

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, May 6, 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 April 1, 2026, Public Safety regular meeting Minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. **Discussion on Evansville 4th of July Run with Steve Eager.**
 - B. **Discussion with Possible Motion to Approve the Operator's License Application(s) for: (*non-recommended by Evansville Police Department*).**
 - 1) Brenda Lee Stevens
 - C. **Motion to Approve the Operator's License Application(s) for: (*Recommended by Evansville Police Department*).**
 - 1) Olivia Carmelle Kendrick
 - 2) Elizabeth Genevieve Sveum
 - 3) Dorry Avis Weigel
 - 4) Michelle Ann Buehl
 - 5) Sarah Marie Kilps-Tomlin
 - 6) John Thomas Kopecky
 - 7) Daniel Ray Harris
 - 8) Debra Mae Twyford
 - 9) Dorothy Jean Patterson
 - 10) Debbie Lynn Johnson
 - 11) Kathleen Helen Hammon
 - 12) Kayli Ann Mack
 - 13) Matthew David Kroll
 - 14) Kimberly Ann Muench
 - 15) Nicholle Lynn Wagner
 - 16) Rhonda Ann Fahey
 - 17) Grace Lynn Marshall
 - 18) Harshdeep Singh
 - 19) Bettina Sue Van De Mark
 - 20) Kimberly Sue Dienberg
 - 21) Sheri L. Biddick
 - 22) Melissa Ann Heller
 - 23) Austin Thomas Anderson

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

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

- 1) **Friends of Eager Free Public Library – Ice Cream Social** at 39 W. Main St, Evansville, WI 53536. Closure from 3:00 p.m. to 7:00 p.m. on Friday, June 26, 2026.

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Wednesday, June 3, 2026, at 6:00 p.m.

2026 Meeting Dates: July 1st, August 5th, September 2nd, October 7th, November 4th, & December 2nd

11. Adjourn.

Erika Stuart, Chairperson

Public Safety Committee
Regular Meeting
Wednesday, March 4, 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	Carolyn Kleisch, EMS Chief
Aldersperson Chuck Boyce	P	Lt. Ian Reilly
Aldersperson Joe Geoffrion	p	Jolene Klitzman, Deputy Clerk
		Ron Butten, 4 th of July Parade Committee
		Barb Hermanson, Pete's Inn
		Sherry Biddick, Pete's Inn
		Jeff Stevens, Citizen
		Julie Paton, Citizen

3. **Motion to approve the Agenda.** *by Geoffrion, Seconded by Boyce, Motion Carried 3-0*
4. **Motion to approve February 4, 2026, Public Safety regular meeting Minutes.** *by Stuart, Seconded by Boyce, Motion Carried 3-0*
5. **Citizen appearances other than agenda items listed.** *N/A*
6. **Old Business.**

- 1) Update - Pete's Bar

Lt. Reilly said there has been no incidents at Pete's since New Years Eve. Geoffrion thanked Pete's for coming to the meeting and for the commitment they have shown for the committee's concerns.

7. **New Business.**

- A. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(non-recommended by Evansville Police Department).*

- 1) Brittney Nicole Lewis
- 2) Cole James Olson

Stuart motioned to move 7A to April 1, 2026, agenda as both parties had short notice to come to this meeting. by Geoffrion, Seconded by Boyce, Motion Carried 3-0

- B. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department).*

- 1) Diana K. Hagler
- 2) Bryant Steven Kleifgen
- 3) Catherine Sophia Schuppner *by Stuart, Seconded by Boyce, Motion Carried 3-0*
- 4) Tina C Zipse
- 5) Charlene Lynn Chesmore

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

- 6) Brian Olson
- 7) Daniel Paul Rubin
- 8) Julie Marie Vondra
- 9) Clark Thomas Fox
- 10) Shawn Marie Dunphy

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

- 1) Evansville FFA Alumni – Ronald Buttchen, P.O. Box 674, Evansville, WI 53536, 4th of July Parade Route from 7 a.m. to Noon.

Committee, Police and EMS had no concerns with the parade route. by Stuart, Seconded by Geoffrion, Motion Carried 3-0

8. **Evansville Police Department Report.** *Officer Nankee and Schmidt attended a 2-day Taser Instructor Recertification in Manitowoc. Officer Derrickson has moved to Solo patrol and Officer Ritter has moved to phase 3 of his training. Seven notable calls were in the report. Officer Delgado will be receiving a life saving award. Chief Jones was notified the new squad car will be delivered sometime in March. Squad 3 is getting a new camera installed.*
9. **Evansville Emergency Medical Services Report.** *Mikhaila Heinzer has completed her on-boarding, A MATC student will be doing a few ride-alongs for EMT School. Chief Kleisch received a scholarship to attend the Active Threat Integrated Response Conference. EMS/FD/PD worked together in efforts to assist a resident who had fallen down a steep embankment and into Allen Creek. All the CPR instructors took an Instructor Development class with Mercy regarding the new updates put out by the AHA in October of 2025.*
10. **Meeting Reminder:** Wednesday, April 1, 2026, at 6:00 p.m.
2026 Meeting Dates: May 6th, June 3rd, July 1st, August 5th, September 2nd, October 7th, November 4th, & December 2nd at 6:00 p.m.
11. **Adjourn.** Stuart adjourned the meeting at 6:31 p.m.

