

A meeting of the City of Evansville Public Safety will be held at the location, on the date, and at the time stated below. Notice is further given that members of the Finance and Labor, Municipal Services, Plan Commission and Economic Development Committee may be in attendance. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608)-882-2266 with as much notice as possible.

Public Safety Committee
Regular Meeting
Wednesday, February 4, 2026, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI
AGENDA

1. Call to Order.
2. Roll Call.
3. Motion to approve the Agenda.
4. Motion to approve January 7, 2026, Public Safety regular meeting Minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(non-recommended by Evansville Police Department)*.
 - 1) Trisha K. Forman
 - B. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department)*.
 - 1) Grady Micheal Maves
 - 2) Katie Nicole Meinke
 - 3) Tomas Jesus Hurley
 - 4) Brittany Karen Hook
 - 5) Lynnea Dawn Callison-Lucas
 - 6) Dylan James Dillman
 - 7) Jaime Lynn Donnelly
 - 8) Brandy Marie Huberd
 - 9) Keith Russell Miller
 - 10) Kyle Walker Perkins
 - 11) Heather Lynn Ott
 - 12) Suzanne M. Soetaert
 - 13) Amber M. Pacetti

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

C. Motion to recommend to the Common Council Approval of the Alcohol Beverage License Applications for a Class “A” Beer/ “Class A” Liquor License for: *(background check recommendations provided by Chief Jones, unless otherwise noted)*

- 1) **Kwik Trip, Inc., Christopher Turenwald, Agent**, 727 N. Jackson Ave., Jefferson, WI 53549 d/b/a Kwik Trip, Inc. 1750, 680 E. Main Street, Evansville, WI 53536

D. Discussion with Greg Arneson and committee on the 4th of July celebration.

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Wednesday, March 4, 2026, at 6:00 p.m.

2026 Meeting Dates: April 1st, May 6th, June 3rd, July 1st, August 5th, September 2nd, October 7th, November 4th, & December 2nd at 6:00 p.m.

11. Adjourn.

Erika Stuart, Chairperson

Public Safety Committee
Regular Meeting
Wednesday, January 7, 2026, 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI
MINUTES

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

- | <u>Members</u> | <u>Present/Absent</u> | <u>Others Present</u> |
|----------------------------------|------------------------------|---|
| Aldersperson Erika Stuart, Chair | P | Chris Jones, Chief |
| Aldersperson Chuck Boyce | P | Carolyn Kleisch, EMS Chief |
| Aldersperson Joe Geoffrion | P | Lt. Ian Reilly |
| | | Det. Johnson |
| | | Colette Spranger, Community Development |
| | | Morgan Katzemeyer, Asst. Chief |
3. **Motion to approve the Agenda.** by Stuart, Seconded by Boyce, Motion Carried 3-0
 4. **Motion to approve December 3, 2025, Public Safety regular meeting Minutes.** by Stuart, Seconded by Geoffrion, Motion Carried 3-0
 5. **Citizen appearances other than agenda items listed.** N/A
 6. **Old Business.** N/A
 7. **New Business.**
 - A. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department).*
 - 1) Drew Donald Thompsonby Stuart, Seconded by Geoffrion, Motion Carried 3-0
 8. **Discussion on Chapter 46 Environment & Property Maintenance.** Community Development Director Colette Spranger talked about our contract with GFL for garbage and bulk pickup and how we are working on getting a company to come and just do code enforcement for the City. Spranger is also going to connect with GFL to get an updated list that can be put out for bulk and get this communicated with the community. Also, will be looking at updating Chapter 46.
 9. **Evansville Police Department Report.** Officer Ritter graduated from the Blackhawk Technical College Police Academy and has started his 12-week FTO training. Officer Schwark turned in a letter of resignation effective January 3, 2025. EVPD attended the Christmas Kindness and the BASE grant award ceremonies. There were 5 notable calls in the month of December. The new Watchguard camera equipment has arrived, 4 new body cameras & 2 new squad cameras. Chief Jones ordered a new 2026 Ford Police Utility Hybrid.
 10. **Evansville Emergency Medical Services Report.** EMS had a refresher with Mercy's MD-1 Dr. Barney. Ashly completed her AEMT class, Ben & Keri are continuing their paramedic classes. Chief Kleisch interviewed 2 new potential employees who both have EMT-Basic certification. CPR was taught to some community members in December. Chief Kleisch attended SCRATC for outside emergencies, including

skiing, snowboarding, sledding and ice skating. EMS attended the Christmas Kindness and the BASE grant award Ceremonies.

