First) <u>PARMINDER</u>	(Middle Name) <u>K</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2644 GRANITE RD, FITCHBURG, WI-53711</u>
----------------------------------	-----------------------------	---------------------------	---

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

President / Member Last Name <u>SEKHON</u>	(First) <u>PARMINDER</u>	(Middle Name) <u>K</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2644 GRANITE RD, FITCHBURG, WI-53711</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>SEKHON</u>	(First) <u>JAY</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>246 2nd ST. SAN FRANCISCO, CA 94105</u>
Directors / Managers Last Name <u>SEKHON</u>	(First) <u>NEIL</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2644 GRANITE RD, FITCHBURG, WI-53711</u>

C. Business Information

1. Trade Name ALL-N-ONE Business Phone Number 608-882-4757
2. Address of Premises 104 S. MADISON ST. Post Office & Zip Code EVANSVILLE, 53536

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

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

STORE BUILDING AT
104 S. MADISON STREET

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 715

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

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

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

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

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

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) SEKHON, PARMINDER K	Title / Member PRESIDENT	Date 4-12-2021
Signature <i>Parminder Sekhon</i>	Phone Number -	Email Address -

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

Town

To the governing body of:

Village

of EVANSVILLE

County of ROCK

City

The undersigned duly authorized officer/member/manager of

MADISON STREET EXPRESS, INC

(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

ALL-N-ONE

(Trade Name)

located at

104 S. MADISON STREET, EVANSVILLE, WI 53536

appoints

PARMINDER SEKHON

(Name of Appointed Agent)

2644 GRANITE RD, FITCHBURG, WI 53711

(Home Address of Appointed Agent)

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

Yes

No

If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

CAMBRIDGE GAS, CAMBRIDGE, WI.

Is applicant agent subject to completion of the responsible beverage server training course?

Yes

No

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

18

Place of residence last year

2644 GRANITE RD, FITCHBURG, WI 53711

For:

MADISON STREET EXP, INC

(Name of Corporation / Organization / Limited Liability Company)

By:

Parminder Sekhon

(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, PARMINDER SEKHON, hereby accept this appointment as agent for the

(Print / Type Agent's Name)

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

Parminder Sekhon

(Signature of Agent)

4-12-2021

(Date)

Agent's age _____

2644 GRANITE RD, FITCHBURG, WI 53711

(Home Address of Agent)

Date of birth _____

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY

(Clerk cannot sign on behalf of Municipal Official)

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

Approved on _____

(Date)

by _____

(Signature of Proper Local Official)

Title _____

(Town Chair, Village President, Police Chief)

7F(4)

Renewal Alcohol Beverage License Application

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

For the license period beginning: July 1, 2021 ending: June 30, 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Olmedo</u>	<u>Kristin</u>	<u>Olin</u>	<u>603 E 2nd Ave, Brodhead 53520</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Olin</u>	<u>Brenda</u>	<u>S.</u>	<u>601 E 2nd Ave, Brodhead 53520</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Olmedo</u>	<u>Kristin</u>	<u>Olin</u>	<u>603 E 2nd Ave, Brodhead 53520</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Olin</u>	<u>Brenda</u>	<u>S.</u>	<u>601 E 2nd Ave, Brodhead 53520</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Olmedo</u>	<u>Kristin</u>	<u>Olin</u>	<u>603 E 2nd Ave, Brodhead 53520</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Evansville Gas N Go Business Phone Number 608-882-9943
 2. Address of Premises 350 N. Union St. Post Office & Zip Code Evansville 53536

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

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

beer cooler + storage on sales floor

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

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

Contact Person's Name (Last, First, M.I.) <i>Brenda S. Oliva</i>	Title / Member <i>President</i>	Date <i>7/14/21</i>
Signature <i>Brenda S. Oliva</i>	Phone Number <i>522000</i>	Email Address

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2021 ending: 06 30 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company LANDMARK SERVICES COOPERATIVE	Address of Corporation / Limited Liability Company (if different from licensed premises) 1401 LANDMARK DR., COTTAGE GROVE, WI 53527
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name GOLZ	(First) JESSICA	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 6909 N. CTY RD M #65 EVANSVILLE, WI 53536
--------------------------------	---------------------------	---------------	--