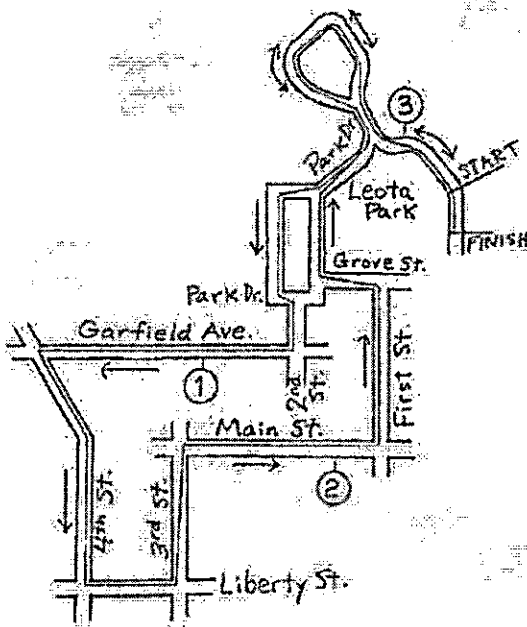
Jolene Klitzman, Deputy Clerk



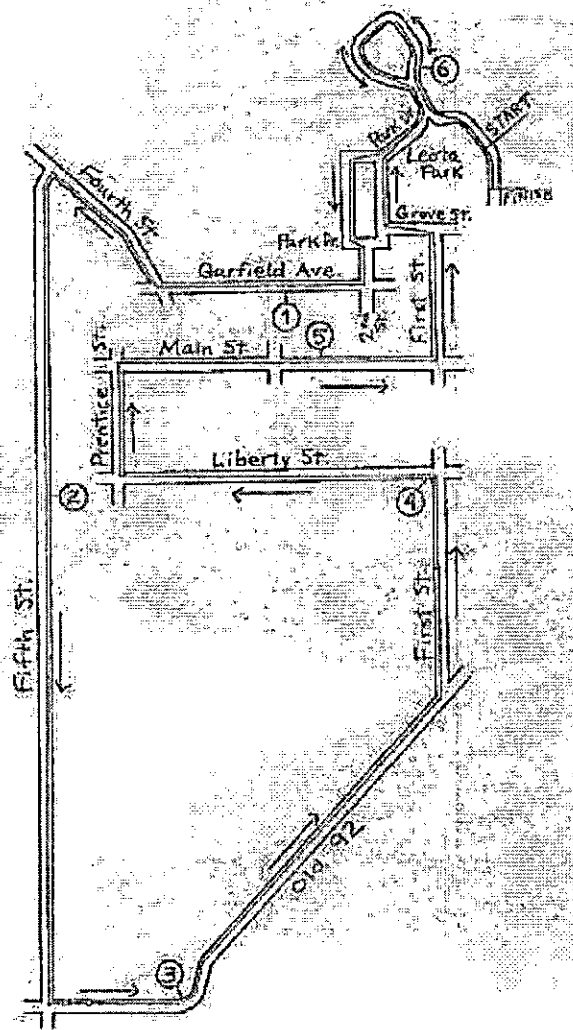
10K / 5K / 1 Mile Run-Walk

Lake Leota Park, Evansville, WI

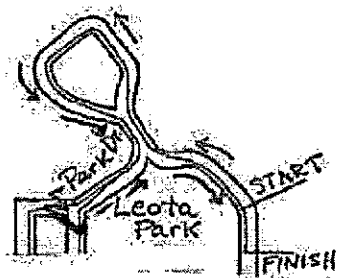
5K Course Map



10K Course Map



One Mile Run/Walk Course Map





City of Evansville

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

March 30, 2026

Brenda Stevens

Evansville WI 53536

Dear Brenda:

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, May 6, 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: BRENCKI LEE STEVENS DATE OF BIRTH: _____
 First Middle Last
 ADDRESS: _____ PHONE: _____
 CITY: EVANSVILLE STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: _____ Issuing State: WI
 HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? ABOUT 8 YRS Former Name(s): BRENCKI L POTERAT
 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 No
 3. Have you ever been charged and/or convicted of a misdemeanor? Yes No
 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:
 a) Any underage alcohol violation? Yes No
 b) Operating a motor vehicle while intoxicated? Yes No
 c) Selling or furnishing alcoholic beverages to underage person? Yes No
 d) Permitting underage person on licensed premises? Yes No
 e) Allowing persons on licensed premises after closing? Yes No
 f) Any alcohol related violation other than a, b, c, d, and e? Yes No
 g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No
 h) Fighting, disorderly conduct, assault, or battery? Yes No
 i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No
 j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>2012 - Disorderly</u>	<u>2012</u>	<u>EVANSVILLE</u>	<u>WI</u>

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

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

Signature: Brenckia Stevens Email: _____
 Printed Name: BRENCKIA STEVENS Date: _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: 1995 - Felony Charge - Dismissed
95 - DU/DC - NP
02 - DU/DC
 Public Safety Committee: Approved: _____ Denied: _____ Date: _____
 Clerk's Office Signature: _____ Date: _____
 Recommend: _____ Non-Recommended: X
 Police Chief's Signature: [Signature] Date: 3/20/24
 Receipt # _____



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: Olivia Carmelle Kendrick
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 Former Name(s): Olivia Carmelle Blaupards

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 No

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

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

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

5. For each YES response 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:

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

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

Signature: [Signature] Email: _____
 Printed Name: Olivia Kendrick Date: 3/31/26

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 # _____
<u>[Signature]</u> Police Chief's Signature	Receipt: 1.000160666 35.00 KENDAL KINDRICK Mar 31, 2026 11:36 AM
<u>04/03/2024</u> Date	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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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: Elizabeth Genevieve Swann
 First Middle Last DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