11. Meeting Reminder: Wednesday, February 4, 2026, at 6:00 p.m.

2026 Meeting Dates: March 4th, April 1st, May 6th, June 3rd, July 1st, August 5th, September 2nd, October 7th, November 4th, & December 2nd at 6:00 p.m.

12. Adjourn. Stuart adjourned the meeting at 6:40 p.m.

Jolene Klitzman, Deputy Clerk

DRAFT



City of Evansville

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

January 28, 2026

Trisha Forman

Evansville WI 53536

Dear Trisha:

This letter is notification of the Police Department's non-recommendation for issuance of your Operator/Bartender License possibly due to misstatements and/or omissions on your application.

Final action will be taken by the Public Safety Committee at their next meeting on Wednesday, February 4, 2026, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

If you have any questions, please feel free to contact me at 608-882-2266.

Sincerely,

Jolene Klitzman
Deputy Clerk

cc: Leah Hurtley, City Clerk
Erika Stuart, Public Safety Chairperson
Chris Jones, Police Chief



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Trisha</u> <u>K</u> <u>Forman</u> First Middle Last		DATE OF BIRTH: _____	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>9/2001</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
_____		<u>Brooklyn</u>	<u>WI</u>
_____		<u>53501</u>	<u>2012</u> <u>2021</u>

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>DWI</u>	<u>10th yrs</u>	<u>Oregon</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: Trisha Forman

Email: _____
Date: 1/17/2020

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

2000 - Oregon PO - Charged with D.C.
Not Disclosed

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Recommend:

Non-Recommended: X

Receipt #

Police Chief's Signature

Date

01/28/2020



APPLICATION FOR OPERATOR'S LICENSE

7B-1

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

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

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

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

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

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

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

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

Signature: <u>Grady Maves</u>	Email: _____
Printed Name: <u>Grady Maves</u>	Date: <u>1-16-2026</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>Paid to: City of Evansville</u>	Public Safety Committee: <u>Paid to: City of Evansville</u>
Approved: _____	Denied: _____ Date: _____

Clerk's Office Signature _____	Date _____
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Recommend: <u>X</u>	Non-Recommended: <u>Receipt: 1.000160339</u>	Receipt # <u>35.00</u>	Receipt: 1.000160339 <u>15.00</u>
<u>Police Chief's Signature</u>	<u>GRADY MAVES</u>	<u>Jan 19, 2026 3:44 PM</u>	<u>GRADY MAVES</u>
	<u>01/19/2026</u>		<u>Jan 19, 2026 3:43 PM</u>



APPLICATION FOR OPERATOR'S LICENSE

7B-2

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME:	Kate	Nicole	meinke	DATE OF BIRTH:
	First	Middle	Last	
ADDRESS:				PHONE:
CITY:	Janesville	STATE:	WI	ZIP: 53545
Driver's License No.:				GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	1 year, 3 months			Issuing State: WI
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From To
	Janesville	WI	53546	12/23 9/24
	Janesville	WI	53548	4/20 12/23

ARREST AND CONVICTION RECORD

(Anywhere within the United States of America)

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

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

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

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

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: Katie Meinke

Email: _____

Printed Name: Katie MeinkeDate: 12/11/2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____

Denied: _____

Date: _____

Clerk's Office Signature

Date

Recommend: [Signature]

Non-Recommended: _____

Receipt #

Police Chief's Signature

Date

01/28/2024



APPLICATION FOR OPERATOR'S LICENSE

7B-3

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Tomas</u> <u>Jesus</u> <u>Hurley</u>		DATE OF BIRTH: _____	
First Middle Last			
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10 years ish</u>		Former Name(s): _____	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
		Zip	From To