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
DELL	JIM		4948 CREEK HAVEN RD. COTTAGE GROVE, WI 53527
Vice President / Member Last Name ARNOLD	(First) KEITH	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 7212 KALTENBERG PASS SUN PRAIRIE, WI 53590
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name TORAASON	(First) TIMOTHY	(Middle Name) J.	Home Address (Street, City or Post Office, & Zip Code) 36455 WEST ST., WHITEHALL, WI 54773
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CENEX CONVENIENCE STORE EVANSVILLE Business Phone Number 608-882-2621
 2. Address of Premises 9 JOHN LINDEMANN DR. Post Office & Zip Code EVANSVILLE 53536

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

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

Applicant's Wisconsin Collector Permit Number **7G(1)**

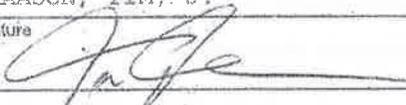
FEIN Number _____

TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
<input checked="" type="checkbox"/> Publication fee	\$ <u>15 pd</u>
TOTAL FEE	\$

Rec # 1143952
#15

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

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

Contact Person's Name (Last, First, M.I.) TORAASON, TIM, J.	Title / Member DIVISION MANAGER	Date 04/15/2021
Signature 	Phone Number	Email Address tim.toraason@cityofmilwaukee.gov

TO BE COMPLETED BY CLERK

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

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

7G(1)

Submit to municipal clerk.

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

To the governing body of: Town Village of EVANSVILLE County of ROCK
 City

The undersigned duly authorized officer/member/manager of LANDMARK SERVICES COOPERATIVE
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as CENEX CONVENIENCE STORE OF EVANSVILLE
(Trade Name)

located at 9 JOHN LINDEMANN DR., EVANSVILLE, WI 53536

appoints JESSICA GOLZ
(Name of Appointed Agent)
6909 N CTY RD M #65, EVANSVILLE, WI 53536
(Home Address of Appointed Agent)

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

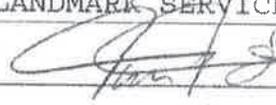
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 34

Place of residence last year 6909 N CTY RD M #65, EVANSVILLE, WI 53536

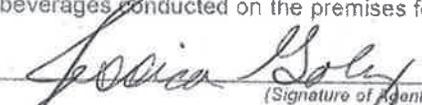
For: LANDMARK SERVICES COOPERATIVE
(Name of Corporation / Organization / Limited Liability Company)

By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, JESSICA GOLZ,
(Print / Type Agent's Name) hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 4-23-21
(Signature of Agent) (Date) Agent's age: _____
6909 N CTY RD M #65, EVANSVILLE, WI 53536
(Home Address of Agent) Date of birth: _____

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7H(1)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 2021 ending: 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Bessire Bowl LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>221 Noahs Arc Ct. Evansville, WI 53536</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Bessire</u>	(First) <u>Tiffany</u>	(Middle Name) <u>Fae</u>	Home Address (Street, City or Post Office, & Zip Code) <u>221 Noahs Arc Ct. Evansville, WI 53536</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Bessire</u>	(First) <u>Tiffany</u>	(Middle Name) <u>Fae</u>	Home Address (Street, City or Post Office, & Zip Code) <u>221 Noahs Arc Ct. Evansville, WI 53536</u>
Vice President / Member Last Name <u>Bessire</u>	(First) <u>Joel</u>	(Middle Name) <u>David</u>	Home Address (Street, City or Post Office, & Zip Code) <u>221 Noahs Arc Ct. Evansville, WI 53536</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Blue Devil Bowl Business Phone Number 608-882-9850
2. Address of Premises 108 E. Main St. Post Office & Zip Code Evansville, 53536

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615

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

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

Contact Person's Name (Last, First, M.I.) <i>Bessire, Tiffany F.</i>	Title / Member <i>Owner</i>	Date <i>4/6/2021</i>
Signature <i>Tiffany Bessire</i>	Phone Number <i>1</i>	Email Address

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of Bessire Bowl LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