CITY: Brodhead STATE: WI ZIP: 53520 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 16 years 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 No

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

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

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

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

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

Signature: Elizabeth Swann Email: _____
 Printed Name: Elizabeth Swann Date: 3/30/26

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: <u>Paid To:</u>
	Approved: _____ Denied: _____ City of Evansville Date: _____
	Clerk's Office Signature _____ Date _____
Recommend: <input checked="" type="checkbox"/> Non-Recommended: _____	Receipt # _____
<u>[Signature]</u> Police Chief's Signature	Date: <u>04/03/2026</u>

Receipt: 1.000160665 35.00
 ALL IN ONE
 Mar 31, 2026 11:35 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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1. LEGAL NAME: Dorrry AVIS Wengel **DATE OF BIRTH:** _____
First Middle Last

ADDRESS: _____ **PHONE:** _____

CITY: Evansville **STATE:** Wi **ZIP:** 53530 **GENDER:** Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10 years **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 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: Dorrry A. Wengel **Email:** _____
Printed Name: Dorrry A. Wengel **Date:** _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Recommend: <input checked="" type="checkbox"/> Non-Recommended: _____ _____ Police Chief's Signature	Public Safety Committee: Paid for _____ Approved: _____ Denied: <u>City of Evansville</u> Date: _____ Clerk's Office Signature _____ Date _____
	Receipt # Receipt: 1.000160667 35.00 CASEY'S Mar 31, 2026 11:53 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Sarah Marie Klips Tomlin
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Evansville STATE: WI ZIP: 53530 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 8 Months Former Name(s): Klips

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>300 S 1st St</u>	<u>WI</u>	<u>53530</u>	<u>2020</u>	<u>2025</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 No

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

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

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

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

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

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

<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input checked="" 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: Sarah Klips Tomlin Email: _____
 Printed Name: Sarah Klips Tomlin Date: 3-31-20

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
Recommend: <input checked="" type="checkbox"/> Non-Recommended: _____	Clerk's Office Signature: _____ Date: _____
<u>[Signature]</u> Police Chief's Signature	Receipt # <u>3131126</u> <u>1.000160669</u>
<u>04/03/2020</u> Date	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>JOHN</u> <u>THOMAS</u> <u>KOPELNY</u> <small>First Middle Last</small>			DATE OF BIRTH: <u>1/1/1980</u>		
ADDRESS: <u>1011 W. ...</u>			PHONE: <u>735-234-1234</u>		
CITY: <u>ALBANY</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Driver's License No.: <u>...</u>			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>13 YEARS</u>			Former Name(s): <u>N/A</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 checked="" type="checkbox"/>	No <input 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
<u>Disorderly Conduct</u>		<u>Rock County</u>	<u>WI</u>

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

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

Signature: <u>[Signature]</u>	Email: _____
Printed Name: <u>JOHN KOPELNY</u>	Date: <u>3/27/26</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee:	Paid To:
	Approved: _____	Denied: <u>City of Evansville</u>
	Clerk's Office Signature	Date
Recommend: <input checked="" type="checkbox"/>	Non-Recommended: _____	Receipt #
<u>[Signature]</u> Police Chief's Signature	<u>04/15/2026</u> Date	Receipt: 1.000160671 175.00 KOPELNY'S WORLDWIDE FOOD Apr 1, 2026 3:52 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Debra</u> <u>Mac</u> <u>Twyford</u>			DATE OF BIRTH: _____		
First Middle Last			PHONE: _____		
ADDRESS: _____		CITY: <u>Evansville</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>
Driver's License No.: _____		Issuing State: <u>WI</u>		GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>32 yrs</u>			Former Name(s): <u>Debra Mac Litch</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: <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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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>Debra M. Twyford</u>	Email: _____
Printed Name: <u>Debra M Twyford</u>	Date: <u>3-27-26</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>	Receipt # _____
Non-Recommended: _____	
<u>C. J.</u> Police Chief's Signature	<u>04/03/2026</u> Date



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Dorothy Jean Patterson DATE OF BIRTH: _____
 First Middle Last

ADDRESS: _____ PHONE: _____

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

Driver's License No. _____ Issuing State: 1-31-24

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 33 years Former Name(s): Dorothy Purkayale

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 No

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

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

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

5. For each YES response 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 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: Dorothy Jean Patterson Email: _____
 Printed Name: Dorothy Jean Patterson Date: 3-17-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

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

Clerk's Office Signature Date

Recommend: X Non-Recommended: _____ Receipt # _____

[Signature] 04/03/2024
Police Chief's Signature Date



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Debbie Lynn Johnson</u>			DATE OF BIRTH: _____		
First: _____ Middle: _____ Last: _____			PHONE: _____		
ADDRESS: _____		CITY: <u>Albany</u> STATE: <u>WI</u> ZIP: <u>53502</u>			
Driver's License No.: _____		Issuing State: <u>WI</u>			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>13 years</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 cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input checked="" type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

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

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

Within the last two (2) years, did you have and/or complete one of the following: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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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>Debbie Lynn Johnson</u>	Email: _____
Printed Name: <u>Debbie Lynn Johnson</u>	Date: <u>03/31/2026</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
Approved: <u>X</u>	Receipt # _____
Police Chief's Signature: <u>[Signature]</u> Date: <u>04/03/2026</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Kathleen Helen Hammon
First Middle Last

DATE OF BIRTH: 04/18/1981

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 years Former Name(s): Jaggi, West, Smith