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

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

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

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

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

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: Tomas J Hurley

Email: _____

Printed Name: Tomas J Hurley

Date: 11-9-25

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____
		Date: _____	
		Clerk's Office Signature	Date
Recommend: <u> </u>	Non-Recommended: <u> </u>	Receipt #	
<u> </u>	<u> </u>		
Police Chief's Signature	<u>01/28/2024</u>	Date	



APPLICATION FOR OPERATOR'S LICENSE

7B-4

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53586

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

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

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

1. LEGAL NAME: <u>Brittany</u> <u>Karen</u> <u>Hock</u> First Middle Last			DATE OF BIRTH: _____	
ADDRESS: _____			PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Driver's License No.: _____		Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>10 years</u>		Former Name(s): <u>Hinzpeter</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip

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

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

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

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

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

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

Signature: <u>[Signature]</u>	Email: _____
Printed Name: <u>Brittany Hock</u>	Date: <u>11/20/25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____
		Date: _____	
		Clerk's Office Signature _____	Date _____
Recommend: <input checked="" type="checkbox"/>	Non-Recommended: <input type="checkbox"/>	Receipt # _____	
Police Chief's Signature: <u>[Signature]</u>		Date: <u>08/28/2024</u>	

APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7B-5

<input checked="" type="checkbox"/> New Operator's License: \$35.00	<input type="checkbox"/> Renewal Operator's License: \$35.00	<input checked="" type="checkbox"/> Provisional License: \$15.00
---	--	--

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

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

1. LEGAL NAME: <u>Lynnea Dawn Callison-Lucas</u>		DATE OF BIRTH: <u>11-11-1988</u>				
First	Middle	Last				
ADDRESS: <u>1000 E. Main St.</u>		PHONE: <u>815-233-1111</u>				
CITY: <u>Janesville</u>	STATE: <u>WI</u>	ZIP: <u>53548</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>			
Driver's License No.: <u>01</u>		Issuing State: <u>WI</u>				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>4 yrs</u>		Former Name(s): <u>Lynnea D. Callison</u>				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From	To
<u>1000 E. Main St.</u>		<u>Janesville</u>	<u>WI</u>	<u>53545</u>	<u>2017</u>	<u>2021</u>

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
OWI	08/2016	Milton	WI

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: Terrence William Lucas

Email: _____

Printed Name: Lynnea D. Callison Lucas

Date: 12-14-25

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date _____

Receipt #

Recommend:

Non-Recommended:

Police Chief's Signature

Date _____



APPLICATION FOR OPERATOR'S LICENSE

7B-6

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

☒ New Operator's License: \$35.00

☐ Renewal Operator's License: \$35.00

☐ Provisional License: \$15.00

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

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

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

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

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

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

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

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

Signature: <u>Dylan Dillman</u>	Email: _____
Printed Name: <u>Dylan Dillman</u>	Date: <u>11/12/25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____
		Date: _____	
		Clerk's Office Signature	Date
Recommend: <input checked="" type="checkbox"/>	Non-Recommended: <input type="checkbox"/>	Receipt #	
Police Chief's Signature: <u>[Signature]</u>		Date: <u>01/28/2024</u>	



APPLICATION FOR OPERATOR'S LICENSE

7B-7

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Jaime Lynn Donnelly</u>		DATE OF BIRTH: _____	
First	Middle	Last	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Driver's License No. _____		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 years</u>		Former Name(s): <u>Kiimpelis</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
		<u>Jefferson</u>	<u>WI</u>
		Zip	From
		<u>53545</u>	<u>9/2008</u>
		To	<u>6/2024</u>

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Jaime Donnelly
Printed Name: Jaime Donnelly

Email: _____
Date: 1-17-2026

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Recommend: ☒Non-Recommended: ☐

Receipt #

Police Chief's Signature

Date

01/28/2024



APPLICATION FOR OPERATOR'S LICENSE

7B-8

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Brandy Morie Huberd DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____
CITY: Brooklyn STATE: WI ZIP: 53521 GENDER: Male ☐ Female ☒