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

located at 108 E. Main St. Evansville, WI 53536

appoints Tiffany Bessire
(Name of Appointed Agent)
221 Noahs Arc Ct. Evansville, WI 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 11 years

Place of residence last year 221 Noahs Arc Ct. Evansville, WI 53536

For: Bessire Bowl LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Tiffany Bessire
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

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

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

Tiffany Bessire 4/6/2021 Agent's age _____
(Signature of Agent) (Date)
221 Noahs Arc Ct. Evansville, WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7H(2)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07-01-2021 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 1615.00

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Creekside Place, Inc</u>	<u>102 Maple Street, Evansville, WI 53536</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Wagner</u>	<u>Nicholte</u>	<u>L</u>	<u>14246 W Golf Air Dr, Evansville WI 53536</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Tway</u>	<u>Beau</u>	<u>R</u>	<u>8025 N City Rd M, Evansville WI 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Davis</u>	<u>William</u>		<u>401 S 6th St, Evansville WI 53536</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Alt</u>	<u>Mary Anne</u>		<u>216 East Main St Evansville WI 53536</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Beltran</u>	<u>Dierdre</u>		<u>417 Higgins Drive Evansville WI 53536</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Wagner</u>	<u>Nicholte</u>	<u>L</u>	<u>14246 W Golf Air Dr Evansville WI 53536</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Creekside Place, Inc Business Phone Number 608-882-0407
 2. Address of Premises 102 Maple Street Post Office & Zip Code Evansville WI 53536

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Community Center that hosts events such as weddings, gatherings, Art receptions Fundraising events, etc. Beverages are hosted inside the building in all rooms as well as outside covering the Creekside owned parking lot + side lawn + behind the building

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

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

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

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

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

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>Nicholle L. Wagner</i>	Title / Member <i>Executive Director</i>	Date <i>4/4/2021</i>
Signature <i>Nicholle Wagner</i>	Phone Number	Email Address <i>nicki@creeksideplace.org</i>

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of Creekside Place, Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Creekside Place, Inc
(Trade Name)

located at 102 Maple Street, Evansville WI 53536

appoints Nicholle L Wagner
(Name of Appointed Agent)
14246 W Golf Air Drive Evansville WI 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 48 yrs

Place of residence last year 14246 W Golf Air Drive Evansville WI 53536

For: Creekside Place INC
(Name of Corporation / Organization / Limited Liability Company)

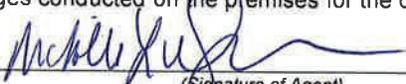
By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Nicholle L Wagner, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

 4/4/2021 Agent's age _____
(Signature of Agent) (Date)
14246 W Golf Air Drive, Evansville WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7H(2)

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Evansville County of Rock
 City

The undersigned duly authorized officer/member/manager of Creekside Place, Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Creekside Place Inc

located at 102 Maple Street, Evansville WI 53536
(Trade Name)

appoints Kari Fehrenbacher
(Name of Appointed Agent)
16902 W Porter Rd Evansville WI 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22 yrs.

Place of residence last year Kari Fehrenbacher 16902 W Porter Rd Evansville WI 53536

For: Creekside Place Inc
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

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

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

Kari Fehrenbacher 4/5/21 Agent's age _____
(Signature of Agent) (Date)
16902 W Porter Rd Evansville WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7H(3)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-2021 ending: 7-30-2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>THE NIGHT OWL FOOD & SPORTS DRG</u>	<u>189 E MAIN ST EVANSVILLE</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ARDISSON</u>	<u>GREGORY</u>	<u>P</u>	<u>217 N 6TH EVANSVILLE</u>

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

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

C. Business Information

1. Trade Name THE NIGHT OWL Sports Pub & Eatery Business Phone Number 882-9973
2. Address of Premises 189 E MAIN ST Post Office & Zip Code 59536

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 6000 SQ FT Building
1 STORY

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$

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

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

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

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

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

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>Greg Addison</i>	Title / Member <i>PRESIDENT</i>	Date <i>4-23-21</i>
Signature <i>[Signature]</i>	Phone Number <i>[Blank]</i>	Email Address <i>[Blank]</i>