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 No

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

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

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

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

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

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

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

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

Signature: Kathleen Hammon Email: _____
 Printed Name: Kathleen Hammon Date: 3-18-26

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>	Receipt # _____
Non-Recommended: _____	Receipt: 1.000160688 35.00 KATHLEEN HAMMON Apr 2, 2026 2:25 PM
Police Chief's Signature: <u>[Signature]</u>	Date: <u>04/09/2024</u>



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>Kimberly Ann Muench</u> <small>First Middle Last</small>			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>23 years</u>			Former Name(s): <u>Kimberly Erickson</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: <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
---	---

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

Signature: <u>Kimberly Muench</u>	Email: _____
Printed Name: <u>Kimberly Muench</u>	Date: <u>3/24/26</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>04/15/2024</u> Date	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Rhonda</u> <u>Ann</u> <u>Fahney</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>31 years</u>			Former Name(s): <u>Rhonda Phelps</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: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
---	---

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

Signature: <u>Rhonda Fahney</u>	Email: _____
Printed Name: <u>Rhonda Fahney</u>	Date: <u>7/15/2020</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div> Police Chief's Signature	Public Safety Committee: Approved: _____ Denied: _____ Date: _____ Clerk's Office Signature: _____ Date: _____
	Recommendation: _____ Non-Recommended: _____ Receipt # _____
City Clerk's Signature	Date: <u>07/15/2020</u>



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/caserecord.htm> (CCAP may not provide comprehensive list of all arrests/convictions)

1. LEGAL NAME: <u>Grace</u> <u>Lynn</u> <u>Marshall</u>			DATE OF BIRTH: _____		
First Middle Last					
ADDRESS: _____					
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>≈ 16 yrs</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 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>Grace Marshall</u>	Email: _____
Printed Name: <u>Grace Marshall</u>	Date: <u>11/5/2025</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee:
	Approved: _____ Denied: _____ Date: _____
	Clerk's Office Signature _____ Date _____
Recommendation: <u>[Signature]</u>	Receipt # _____
Non-Recommended: _____	
Police Chief's Signature: <u>[Signature]</u>	Date: <u>04/15/2024</u>



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>harshdeep</u> <u>Singh</u>		DATE OF BIRTH:
First	Middle	Last
ADDRESS:		PHONE:
CITY: <u>Brodhead</u>	STATE: <u>WI.</u>	ZIP: <u>53520</u>
Driver's License No.:		Issuing State: <u>India</u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		Former Name(s):
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State
<u>12268 134th Flr 2</u>	<u>Queens</u>	<u>Ny</u>
		Zip
		<u>11420</u>
		From
		<u>7/2/24</u>
		To
		<u>3/10/25</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: <input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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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: Harshdeep Singh Email: _____
 Printed Name: Harshdeep Singh Date: 4/9/26

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"/> <u>[Signature]</u> Police Chief's Signature	Receipt # _____
Non-Recommended: _____ Date: <u>04/15/2026</u>	



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>KIMBERLY SUE DIENBERG</u> <small>First Middle Last</small>			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>4 YRS</u>			Former Name(s): <u>SANDRIDGE</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To
_____		<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2010 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 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 checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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on file

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><i>Kimberly Dienberg</i></u>	Email: _____
Printed Name: <u>Kimberly Dienberg</u>	Date: <u>4-17-26</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: _____ Approved: _____ Denied: _____
	Clerk's Office Signature _____ Date _____
Recommend: <input checked="" type="checkbox"/> Non-Recommended: _____	Receipt # _____
<u><i>[Signature]</i></u> Police Chief's Signature	Receipt: 1,000160759 35.00 KIMBERLY DIENBERG Apr 17, 2026 2:27 PM
Date: <u>04/27/2026</u>	



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/caserecord.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: <u>SHERI L. BIDDICK</u>		DATE OF BIRTH: _____
ADDRESS: _____		PHONE: _____
CITY: <u>EVANSVILLE</u>	STATE: <u>WI.</u>	ZIP: <u>53536</u>
Driver's License No.: _____		Issuing State: <u>WI.</u>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>14 YRS.</u>		Former Name(s): <u>SHERI L. BRASSINGTON</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: <input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course <input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	Attach certificate of completion for Responsible Alcohol Servers Course <input type="checkbox"/> An alcohol agent for a retail alcohol license <input type="checkbox"/> The sole proprietor of retail alcohol license
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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>Sheri Biddick</u>	Email: _____
Printed Name: <u>SHERI BIDDICK</u>	Date: <u>4/23/2026 (T)</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Recommended: <u>[Signature]</u> Non-Recommended: _____ Police Chief's Signature	Public Safety Committee: Approved: _____ Denied: <u>City of Evansville</u> Date: _____ Clerk's Office Signature: _____ Date: _____
	Receipt # _____ Receipt: 1.000160775 35.00 SHERI BIDDICK Apr 21, 2026 11:47 AM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Melissa Ann Heller DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Orfordville STATE: WI ZIP: 53576 GENDER: Male Female

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

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

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>Winter Park</u>	<u>FL</u>	<u>32789</u>	<u>2017</u>	<u>2025</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 No

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

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

a) Any underage alcohol violation?	Yes <input type="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 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: _____ Email: _____
Printed Name: Melissa Heller Date: 04-24-2026