Driver's License No.: _____ Issuing State: WI
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 months Former Name(s): Brandy M Kries

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>Janesville</u>	<u>WI</u>	<u>53546</u>	<u>10/24</u>	<u>10/24</u>	<u>10/24</u>
<u>Janesville</u>	<u>WI</u>	<u>53546</u>	<u>04/23</u>	<u>10/24</u>	<u>10/24</u>

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

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

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

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

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

<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: Brandy M. Huberd Email: _____
Printed Name: Brandy Huberd Date: 01/10/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ Public Safety Committee: _____
Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature _____ Date _____

Recommend: ☒ Non-Recommended: ☐ Receipt # _____

Police Chief's Signature: [Signature] Date: 01/28/2024



APPLICATION FOR OPERATOR'S LICENSE

7B-9

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Keith</u> <u>Russell</u> <u>Miller</u>		DATE OF BIRTH: _____		
First Middle Last				
ADDRESS: _____		PHONE: _____		
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Driver's License No.: _____		Issuing State: <u>WISCONSIN</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>23 years</u>		Former Name(s): _____		
Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To

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

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

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE

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

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

Signature: <u>Keith R. Miller</u>	Email: _____
Printed Name: <u>Keith R Miller</u>	Date: <u>12-18-25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature _____	Date _____
Recommend: <input checked="" type="checkbox"/>	Non-Recommended: <input type="checkbox"/>	Receipt # _____	
Police Chief's Signature _____		Date <u>01/28/2024</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7B-10

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

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

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

1. LEGAL NAME: <u>Kyle</u> <u>Walker</u> <u>Perkins</u>		DATE OF BIRTH: <u>7</u>	
First Middle Last		PHONE: <u>7</u>	
ADDRESS: <u>Brooklyn</u>		CITY: <u>WI</u>	
STATE: <u>WI</u>		ZIP: <u>53521</u>	
GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		Driver's License No.: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>5 months</u>		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City State Zip From To	
<u>Brooklyn WI 53521</u>		<u>3/1/25 6/1/25</u>	

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

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

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

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

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

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

Signature: <u>Kyle Perkins</u>	Email: <u>perkins.kyle@gmail.com</u>
Printed Name: <u>Kyle Perkins</u>	Date: <u>12/12/25</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____ Denied: _____ Date: _____	
		Clerk's Office Signature _____ Date _____	
Recommend: <u>X</u>	Non-Recommended: _____	Receipt # _____	
<u>[Signature]</u> Police Chief's Signature	<u>01/28/2024</u> Date		



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7B-11

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

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

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

1. LEGAL NAME: <u>Heather Lynn Ott</u> First Middle Last		DATE OF BIRTH: _____	
ADDRESS: _____		PHONE: _____	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Driver's License No.: _____		Issuing State: <u>Wisconsin</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>15 years</u>		Former Name(s): <u>Heather Marshall Heather Tolin</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State
		Zip	From To

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Heather L. Ott
Printed Name: Heather L. Ott

Email: _____
Date: 12.12.2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Recommend: ☒

Non-Recommended: ☐

Receipt #

Police Chief's Signature

Date

01/28/2026



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7B-12

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

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

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

1. LEGAL NAME: <u>Suzanne</u> <u>M.</u> <u>SOETAERT</u>		DATE OF BIRTH: _____
ADDRESS: _____		PHONE: _____
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: _____		GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>25 yrs</u>		Issuing State: <u>Wisconsin</u>
Former Name(s): <u>Suzanne M. Balke</u> <u>Suzanne M. RENZ</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		
<u>n/a</u>		

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Suzanne M. Soetaert
Printed Name: Suzanne M. Soetaert

Email: _____
Date: 12-19-2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE	
Police Department Recommendation and Comments:	
Public Safety Committee: Approved: _____ Denied: _____ Date: _____	
Clerk's Office Signature _____ Date _____	
Recommend: <u>[Signature]</u>	Non-Recommended: _____
Police Chief's Signature _____	Receipt # _____ <u>01/28/2024</u> Date



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7B-13

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

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

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1. LEGAL NAME: <u>Amber</u> <u>M</u> <u>Paetzi</u> First Middle Last		DATE OF BIRTH: <u>1/1/81</u>	
ADDRESS: <u>1000 W. Madison St.</u>		PHONE: <u>715.432.1234</u>	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Driver's License No.: <u>WISCONSIN</u>		Issuing State: <u>WI</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>3/25</u>		Former Name(s): <u>NA</u>	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To			
<u>Evansville</u>		<u>WI</u>	<u>53536</u>
<u>9/21</u>		<u>3/25</u>	

ARREST AND CONVICTION RECORD

(Anywhere within the United States of America).