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of The Night Owl Food & Spirit
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as The Night Owl Sports Pub & Eatery
(Trade Name)

located at 189 E MAIN ST

appoints GREG ARDISSON
(Name of Appointed Agent)

217 N 6TH STREET EVANSVILLE
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37 yrs

Place of residence last year 217 N 6TH ST

For: THE NIGHT OWL FOOD & SPIRITS INC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, GREGORY P. ARDISSON, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 4/25/21
(Signature of Agent) (Date)

217 N 6TH ST
(Home Address of Agent) Agent's age _____ Date of birth _____

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

711(4)

Renewal Alcohol Beverage License Application

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

For the license period beginning: JULY 01 2021 ending: JUNE 30 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ <u>615.00</u>

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>PETE'S INN INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>14 N MADISON ST EVANSVILLE WI 53536</u>
--	--

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>CHURCH</u>	<u>LINDA</u>	<u>ANN</u>	<u>555 S 5TH ST EVANSVILLE WI 53536</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>CHURCH</u>	<u>LINDA</u>	<u>ANN</u>	<u>555 S 5TH ST EVANSVILLE WI 53536</u>
Vice President / Member Last Name <u>CHURCH</u>	(First) <u>BRET</u>	(Middle Name) <u>KEITH</u>	Home Address (Street, City or Post Office, & Zip Code) <u>294 W MAIN ST EVANSVILLE WI 53536</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name PETE'S INN INC Business Phone Number 608 882-4170
 2. Address of Premises 14 N MADISON ST Post Office & Zip Code EVANSVILLE WI 53536

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BEHIND BAR, BACK WALK IN COOLER, & BASEMENT STORAGE CABE

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

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

Contact Person's Name (Last, First, M.I.) CHURCH LINDA A	Title / Member PRESIDENT	Date 04-06-21
Signature Linda Church	Phone Number 21	Email Address

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of EVANSVILLE County of BOCK

The undersigned duly authorized officer/member/manager of PETE'S INN INC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as PETE'S INN INC
(Trade Name)

located at 14 N MADISON ST EVANSVILLE WI 53536

appoints LINDA A CHURCH
(Name of Appointed Agent)

555 S 5TH ST EVANSVILLE WI 53536
(Home Address of Appointed Agent)

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

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

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

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

Place of residence last year 555 S 5TH ST EVANSVILLE WI 53536

For: PETE'S INN INC
(Name of Corporation / Organization / Limited Liability Company)

By: Linda Church PRESIDENT
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, LINDA A CHURCH, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Linda Church 04-06-21 Agent's age _____
(Signature of Agent) (Date)

555 S 5TH ST EVANSVILLE WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7H(5)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 2021 ending: 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ -15
TOTAL FEE	\$ 615

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Romano's Pizza INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>50 Union St.</u>
--	---

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Romano</u>	<u>Antonina</u>		<u>74 N. 6th St. Evansville WI. 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Romano's Pizza Business Phone Number (608) 882-6786
2. Address of Premises 50 Union St. Evansville Post Office & Zip Code 53536

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

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

Basement, Lounge, Dining Room, Kitchen

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

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

Contact Person's Name (Last, First, M.I.) Romano Antonina	Title / Member owner/agent	Date 4-23-2021
Signature Antonina Romano	Phone Number	Email Address —

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of Romano's Pizza INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Romano's Pizza
(Trade Name)

located at 50 Union St.

appoints Antonina Romano
(Name of Appointed Agent)

74 N. 6th St. Evansville WI. 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 36

Place of residence last year 74 N. 6th St. Evansville WI. 53536

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

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

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

Antonina Romano 4-23-21 Agent's age _____
(Signature of Agent) (Date)

74 N 6th St Evansville WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

74(6)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 6/30/21 ending: 6/30/22
(mm dd yyyy) (mm dd yyyy)

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Lugo</u>	(First) <u>Marco</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>774 Brown School Rd</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Elvallarta LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name <u>Lugo</u>	(First) <u>Marco</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>774 Brown School Rd</u>
--------------------------------	-------------------------	---------------------------	--

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

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

C. Business Information

1. Trade Name Elvallarta Business Phone Number 608-882-1069
2. Address of Premises 609 E. Main St. Post Office & Zip Code _____