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: _____ Approved: _____ Denied: _____ Date: _____	Paid To: _____ City of Evansville
Recommend: <input checked="" type="checkbox"/>	Non-Recommended: <input type="checkbox"/>	Clerk's Office Signature: _____ Date: _____
Police Chief's Signature: _____	Date: <u>04/30/2026</u>	Receipt #: _____ Receipt: 1.000160830 50.00 HELLER, MELISSA Apr 28, 2026 3:46 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Austin Thomas Anderson **DATE OF BIRTH:** _____
First Middle Last

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 27 years **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 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: Austin Anderson **Email:** _____
Printed Name: Austin Anderson **Date:** 04/27/2026

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ **Public Safety Committee:** _____ **Paid To:** _____
Approved: _____ **Denied:** City of Evansville **Date:** _____

Recommend: **Non-Recommended:** _____ **Clerk's Office Signature:** _____ **Date:** _____

Receipt # _____ **Receipt:** 1.000160831 35.00
 ANDERSON, AUSTIN
 Apr 28, 2026 3:47 PM

Police Chief's Signature: [Signature] **Date:** 04/30/2026



APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE

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

(608) 882-2266 – Fax (608) 882-2282

This permit shall license the closing, obstruction, encroachment, occupation or physical encumbrance of any street, highway, alley, and sidewalk, except federal or state highways for a period that would require full or partial closure in accordance with section 106 of the City of Evansville Municipal Code. Application fee will NOT be refunded if denied or withdrawn.

<input type="checkbox"/> \$25.00 Short Term (4 hours or less) Street Closure	<input checked="" type="checkbox"/> \$25.00 Long Term (More than 4 hours) Street Closure <small>(Plus, Applicable Notification Fees or Petition with 2/3 applicable signatures)</small>
<input type="checkbox"/> \$25.00 Outlet Usage Fee	<input type="checkbox"/> \$50.00 Outlet Multi-Day Event Usage Fee (3-5 days)

Name of Applicant/Organization: FRIENDS OF EAGER FREE ^{ROAF} LIQ Phone: 608 575-2758

Applicant/Organization Address: 39 W MAIN ST EVANSVILLE

Responsible Person: MEG _____ WILTSE
First Middle Last

Home Address: _____

City EVANSVILLE State: WI Zip: 53536

Phone No: _____ Email Address: _____

Date(s) of Event(s): June 26, 2026 Hours of Operation: Closure 3P-9P event 4P-7P

Other Permits Applied For: Ice cream Social

<input type="checkbox"/> Mobile Vendor
<input type="checkbox"/> Temporary Class B License (beer or wine)
<input type="checkbox"/> Right-of-Way
<input type="checkbox"/> Other:

If Applicable, Anticipated Attendance Number (Events Only): 200 over 3 hour period

Location or Premise: Application must include a copy of map, showing areas that are intended to be blocked off.

Emma's Table 102 W MAIN ST

Applications must be submitted 35 days in advance

Hold Harmless- The applicant agrees to indemnify, defend and hold the city and its employees and agents harmless against all claims, liability, loss, damage or expense asserted against or incurred by the city on account of any injury or death of any person or damage to any property caused by or resulting from the activities for which the license is granted. As evidence of the applicant's ability to perform the conditions of the license, the public safety committee may require the applicant to furnish a certificate of comprehensive general liability insurance with the city and its employees and agents as an additional insured. The insurance shall include coverage for a contractual liability with minimum limits in an amount as required by the public safety committee. The certificate of insurance shall provide 30 days written notice to the city upon cancellation, non-renewal or material change in policy.

Cancellation- The city, through its police department or other agents, may terminate, without prior notice, any use authorized by a street use license if the health, safety or welfare of the public appears to be endangered by activities generated by or associated with the use or if there are activities that violate any condition specified by the public safety committee when authorizing the issuance of the street use license.

Conclusion: Following the conclusion of the closure, any traffic control materials provided by the Municipal Services Department, shall be placed in the Right of Way, so as not to obstruct pedestrian or vehicle traffic, by the party responsible.

M. E. Wiltse
Signature of Applicant

3.30.2026
Date

For Long Term Street Closures Only

Public Hearing and/or Petition-The applicant further agrees to pay the fee for holding a public hearing; or completing the petition attached to this permit. The applicant has been honest and truthful to the best of their ability in following the instructions on the attached petition.

Meg Wetze for Friends CFPL 3-30-26
Signature of Applicant Date

• FOR MUNICIPALITY USE ONLY BELOW THIS LINE

City Clerk's Office:

Public Works Foreperson:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-Recommend/conditions <u>Email</u>
Chief of Police:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions <u>Email</u>
City Clerk:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions _____