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: [Signature]
Printed Name: Amber Paetzi

Email:
Date: 12/21

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: Denied: Date:

Clerk's Office Signature: Date:

Recommend: X Non-Recommended:
[Signature] 01/28/2026
Police Chief's Signature Date

Receipt #

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Evansville City of
License Period	25-26

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

- ☒ Class "A" Beer \$ 100.00 ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ 500.00 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.00
Background Check Fee	\$ 21.00
Publication Fee	\$ 100.00
Total Fees	\$ 721.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 1915			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization October 7, 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address 680 E. Main St.			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Sauk	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Evansville City of		15. Aldermanic District -----
16. Premises Phone 608-490-7002		17. Premises Email LicensingDept@kwiktrip.com	
18. Website www.kwiktrip.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with alcohol storage in walk-in cooler, on sales floor, behind sales counter and back room for off sale consumption. Records kept in office area.			
20. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107			
21. City La Crosse		22. State WI	23. Zip Code 54602-2107

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	
Wagner	David	CFO & Treasurer	
Turtenwald	Christopher	Agent	

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone
Signature <i>Scott P. Zietlow</i>	Date 12/19/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 12-23-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



City of Evansville

www.evansvillewi.gov

Date: Tuesday, December 23, 2025

To: Police Department

From: Leah Hurtley/Jolene Klitzman

Phone: 608-882-2266

Fax: 608-882-2282

RE: Background Checks:

31 S Madison St

PO Box 529

Evansville, WI 53536

(608) 882-2266 phone

(608) 882-2282 fax

Establishment	Name			Police Department Review		
	Last	First	DOB	Date	Approve/Deny w/ Initials	Notes
Kwik Trip, Inc.	Turtenwald	Christopher Richard	4/4/1988	01/19/26	Approved	
	Zietlow	Scott P.	12/14/1957	↓	↓	
	Wagner	David P.	10/5/1965			

Alcohol Beverage Appointment of Agent

Date: 12/21/25

Agent Type (check one)

☒ Original (no fee)

☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 1750

3. Entity Type (check one)

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License

☐ State Permit

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

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

- N/A -

Part B: Agent Information

1. Last Name

Turtenwald

2. First Name

Christopher

3. M.I.

Richard

4. Email

LicensingDept@kwiktrip.com

5. Phone

6. Home Address

7. City

Jefferson

8. State

WI

9. Zip Code

53549

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?

Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?

See instructions for exceptions.

☒ Yes ☐ No

Continued →

Part D: Business Attestation

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

Last Name Zietlow		First Name Scott	M.I. Paul
Title CEO/President	Email LicensingDept@kwiktrip.com		Phone
Signature <i>Scott P. Zietlow</i>			Date 12/19/2025

Part E: Agent Attestation

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

Last Name Turtenwald		First Name Christopher	M.I. Richard
Signature <i>C. T. Turtenwald</i>			Date 12/21/25

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date: 2/21/25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.
2. Business Trade Name or DBA Kwik Trip 1750
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

Part B: Individual Information

1. Last Name Turtenwald	2. First Name Christopher	3. M.I. Richard
4. Relationship to Business (Title) Agent	5. Email LicensingDept@kwiktrip.com	6. Phone
7. Home Address		
8. City Jefferson	9. State WI	10. Zip Code 53549
12. Drivers License/State ID Number		11. Date of Birth
13. Drivers License/State ID State of Issuance WI		

Part C: Address History

1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) /1990	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.	
Previous Address 1	City: Jefferson, State: WI, Zip Code: 53549
Previous Address 2	City: Stoughton, State: WI, Zip Code: 53589
Previous Address 3	City: Stoughton, State: WI, Zip Code: 53589
Previous Address 4	City: , State: , Zip Code:
Previous Address 5	City: , State: , Zip Code:
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.	
State: WI, County: Dane	State: WI, County: Jefferson
State: WI, County: La Crosse	State: WI, County:
State: , County:	State: , County:

Continued →

Alcohol Beverage
Individual QuestionnaireDate
12/19/2025

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

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

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

Part A: Business Information

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

Kwik Trip, Inc.

