

**Public Safety Committee
Regular Meeting
Wednesday, January 6, 2021 at 6:00 p.m.**

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

AGENDA

1. Call to Order.
2. Roll Call.
3. Approval of Agenda.
4. Motion to approve the December 2, 2020 Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. Motion to approve the Original Operators License application(s) for: (approved by Police Chief Reese unless otherwise noted).
 - 1) Emily Anders
 - 2) Christina Judd (not recommended applicant from November 4, 2020 meeting)
 - B. Motion to recommend to Common Council approval of the Original Alcohol Beverage License Application for a **Class B Beer** and **Class C Wine** License for: (approved by Police Chief Reese unless otherwise noted)
 - 1) **Angel's Pizza LLC, Michael Barcena, Agent**, 44 N Madison St, Evansville, WI 53536,
d/b/a Marsala's Pizzeria, 18 E Main Street, Evansville, WI 53536.
8. Evansville Emergency Medical Services Report.
9. Evansville Police Department Report.
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, February 3, 2021 6:00 p.m.
11. Motion to adjourn.

Dianne Duggan, Chairperson

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

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

These minutes are not official until approved by the City of Evansville Public Safety Committee.

**City of Evansville Public Safety Committee
Regular Meeting
Wednesday, December 2, 2020 at 6:00 p.m.
Meeting held virtually due to COVID-19 Guidelines**

MINUTES

1. **Call to Order** at 6:02 pm, by Dianne Duggan, Public Safety Chair.
2. **Roll Call**. Members present: Dianne Duggan, Bill Lathrop, and Erika Stuart. Others present: Police Chief Patrick Reese, EMS Chief Jamie Kessenich and Lieutenant Chris Jones and Deputy Clerk Leah Hurtley.
3. **Motion to approve the agenda**, by Lathrop, with the exception of Duggan's request to add 7B Discussion of 4 way stop sign at the corner of S Main and Water Street and 7C Discussion of Rapid Covid Testing. Motion seconded by Stuart, Approved unanimously.
4. **Motion to waive the reading of the minutes from the November 4, 2020 regularly scheduled Public Safety Meeting minutes and approve them as printed** by Stuart, seconded by Duggan. Approved unanimously.
5. **Citizen appearances other than agenda items listed.** None
6. **Old Business.** None
7. **New Business.**
 - A. **A motion was made by Lathrop, seconded by Stuart, to approve the Original Operators License applications for Tracy McAfee.** Approved unanimously.
 - B. **Discussion on potentially adding a 4-way stop at the intersection of Water St and E Main St.** LT. Jones will contact the state to see if there are any implication and determine if they need state approval.
 - C. **Discussion on Rapid Covid Testing in Evansville.** Lathrop will reach out to elected officials beyond the City about getting rapid testing sites here in Evansville.
8. **Evansville Emergency Medical Services Report.** Chief Kessenich shared her written monthly report covering the training, community outreach, updates in the department, staffing matters, and accreditation.
9. **Evansville Police Department Report.** Chief Reese gave the written monthly report covering the training for officers, community outreach, updates in the department, staffing matters, and accreditation.
10. **Meeting Reminder:** Next regular meeting scheduled for Wednesday, January 6, 2021 6:00 p.m.
11. **Motion to Adjourn** by Lathrop, seconded by Stuart at 6:43pm. Approved Unanimously.

Respectfully submitted, Leah Hurtley, Deputy Clerk City of Evansville

	CITY OF EVANSVILLE Operator's License Application
	City Hall 31 S. Madison St PO Box 76 Evansville, WI 53536

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

First Emily Middle Rose Last (as on your driver's license) Anders Date of Birth 12/01/2001

Address 6909 North County Evansville WI 53536
Street Road N City State Zip Code

Telephone No.: 608 490 0670 Gender: Male Female

Current Driver's License No.: A536-2160-441-08 Issued in the State of: Wisconsin
(If no current DL, Provide the Last Valid Driver's License No.)

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

- 1) In the last 2 years, have you held a valid Wisconsin Operator's License or completed a Wisconsin Certified Responsible Beverage Server's Training Course?
Yes No Original applications require a copy of either document.
- 2) Do you need to apply for a Provisional (60 Day) License?
Yes No If yes, please enclose an additional \$15.00 fee
- 3) Have you ever been cited and/or convicted of any felony or misdemeanor in the State of Wisconsin or in the United States?
Yes No If yes, state nature of offense and, if applicable, the conviction date and name of court: _____
- 4) Within the last 10 years have you been cited and/or convicted of violating any other law or ordinance in the City of Evansville or State of Wisconsin?
Yes No If yes, state nature of offense and if applicable the conviction date and name of court: _____
- 5) Within the last 10 years have you been cited and/or convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors?
Yes No If yes, state nature of offense and if applicable the conviction date and name of court: _____

31 S. Madison St, Evansville WI 53536 / Phone 608.882.2266 / Fax 608.882.2282

www.ci.evansville.wi.gov

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

I certify that I am a citizen of the United States; I am 18 years of age; and that all answers in this application are true and correct, and I agree that any misstatements or omissions of material fact may result in the denial of this application. I understand the application fees are non-refundable.