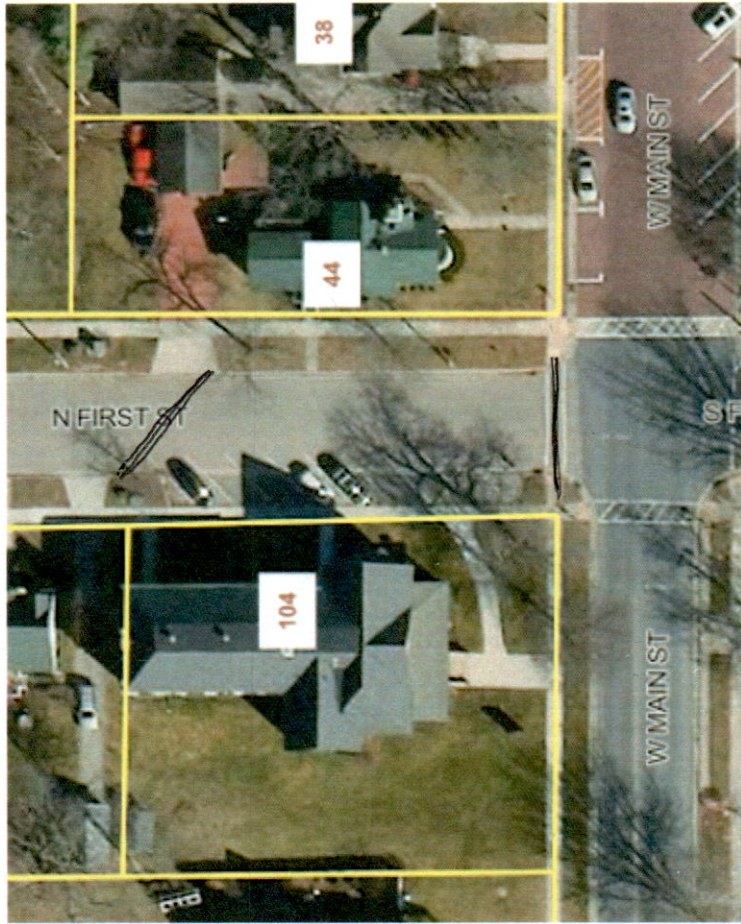
Public Safety Meeting required? **Yes** No If Yes, Meeting Date: 5-6-26

Date License Issued:

Clerks Notes and Receipt Information:

Paid To:
City of Evansville

Receipt: 1.000160651 25.00
FRIENDS OF EAGER FREE P
Mar 30, 2026 9:42 AM Revised 2026-02



Jolene Klitzman

From: Dale Roberts
Sent: Tuesday, March 31, 2026 6:12 AM
To: Jolene Klitzman; Christopher Jones; Ian Reilly
Cc: Leah Hurtley
Subject: Re: Friends of Eager Free Public Library

I like it.

Dale Roberts
City of Evansville
Public Works Foreman
608-516-2680

From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Monday, March 30, 2026 3:55 PM
To: Dale Roberts <d.roberts@evansvillewi.gov>; Christopher Jones <c.jones@evansvillewi.gov>; Ian Reilly <i.reilly@evansvillewi.gov>
Cc: Leah Hurtley <l.hurtley@evansvillewi.gov>
Subject: Friends of Eager Free Public Library

Please see the attached Street Closure for the Ice Cream Social on June 26, 2026.

Jolene Klitzman
Deputy Clerk, City of Evansville
31 S. Madison St./PO Box 529
Evansville, WI 53536
Phone: 608-882-2266 Option 2

Upcoming Elections:

*April 7, 2026 – Spring Elections

*August 11, 2026 – Partisan Primary

*November 3, 2026 – General Election

www.myvote.wi.gov – Register to Vote, Request an absentee ballot, and more.

Alert to City of Evansville Elected Officials and Members of City Committees, Boards, Commissions: In order to comply with the Open Meetings Act requirements, please limit any reply to only the sender of this electronic communication.

Jolene Klitzman

From: Christopher Jones
Sent: Tuesday, March 31, 2026 9:19 AM
To: Jolene Klitzman; Dale Roberts; Ian Reilly
Cc: Leah Hurtley
Subject: RE: Friends of Eager Free Public Library

I am fine with it.

Professionally,

Christopher Jones

Chief of Police

10 W. Church St Evansville WI 53536

www.evansvillewi.gov



608-882-2292



c.jones@evansvillewi.gov



CONFIDENTIALITY NOTICE: This electronic mail transmission and any accompanying documents contain information belonging to the sender which may be confidential and legally privileged. This information is only for the use of the individual or entity to whom this electronic mail transmission was intended. If you are not the intended recipient, any disclosure, copying, distribution, or action taken in reliance on the contents of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please immediately contact the sender and delete the message. Thank you.

From: Jolene Klitzman <j.klitzman@evansvillewi.gov>
Sent: Monday, March 30, 2026 3:56 PM
To: Dale Roberts <d.roberts@evansvillewi.gov>; Christopher Jones <c.jones@evansvillewi.gov>; Ian Reilly <i.reilly@evansvillewi.gov>
Cc: Leah Hurtley <l.hurtley@evansvillewi.gov>
Subject: Friends of Eager Free Public Library

Please see the attached Street Closure for the Ice Cream Social on June 26, 2026.

Jolene Klitzman

Deputy Clerk, City of Evansville

31 S. Madison St./PO Box 529

Evansville, WI 53536

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May 6th, 2026

Evansville Police Department

Public Safety Report

➤ **Training:**

- Officer Nankee attended sexual assault training.
- Det. Sgt. Johnson attended crypto currency investigations training.
- Officers completed the state mandated biannual EVOC training.
- Lt Reilly and Officer Schmidt attended the National Rx Summit in Nashville. The cost was covered by BASE.
- Officers Ritter and Derrickson attended Intoximeter Certification training at the Rock County Sheriff's Department.

➤ **Community Outreach:**

- Chief Jones and Lt. Reilly conducted a mini drug takeback event at Creekside. The event was hosted by Rock County Human Services and the ADRC.
- Lt. Reilly and Officer Z participated in the career fair at the EV High School.
- Det. Sgt. Johnson and Officer Z conducted the 30th National Prescription Drug Take Back Day. 3.5 lbs. of prescription medication was collected for a total of 73.5 lbs. since the last take back day in October 2025.
- Chief Jones and Lt. Reilly turned over approximately 200 lbs. of prescription medication to the Health Department.
- Chief Jones met with Nate Perry and other school district administrators to plan the school district's annual "Ride Your Bike to School Day". The event is scheduled for May 6th.
- EVPD received a \$1000 donation from Kwik Trip and a \$1000 donation from the Mallon family.