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

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

restaurant and walk-in cooler

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

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

4-23-21

Contact Person's Name (Last, First, M.I.) Lugo, Mario, A	Title / Member member	Date 4-23-21
Signature Mario Lugo	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of EVANSVILLE County of ROCK

The undersigned duly authorized officer/member/manager of EL VALLARTA DE EVANSVILLE LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

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

located at 609 E. Main St. Evansville WI 53536

appoints Marco Antonio Lugo Valencia
(Name of Appointed Agent)
774 Brown School Rd Evansville WI 53536
(Home Address of Appointed Agent)

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

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

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

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

Place of residence last year El Vallarta de Evansville LLC

For: 774 Brown School Rd Evansville WI 53536
(Name of Corporation / Organization / Limited Liability Company)

By: Marco-A-Lugo
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

Marco-A-Lugo
(Print / Type Agent's Name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Marco-A-Lugo 4 23 21 Agent's age _____
(Signature of Agent) (Date)

774 Brown School Rd Evansville WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7 H(7)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-21 ending: 6-30-22
(mm dd yyyy) (mm dd yyyy)

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

County of Rock Aldermanic Dist. No. N/A
(if required by ordinance)

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 615

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Evansville Memorial Post 6905 VFW
 Address of Corporation / Limited Liability Company (if different from licensed premises): 179 E Main St. Evansville WI 53536

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Schneider</u>	<u>John</u>	<u>Leigh</u>	<u>15542 W. Francis Rd Evansville WI 53536</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>George</u>	<u>Mike</u>	<u>E</u>	<u>619 Alpine Dr. Janesville WI 53546</u>
<u>Zhe</u>	<u>Lon</u>	<u>L</u>	<u>2866 Wabesa Ave Madison WI 53711</u>
<u>Schneider</u>	<u>Danny</u>	<u>J</u>	<u>539 Plum Tree Dr Evansville WI 53536</u>
<u>Schneider</u>	<u>John</u>	<u>L</u>	<u>15542 W. Francis Rd Evansville WI 53536</u>
<u>Schneider</u>	<u>John</u>	<u>L</u>	<u>15542 W. Francis Rd Evansville WI 53536</u>
<u>Long</u>	<u>Brittany</u>	<u>L</u>	<u>6909 N City Rd M Evansville WI 53536 #67</u>

C. Business Information

1. Trade Name: Evansville Memorial Post 6905 VFW Business Phone Number: 608 882-2335
 2. Address of Premises: 179 E. Main St. Post Office & Zip Code: 53536

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

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

VFW Club + Meeting Hall
Bar and Beer Garden
Storage room

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

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

Contact Person's Name (Last, First, M.I.) <i>Schneider John C.</i>	Title / Member <i>Bar Agent</i>	Date <i>4-8-21</i>
Signature <i>John C. Schneider</i>	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Evansville County of Rock
 City

The undersigned duly authorized officer/member/manager of Evansville Memorial Post 6905 VFW
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Evansville Memorial Post 6905 VFW
(Trade Name)

located at 179 E. Main St. Evansville WI 53536

appoints John L. Schneider
(Name of Appointed Agent)
15542 W. Francis Rd Evansville WI 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 72+

Place of residence last year 15542 W. Francis Rd Evansville WI 53536

For: Evansville Memorial Post 6905 VFW
(Name of Corporation / Organization / Limited Liability Company)

By: John L. Schneider
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, John L. Schneider, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

John L. Schneider 41-8-21 Agent's age _____
(Signature of Agent) (Date)
15542 W. Francis Rd Evansville WI 53536 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7I(1)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 6/30/2021 ending: 6/30/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Evansville
 Village of }
 City of }
County of ROCK Aldermanic Dist. No. _____
(if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Barcena</u>	(First) <u>Michael</u>	(Middle Name) <u>Angel</u>	Home Address (Street, City or Post Office, & Zip Code) <u>44 N Madison St, Apt 1</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Evansville WI, 53536</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Angels Pizzeria LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>18 E Main St, 53536</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Barcena</u>	(First) <u>Michael</u>	(Middle Name) <u>Angel</u>	Home Address (Street, City or Post Office, & Zip Code) <u>44 N Madison St Apt 1</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Barcena</u>	(First) <u>Michael</u>	(Middle Name) <u>Angel</u>	Home Address (Street, City or Post Office, & Zip Code) <u>44 N Madison St, Apt 1</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Evansville WI, 53536</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Marsallos Pizzeria Business Phone Number 608 882 1315
2. Address of Premises 18 E Main St Post Office & Zip Code 53536