2. Business Trade Name or DBA

Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Zietlow

2. First Name

Scott

3. M.I.

P

4. Relationship to Business (Title)

CEO & President

5. Email

LicensingDept@kwiktrip.com

6. Phone - Legal Dept.

7. Home Address

8. City

Rochester

9. State

MN

10. Zip Code

55902

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

MN

Part C: Address History

1. Do you currently live in Wisconsin?

☐ Yes ☒ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

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

Previous Address 1

City

Rochester

State

MN

Zip Code

55902

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

State

County

State

County

State

County

State

County

MN

Olmsted

WI

La Crosse

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature <i>Scott P. Filtner</i>	Date 12/19/2025
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Alcohol Beverage
Individual QuestionnaireDate
12/19/2025

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

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

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

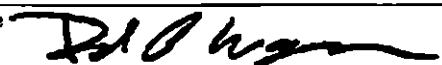
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.	
2. Business Trade Name or DBA Multiple retail locations: Kwik Trip, Tobacco Outlet Plus, Tobacco Outlet Plus Grocery, Stop-N-Go, and Kwik Spirits	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Wagner		2. First Name David		3. M.I. P	
4. Relationship to Business (Title) CFO & Treasurer		5. Email LicensingDept@kwiktrip.com		6. Phone - Legal Dept.	
7. Home Address					
8. City Stoddard		9. State WI	10. Zip Code 54658	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 10/1965							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City Stoddard		State WI		Zip Code 54658	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County La Crosse	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

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

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date <div style="text-align: right; font-weight: bold;">12/19/2025</div>

February 4th, 2026

Evansville Police Department

Public Safety Report

➤ **Training:**

- Officer Ritter and Officer Derrickson continue to progress through FTO training.
- Officer Delgado attended Operation R.U.S.H. training in Sauk Prairie. In this training, Ofc. Delgado will learn in-depth about vehicle searches and drug interdiction work.
- Chief Jones attended the WIDJ 40-hour New Chief/Sheriff training in Milwaukee.
- Lt. Reilly and Officer Schmidt will be attending the National Rx Summit in Nashville in April. The cost is being covered by BASE.

➤ **Community Outreach:**

- Lt Reilly and Sheriff Fell met with community members Friday morning for an open discussion.

➤ **Police Commission/Staffing:**

- The Police Commission did not meet in December. Officer Aydan Schwark resigned effective January 2nd, 2026. A hiring process for a full-time officer is underway and we have begun interviewing candidates.

➤ **Accreditation:**

- Chief Jones, Lt Reilly and Quinn are working on the finishing touches for accreditation.

➤ **Calls for service:** – January 2025: **903** January 2026: **1081**

➤ **Notable calls:**

- Ofc. Nankee investigated a sexual exploitation case. This case involved an adult male sending nude depictions of his genitals to a juvenile female over an app on her phone. During this investigation, Ofc. Nankee was able to obtain suspect information and relay that onto a different agency in order to investigate it further. It should be noted that this male was already a registered sex offender with prior sex offenses of juveniles.
- Officers Hanson and Delgado were requested to respond out into the county for an elderly male that had fallen down the stairs. Upon arrival, Officers checked the condition of the male and recognized that the male had agonal breathing. They began life saving measures by performing CPR. Officers continued CPR until EMS arrived on scene and they took over life saving measures. It should be noted that the male was transported to the hospital with signs of life and to our knowledge, the individual is alive. Officers Delgado and Hanson will be receiving a lifesaving award for this incident.