➤ **Police Commission/Staffing:**

- The Police Commission did not meet in April. Commission President Bill Hurtley resigned from Commission as he was appointed back onto Council.
- Marisol McElroy has applied for the vacant position on Police Commission. She is pending Council approval on May 12th.
- Interviews continue to be conducted for the remaining open full-time position.
- Quinn has turned in his resignation and will be leaving us. His last day is May 8th.

➤ **Accreditation:**

- Chief Jones, Lt Reilly and Quinn have finished the accreditation files. The mock is scheduled for May 20th will the full assessment June 23-25.

➤ **Calls for service:** – April 2025: **852** April 2026: **1386**

➤ **Notable calls:**

- EV2603663: OWI/Traffic Crash – Officers Investigated a three-vehicle crash at the intersection of Main/Madison. Officers were unable to identify who was actually at fault for the crash. However, Ofc. Hanson arrested one male involved in the crash for Operating While Intoxicated 1st Offense.



May 6th, 2026

Evansville Police Department

Public Safety Report

- EV2603668: Bar Fight – On 04/05/26, Officer Derrickson located a bar fight consisting of 5 or more people outside of Pete’s Inn following a verbal altercation inside the bar. It is unknown how long the fight lasted before Ofc. Derrickson located it, but there was a large group of people outside and no calls were made to the PD regarding the fight
- EV2604199: Overserving Violation – On 04/17/26, Ofc. Ritter and Sgt. Tway responded to a Disturbance on E. Main St. It was reported that a male was dragging a female down the street by her hair and neck. Officers investigated the incident but did not make any arrests and were not able to corroborate the information provided by a witness/reporting party. While talking with the females involved in the incident, it was clear that they were incapacitated due to their intoxication level. They advised that they had been drinking at Pete’s Inn. However, they advised that they had only consumed one drink. Based upon their level of intoxication at the scene, it was determined that the individuals should not have likely been served at all and due to this, a citation was issued to the bartender for serving intoxicated individual.
- EV2604690: Assist Other Jurisdiction/ Traffic Crash - On 04/25/26, Ofc. Hanson and Sgt. Tway responded to Second/Main for a Vehicle vs. Pedestrian traffic crash. A firefighter responding to the fire station for an appliance fire entered the intersection and a juvenile male on an electric bicycle darted in front of him and the juvenile was struck. Due to the individual involved in the crash and the circumstances, Rock County was requested to investigate the incident due to a conflict of interest. Based upon their investigation, and multiple witness statements, the juvenile male was determined to be at fault after his headlight stopped working on the bicycle.
- EV2604850: Poss Drug OD – On 04/28/26, Officer Hanson, Officer Delgado, and Detective Sergeant Johnson investigated a possible drug overdose related death. Ofc. Hanson initially responded and located a deceased male inside his residence. A number of items used for smoking crack cocaine were located near the body of the deceased along with a large rock of crack cocaine hidden in a container near the paraphernalia. The M.E. will be completing an autopsy to confirm whether the death was drug related or due to the individual’s health problems.
- EV2604852: Disturbance – During the death investigation listed above, Officer Delgado was called away to investigate a disturbance at Boarders Inn and Suites. Ofc. Delgado discovered two males got into a fight, during which time, a knife was reportedly pulled out and/or threatened to be used, but a knife was never recovered. The victim in the incident was punched multiple times in the face leading to his eye being swollen shut and he reported being strangled for a long period of time leading to him losing consciousness. The suspect was arrested by Ofc. Delgado for substantial battery and strangulation.

➤ **Admin update:**

- The new generator at the PD has been hooked up and a test run will be completed soon.
- The new hybrid squad has arrived and will replace the 2017 Squad 1. It is scheduled to be equipped in early June.
- The PD installed a new kitchen faucet with a reverse osmosis system. The old faucet setup was leaking and causing damage under the sink.

CAD Incidents By Type

Agency: EVPD

Printed:5/1/2026 8:10:32 AM

Covering Incidents From: 04/01/2026 00:00:01 To: 04/30/2026 23:59:59

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	15	911
ALARM	5	ALARM
ALCOHOL VIOLATION	1	ALC
ANIMAL COMPLAINT	15	ANM
ASSIST CITIZEN	23	ACIT
ASSIST FIRE OR EMS	25	FAST
ASSIST OTHER JURISDICTION	34	OJUR
BATTERY	2	BAT
BUSINESS CHECK	79	BCK
CIVIL DISPUTE	6	CD
CODE ENFORCEMENT	2	CODE
DEATH INVESTIGATION	2	DOA
DISORDERLY CONDUCT	4	DC
DISTURBANCE	1	DIST
DRUG OFFENSE	1	DRUG
ESCORT/TRANSPORT	8	ESCORT
FAMILY PROBLEM	4	FAM
FOLLOWUP	64	FOL
FOOT PATROL	35	FOOT
FRAUD/FORGERY	1	FRD
HARASSMENT	1	HAR
HAZARDOUS CONDITION	10	HAZC
HIT & RUN	1	HR
KID PROBLEM	4	KID
LOUD NOISE	3	LOUD
OPEN DOOR/WINDOW	5	OPEN
OPERATING WHILE INTOXICATED	1	OWI
ORDINANCE VIOLATION	2	ORD
OUT WITH SUBJECT	6	OWS
OVERDOSE	2	POD
PARKING COMPLAINT	11	PARK
PHONE MESSAGE FOR OFFICER	3	PHONE
PROPERTY	6	PROPERTY