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

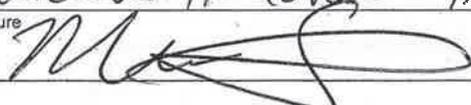
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

Alcohol will all be stored upstairs
(1st floor) inside Pepsi cooler.

* Wurstbeek kept in walkin cooler in the back of kitchen Wisconsin Department of Revenue

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise/Tax return of the licensee? **If not, explain** Yes No
- No sales currently for Alcohol! As of 4/23/2021*
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Barcena, Michael, A</i>	Title / Member <i>owner</i>	Date <i>4/23/2021</i>
Signature 	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Evansville County of Rock

The undersigned duly authorized officer/member/manager of Angel's Pizza LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

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

located at 18 E Main St, Evansville, WI

appoints Michael Angel Barcena
(Name of Appointed Agent)

44 N Madison St, Apt Evansville, WI 52536
(Home Address of Appointed Agent)

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

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
no Angel's Pizza LLC

Is applicant agent subject to completion of the responsible beverage server training course? Yes No (owner)

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 yrs

Place of residence last year 44 N Madison St Evansville WI

For: Marsalas Pizzeria / Angel's Pizza LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

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

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

[Signature] 4/23/2021 Agent's age 1
(Signature of Agent) (Date)

44 N Madison St Apt 1 Evansville WI Date of birth 1
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

7 I (2)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7/1/2021 ending: 6/30/2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>THE GROVE MARKET, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>24 E. MAIN ST, EVANSVILLE, WI 53536</u>
---	--

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

Agent Last Name <u>WIEDER</u>	(First) <u>JENNIFER</u>	(Middle Name) <u>DECKER</u>	Home Address (Street, City or Post Office, & Zip Code) <u>112 W. LIBERTY ST, EVANSVILLE, WI 53536</u>
----------------------------------	----------------------------	--------------------------------	--

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

President / Member Last Name <u>WIEDER</u>	(First) <u>JENNIFER</u>	(Middle Name) <u>DECKER</u>	Home Address (Street, City or Post Office, & Zip Code) <u>112 W. LIBERTY ST, EVANSVILLE, WI 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name THE GROVE MARKET Business Phone Number 608-882-1564

2. Address of Premises 24 E. MAIN ST, EVANSVILLE, WI Post Office & Zip Code 53536

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

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

OUTDOOR PREMISES AT 24 & 24 1/2 E. MAIN ST.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 215

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

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

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

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

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

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>WIEDER, JENNIFER, D.</i>	Title / Member <i>MEMBER-OWNER</i>	Date <i>4/5/21</i>
Signature <i>[Handwritten Signature]</i>	Phone Number <i>[Handwritten]</i>	Email Address <i>jen@thegrovermarketllc.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 9 2021</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of EVANSVILLE County of ROCK

The undersigned duly authorized officer/member/manager of THE GROVE MARKET, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

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

located at 24 E. MAIN ST, EVANSVILLE, WI 53534

appoints JENNIFER DECKER WEDER
(Name of Appointed Agent)

112 W. LIBERTY ST, EVANSVILLE, WI 53534
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 YEARS

Place of residence last year EVANSVILLE, WI

For: THE GROVE MARKET, LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, JENNIFER DECKER WEDER, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 4/5/21 Agent's age _____
(Signature of Agent) (Date)