February 4th, 2026

Evansville Police Department

Public Safety Report

- Officer Derrickson and Sgt. Tway were Dispatched to a Domestic Disturbance in the city where a female was strangled 3 times by her live-in boyfriend. The female had visible bruising on her neck and a large bruise over her carotid artery. During the investigation, Officers were informed that the male asked if she wanted him to kill her and then forced her into the bathtub and began to strangle her for the third time that evening. Due to these statements, the male was arrested for Battery/DV, DC/DV, Strangulation/DV. A charge of Attempted Homicide was also referred to the Rock County District Attorney's Office for review.
- Detective Sergeant Johnson received a report of fraud from an individual who had \$1,500 taken from her bank account after her debit card information was stolen. It was discovered that the money was used to purchase items from Walmart in Roscoe, IL where they were later picked up in person. With the help of Walmart, video footage was obtained of the pickup and a person of interest has been identified. Detective Sergeant Johnson has drafted a subpoena for the victim's bank records in an attempt to obtain the suspect's information to be able to have them arrested.

➤ **Admin update:**

- Lt. Reilly met with District Attorney Sanders and other Rock County LE Agencies about new changes to the domestic violence arrest procedures.
- Lt. Reilly has been conducting interviews of applicants to fill the full-time vacancy.
- Squad 5 had an unfortunate mishap with a deer. It is out of service and being repaired at Utzig Carstar.
- EVPD received a \$3400 grant from Wisconsin Public Power Inc. (WPPI) to use to cover staffing costs for the 4th of July event.

CAD Incidents By Type

Agency: EVPD

Printed:2/2/2026 9:12:18 AM

Covering Incidents From: 01/01/2026 00:00:00 To: 01/31/2026 23:59:59

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	9	911
ABANDONED VEHICLE	4	AVR
ALARM	2	ALARM
ANIMAL COMPLAINT	11	ANM
ASSIST CITIZEN	14	ACIT
ASSIST FIRE OR EMS	24	FAST
ASSIST OTHER JURISDICTION	26	OJUR
BATTERY	1	BAT
BUSINESS CHECK	56	BCK
CHILD OFFENSE	1	CHILD
CIVIL DISPUTE	2	CD
CIVIL PAPER SERVICE	1	CPS
CODE ENFORCEMENT	2	CODE
DEATH INVESTIGATION	1	DOA
DISORDERLY CONDUCT	5	DC
DISTURBANCE	4	DIST
DRUG OFFENSE	1	DRUG
FAMILY PROBLEM	1	FAM
FOLLOWUP	49	FOL
FOOT PATROL	24	FOOT
FRAUD/FORGERY	4	FRD
HARASSMENT	1	HAR
HAZARDOUS CONDITION	2	HAZC
KID PROBLEM	5	KID
LOUD NOISE	2	LOUD
OPEN DOOR/WINDOW	1	OPEN
ORDINANCE VIOLATION	2	ORD
OUT WITH SUBJECT	5	OWS
PARKING COMPLAINT	26	PARK
PHONE MESSAGE FOR OFFICER	1	PHONE
PROPERTY	4	PROPERTY
RESTRAINING ORDER/TRO VIOLATION	1	TRO
SCHOOL PATROL	43	SCHOOL

SECURITY CHECK	635	SECK
SEX OFFENSE	4	SEX
SPECIAL ASSIGNMENT	6	SPAS
STALLED VEHICLE	2	STALLD
SUBJECT DOWN	2	DOWN
SUSPICIOUS	12	SUSP
THEFT	1	THFT
TRAFFIC ACCIDENT	4	TA
TRAFFIC COMPLAINT	3	TC
TRAFFIC STOP	62	T
TRUANCY	3	TRU
VEHICLE RUNOFF	1	RUNOFF
VEHICLE UNLOCK	1	UNLK
WELFARE CHECK	10	WELF
<u>Number of CAD Complaints During Period</u>	1081	

City of Evansville EMS
 11 W. Church St.
 Evansville, WI 53536
 (608) 882-2269
 Chief Carolyn Kleisch
 Public Safety Meeting
 Feb 3rd, 2026