PUBLIC WORKS/UTILITY	1	PWU
RESTRAINING ORDER/TRO VIOLATION	1	TRO
SCHOOL PATROL	50	SCHOOL
SECURITY CHECK	837	SECK
SPECIAL ASSIGNMENT	18	SPAS
STALLED VEHICLE	2	STALLD
SUSPICIOUS	15	SUSP
THEFT	4	THFT
TRAFFIC ACCIDENT	5	TA
TRAFFIC COMPLAINT	6	TC
TRAFFIC STOP	43	T
TRUANCY	3	TRU
VANDALISM	1	VAND
VEHICLE UNLOCK	4	UNLK
WELFARE CHECK	14	WELF
<u>Number of CAD Complaints During Period</u>	1386	

City of Evansville EMS
11 W. Church St.
Evansville, WI 53536
(608) 882-2269
Chief Carolyn Kleisch
Public Safety Meeting
May 6th, 2026

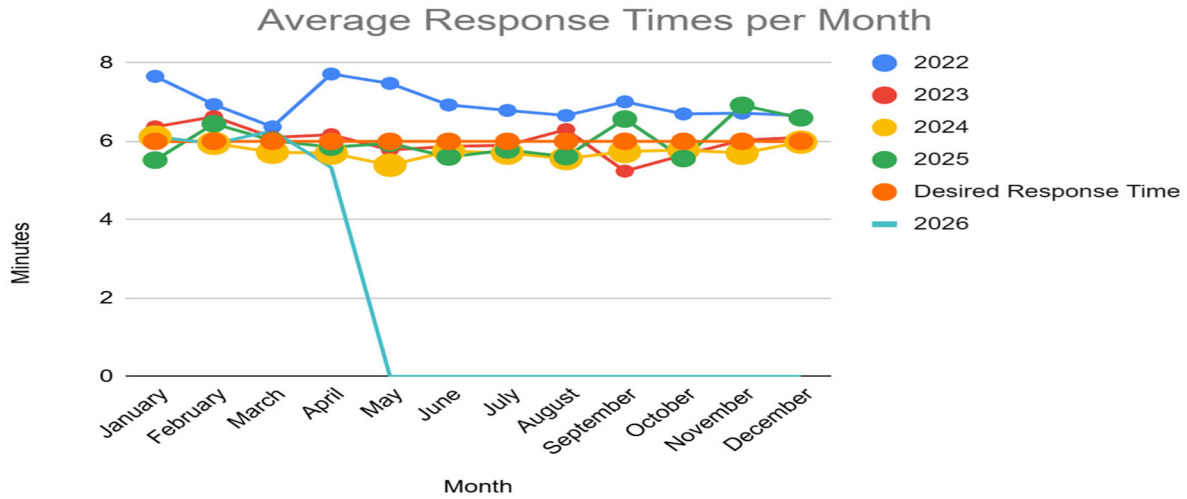
1. Calls for Service:

- a. 63 Calls during the month of April 2026 (641-53/642-10)
- b. 55 Calls during the month of April 2025 (641-53/642-2)
- c. To date call volume 2026- 235
- d. To date call volume 2025- 228

Updates:

- a. Refresher was with Dr. Barney on Medical reason for Anxiety and Hyperactive Delirium with Agitation, and how to treat patients safely in crisis. We had 2 guests from Stoughton Hospital come and introduce themselves as Ortho-surgeons and give us information on more care Stoughton has to offer.
- b. KSW contract for garage internal remodel has been signed and work begins in the next couple weeks hopefully.
- c. EMS crews attended Week of the Young Child at the TRIS and the HS Career Fair.
- d. Both ambulances went down with mechanical issues at start of April, Oregon EMS graciously loaned their old ambulance to us for the week, and we put it to use.
- e. EMS received a donation check from the Owners of Culvers and the Malone Group, along with PD, Fire and other community services.
- f. Carolyn has been working with Katherine Parker from EMS-MC for the Wi-GEMT reporting to get 2025 reports done.
- g. 2 new EMT-B have been hired and are starting their onboarding this month.

Number of Runs: 63
Avg Unit Notified to Enroute in Minutes: 5.33
Avg Unit Enroute to Arrived at Scene in Minutes: 3.86
Avg Unit Arrived on Scene to Left Scene in Minutes: 21.12
Avg Unit Left Scene to Arrived at Destination in Minutes: 29.75
Avg Unit Arrived at Destination to Unit Back In Service in Minutes: 42.51
96.71



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Breathing Problem	13	20.63%
Sick Person	6	9.52%
Traffic/Transportation Incident/MVA	6	9.52%
Chest Pain (Non-Traumatic)	6	9.52%
Falls	6	9.52%
Chronic Illness/Medical Condition	4	6.35%
Convulsions/Seizure	3	4.76%
Cardiac Arrest/Death	3	4.76%
Overdose/Poisoning/Ingestion	2	3.17%
Back Pain (Non-Traumatic)	2	3.17%
Unconscious/Fainting/Near-Fainting	2	3.17%
Abdominal Pain/Problems	2	3.17%
Invalid Assist/Lifting Assist	2	3.17%
Medical Alarm	1	1.59%
Headache	1	1.59%
Motor Vehicle Crash	1	1.59%
Bleeding	1	1.59%
Traumatic Injury	1	1.59%
Carbon Monoxide/Hazmat/Inhalation/CBRN	1	1.59%
Total: 63		Total: 100.00%