112 W. LIBERTY ST, EVANSVILLE, WI 53534 Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 6/30/20 ending: 6/30/2022
(mm dd/yyyy) (mm dd/yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Arndt</u>	(First) <u>Shannon</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Meadow Lane Evansville WI 53536</u>
Full Name (Last) <u>Maly</u>	(First) <u>Carl</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Meadow Lane Evansville, WI 53536</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Ceili LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>116 W Main St Evansville, WI 53536</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Arndt</u>	(First) <u>Shannon</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Meadow Lane Evansville, WI 53536</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Arndt</u>	(First) <u>Shannon</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Meadow Lane Evansville WI 53536</u>
Vice President / Member Last Name <u>Maly</u>	(First) <u>Carl</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>414 Meadow Lane Evansville 53536</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Ceili Coffee and Wine Business Phone Number 108-698-9298
 2. Address of Premises 116 West Main St Evansville Post Office & Zip Code 53536

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

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

Two story historic building upstairs is an apartment separate from lower level. First floor is commercial space. Total space is an open room with one utility closet and one handicap accessible bathroom a total of 720 sq feet. There is a concrete patio out front between front door and side walk. Multiple locked cabinets and refrigerators for wine & beer storage.

Applicant's Wisconsin Seller's Permit Number _____	
FEIN Number _____	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 100
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 215

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

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

Contact Person's Name (Last, First, M.I.) Arndt Shannon R	Title / Member Owner	Date 4/20/21
Signature Shannon Arndt	Phone Number 608 698 9098	Email Address Shannon@ceilicoffee.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-23-2021	Date reported to council / board	Date license granted
License number issued 21/22-14 & 21/22-15	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

To the governing body of: Village of Evansville County of Rock
 City

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

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

located at 116 W Main Evansville WI 53536

appoints Shannon Arnold
(Name of Appointed Agent)

414 Meadow Lane Evansville WI 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 43y

Place of residence last year 414 Meadow Lane Evansville WI 53536

For: Ceili
(Name of Corporation / Organization / Limited Liability Company)

By: Shannon Arnold
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Shannon R Arnold, hereby accept this appointment as agent for the
(Print / Type Agent's Name)
 corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Shannon Arnold 4/20/21 Agent's age _____
(Signature of Agent) (Date)

414 Meadow Lane Evansville WI 53536 Date of birth 1
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Evansville Public Safety Police Report

May 5th 2021

8

Committee Members:

Chair Dianne Duggan
Aldersperson Erika Stuart
Aldersperson VACANT

City Representatives:

Mayor: William Hurtley
City Administrator: Vacant
Prepared by: Chief Patrick Reese
Virtual Meeting

Officer Training:

- Chief Reese, Lt Jones, and Sgt Reilly attended “A Supervisor’s Guide to Common Employment Problems” at Waukesha County Technical College
- Sgt Rittenhouse, Officer Nankee, Officer Schmidt, and Officer Johnson have been working on the Department of Justice’s Threat Assessment Team course. The course gives officers information on how to handle and determine the severity of threats in schools
- The department will be holding their annual firearms qualification at Blackhawk Technical College on 05/10
- Officer Wolf has completed Phase II of her academy training and is doing well
- Det Sgt. Rittenhouse and Ofc. Johnson will be attending a free crime scene management class in June. WI DOJ is sponsoring the two-day course

Community Relations:

- Drug take back day was held on Saturday April 24th 2021
 - 18.8lbs of RX drugs taken back on Saturday
 - 167.5 Total since last take back day
- We’ve received several thousands of dollars for Evansville Night Out. Seems like the community is excited to be having this again in 2021. BASE controls the funds for Night Out
- PD staff participated in the Day of Silence to show support to our LGBTQ+ community members
- Alderperson Becker has asked that Chief Reese go on a walk in the community and talk with her regarding issues she had heard during her campaign. Once Chief Reese returns, he will schedule a date that the walk can take place

Monthly Update:

Technology/Equipment/Building Update:

- Lt. Jones has been working with General Communications on finalizing equipment for the new squad. Delays in some product delayed the finish. Waiting on a computer and install of the cradle point technology

- Lt. Jones is working with Rock County IT/911 to set up the new computer for the squad
- Sgt. Reilly worked with Lt. Jones on the CIB/DOJ Audit of the PD. We should be purchasing our own server for the PD independent of City Hall, future discussion will need to take place regarding this

Police Commission/staffing:

- Only one eligible part time offer put in for the permanent full time slot. Once she's done with the academy, we will call a Police Commission meeting together to make the appointment based on Chief Reese's recommendation
- We've received one application for the two openings we have for part time officers. The applicant is promising with prior experience and a move to education as his current full-time career.