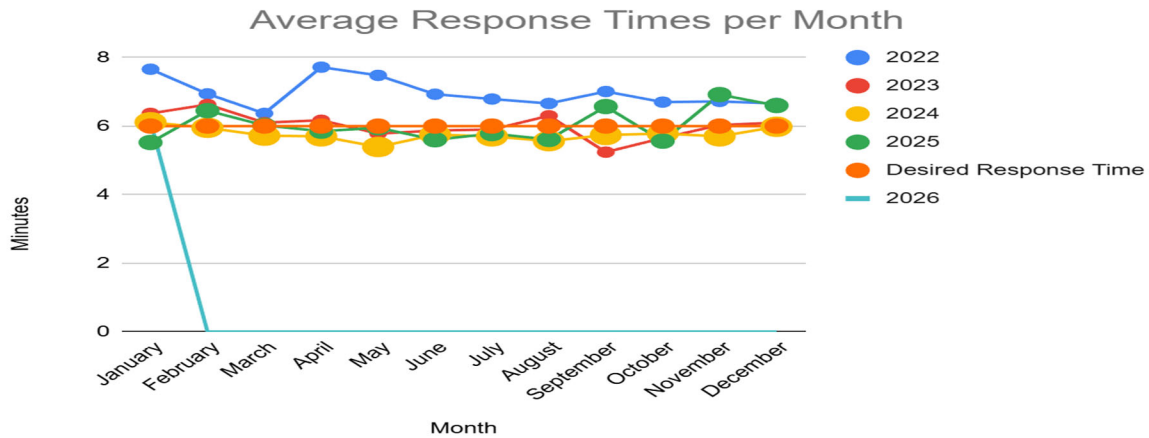
1. Calls for Service:

- a. 64 Calls during the month of Jan 2026 (641-40/64224)
- b. 56 Calls during the month of Jan 2025 (641-4/642-52)
- c. To date call volume 2026- 64
- d. To date call volume 2025- 56

Updates:

- 1- Carolyn and Leah are working together to get BID process out to finish interior of garage remodel.
- 2- Refresher with Dr. Barney with new Protocol Updates and some run reviews, followed by our monthly meeting and Christmas dinner
- 3- 642 had an oil temp sensor go out, has been replaced and is back in service
- 4- 641 had some front-end issues, taken to Gordie Bouché and then to Freeman Alignment for work. Going into Freeman to get repairs done on Feb 3rd.
- 5- Hired a new EMT-Basic, Mikhaila Heinzer. She is working hard at getting her on-boarding stuff completed with Mercy, getting her city paperwork completed and will be running soon.
- 6- Interviewed a young man who also just graduated from BTC with his EMT-Basic. Background check pending.

Avg Unit Notified to Enroute in Minutes: 6.12
Avg Unit Enroute to Arrived at Scene in Minutes: 4.82
Avg Unit Arrived on Scene to Left Scene in Minutes: 28.96
Avg Unit Left Scene to Arrived at Destination in Minutes: 29.68
Avg Unit Arrived at Destination to Unit Back In Service in Minutes: 44.09



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	13	20.31%
Sick Person	6	9.38%
Chronic Illness/Medical Condition	6	9.38%
Motor Vehicle Crash	5	7.81%
Abdominal Pain/Problems	4	6.25%
Chest Pain (Non-Traumatic)	4	6.25%
Traffic/Transportation Incident/MVA	3	4.69%
Breathing Problem	3	4.69%
Convulsions/Seizure	3	4.69%
Fire	3	4.69%
Traumatic Injury	2	3.13%
Unknown Problem/Person Down	2	3.13%
Unconscious/Fainting/Near-Fainting	2	3.13%
Psychiatric Problem/Abnormal Behavior/Suicide Attempt	1	1.56%
Motorcycle Collision	1	1.56%
Carbon Monoxide/Hazmat/Inhalation/CBRN	1	1.56%
Fire Standby	1	1.56%
Heart Problems/AICD	1	1.56%
Anxiety Attack	1	1.56%
Bleeding	1	1.56%
Altered Mental Status	1	1.56%
Total: 64		Total: 100.00%