The Union contract requires the agency to maintain at least 4 part time officers. We currently have 3 and will be down to 2 after we re-classify Officer Wolf to full time. One of our current part time officers works full time at the Rock County Sheriff's Office and he can usually only work a 6:30A-Noon shift, the other is our Senior Citizen Liaison Officer, Dave. Dave is currently out recovering from a procedure but will return to his duties with the seniors later in the month. Officer Dave cannot do patrol work therefore does not fill shifts. The minimum requirement for part time officers is something that will need to get addressed in future contract negotiations with the WPPA and the City. It's been hard to maintain compliance with the minimum part-time staff required by the union contract. At the time of this report there were 81 law enforcement agencies in the State of Wisconsin hiring for police officers. There is little incentive for applicants to apply for part time work considering the pay, risk, hours, and lack of benefits that come with part time policing. Chief Reese spoke with some other area Chiefs who have part time staff. One Chief said he will no longer fill part time staff because the cost is too burdensome to the City and the quality of candidates has not been attractive to the municipality. The other Chief said he's not gotten any applications for part time and is trying to fill several full-time positions. EPD has always supplemented with part time to help full time staff get days off. This year and last year were two years we had to deny several vacation requests due to staffing shortages. This is not good for morale nor is it good for Officer wellbeing.

Calls for Service: April 2021:1000 April 2020: 1012

Accreditation:

- Chief Reese continuing working on Minocqua PD's CORE assessment review. This is almost complete. This is Minocqua PD's first time at an assessment so they've had some repairs Chief Reese has been assisting them with
- Detective Sergeant Rittenhouse keeps working on our accreditation, this is constantly ongoing and she is attending an assessment training this spring
- Chief Reese conducted an un-announced audit of the evidence room. All items accounted for and the evidence room was in neat and orderly condition with items stored properly

Notable incidents/calls (by Sergeant Reilly):

- Officer Tway made of an adult male for PID Methamphetamine, PID Cocaine, and Possession of Drug Paraphernalia. He was booked at the Rock County Jail on multiple felony charges
- A total of 3 OWI arrest were made. Officer Nankee arrested an adult male for OWI (4th offense) on 04/13/21. The same subject was arrested by Officer Tway on 04/20/21 for the same offense
- Officer Johnson arrested an adult male on domestic related offense. It was later found this subject was out on bail for previous domestic incidents and armed robbery. He was booked at the Rock County Jail on misdemeanor domestic charges and felony Bail Jumping
- Officer Schmidt was dispatched to a male who had overdosed on illicit drugs. The subject was later to be found to be in possession of methamphetamine and taken to the Rock County Jail
- Officer Johnson issued a theft citation to an adult female after she was found to have stolen a package from a resident's front porch
- A total of 83 traffic stops were made (18 stops resulted in citations being issued.)

Other Concerns/Comments:

- Erin Howell with Vivant Health (formally the Aids resource center) inquired if Evansville would like to host Narcan distribution boxes. She's been in touch with Chief Reese and Leah on possibly speaking on the topic at an upcoming PS meeting
- Erin Howell donated several large sharps container and will take them from us when they are full. Even though we don't accept sharps in our drug drop off some people still drop them in there. She has agreed to also have them disposed of for no cost. In the past we paid Evansville Pharmacy to dispose of them
- Chief Reese is looking into grant funding for the purchase of new ballistic vests for the department. Most are nearing their recommended use
- Chief Reese has been looking at the cost of hybrid squad cars. So far the research shows they would cost \$4700 more than the cars we've been purchasing. The

technology has been improving so this may be an option the City decides to go towards in the future

- Lt. Jones is working with the ATF to obtain access to a weapons data base. It was discovered we needed this access after a found gun was turned into the PD and we were trying to identify the owner. Once approve, Lt. Jones will have quicker access to the data base to help identify owners of registered guns

Operational at 10 W. Church Street as of Monday, November 2nd, 2009.