Date: 11/12/20 Signature of Applicant: Emily Anderson

For Office Use Only

Provisional License Receipt # 1.142635 Faxed _____ Initials _____
Police: Recommend Non-Recommend _____ Signature/Date: [Signature] 12/01/20
Reason for Non-Recommendation if Applicable: _____
Lic No. 2022-49 Issue Date: 12/2/2020 Date Approved: 12/2/2020 Clerk Approval: [Signature]

Operator's License Receipt # 1.142635 Faxed _____ Initials _____
Police: Recommend Non-Recommend _____ Signature/Date: [Signature] 12/01/20
Reason for Non-Recommendation if Applicable: _____

Public Safety Committee: Granted _____ Denied _____
Reason for Denial: _____
Lic No. _____ Issue Date: _____
Signature/Date: _____ / _____

	CITY OF EVANSVILLE Operator's License Application
	City Hall 31 S. Madison St PO Box 76 Evansville, WI 53536

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

Christina Kaylee Judd _____ Date of Birth _____
First Middle Last (as on your driver's license)

Address 6037 N Finn rd _____ WI 53536
Street City State Zip Code

Telephone No.: _____ Gender: Male Female

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

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

- In the last 2 years, have you held a valid Wisconsin Operator's License or completed a Wisconsin Certified Responsible Beverage Server's Training Course?
 Yes No Original applications require a copy of either document.
- Do you need to apply for a Provisional (60 Day) License?
 Yes No If yes, please enclose an additional \$15.00 fee
- Have you ever been cited and/or convicted of any felony or misdemeanor in the State of Wisconsin or in the United States?
 Yes No If yes, state nature of offense and, if applicable, the conviction date and name of court: _____
- Within the last 10 years have you been cited and/or convicted of violating any other law or ordinance in the City of Evansville or State of Wisconsin?
 Yes No If yes, state nature of offense and if applicable the conviction date and name of court: _____
- Within the last 10 years have you been cited and/or convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors?
 Yes No If yes, state nature of offense and if applicable the conviction date and name of court: _____

31 S. Madison St, Evansville WI 53536 / Phone 608.882.2266 / Fax 608.882.2282
www.ci.evansville.wi.gov

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

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

Date: 21 OCT 2020

Signature of Applicant: _____

C. Judd

For Office Use Only

Provisional License Receipt # _____ Faxed _____ Initials _____

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

Reason for Non-Recommendation if Applicable: _____

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

Operator's License Receipt # _____ Faxed _____ Initials _____

Police: Recommend _____ Non-Recommend Signature/Date: *File 10/27/20*

Reason for Non-Recommendation if Applicable: *Untruthful on application*

5/18/20 convicted, intoxicated, in vehicle carrying underage person.

Public Safety Committee: Granted _____ Denied _____

Reason for Denial: _____

Lic No. _____ Issue Date: _____

Signature/Date: _____ / _____

Paid To:
City of Evansville

Receipt: 1.142510 25.00
JUDD CHRISTINA

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 12-1-2020 ending: 04-2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-4029 098 588-02</u>	
FEIN Number <u>81-2029 853</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Michael Barcena Angels Pizza LLC (DBA: Marsala's Pizzeria)

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Barcena</u>	<u>Michael</u>	<u>Angel</u>	<u>44 N Madison St, 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name MARSALA'S PIZZERIA Business Phone Number 608-802-1315
2. Address of Premises 18 E Main St. Post Office & Zip Code 53536

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

Alcohol beverages will be stored in the pepsi cooler in the hostess overstock. will be kept/stored in back of kitchen in white walk-in cooler. (Beer & wine)

All on 1st Floor

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Mama Ritag

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Barcena</u>		(first name) <u>Michael</u>		(middle name) <u>Angel</u>	
Home Address (street/route) <u>44. N. MADISON</u>		Post Office	City <u>Evansville</u>	State <u>WI</u>	Zip Code <u>53536</u>
18 E Main St					
Home Phone Number <u>608-213-0801</u>		Age <u>21</u>	Date of Birth <u>10/21/1998</u>	Place of Birth <u>Madison</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Michael Barcena of Angel's Pizza LLC / Marsala's Pizzeria
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 21 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Custom Home Services</u>	<u>Oregon, WI 890 Raven Ct</u>	<u>01/20/2017</u>	<u>9/29/2020</u>
<u>Marsala's</u>	<u>Lake Geneva, WI 820 Williams St</u>	<u>08/15/2016</u>	<u>10/10/2018</u>

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

Michael Barcena
(Signature of Named Individual)

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Ansel's Pizza LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Marsala's Pizzeria
(Trade Name)

located at 18 E Main St, Evansville, WI

appoints Michael Ansel Barcone
(Name of Appointed Agent)

~~18 E Main St, Evansville, WI~~
* 44 N. MADISON ST. EVANSVILLE WI. 53536
(Home Address of Appointed Agent)

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

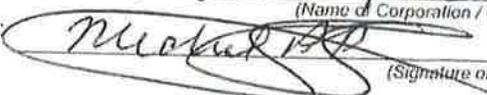
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
NS Ansel's Pizza LLC

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 years

Place of residence last year 309 S Madison, St, Evansville, WI

For: Marsala's Pizzeria / Ansel's Pizza LLC
(Name of Corporation / Organization / Limited Liability Company)

By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

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


(Signature of Agent) 9/29/20
(Date)

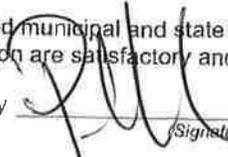
Agent's age 21

18 E Main St
(Home Address of Agent)

Date of birth 10/21/1998

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

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

Approved on 10/10/20 by 
(Date) (Signature of Proper Local Official)

Title Police Chief
(Town Chair, Village President, Police Chief)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 12-1-2020 ending: 04-2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-429 099 588-02</u>	
FEIN Number <u>81-2029 853</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Michael Barcena Angel's Pizza LLC (DBA: Marsala's Pizzeria)

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Barcena</u>	(First) <u>Michael</u>	(Middle Name) <u>Angel</u>	Home Address (Street, City or Post Office, & Zip Code) <u>44 N Madison st, 53536</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name MARSALA'S PIZZERIA Business Phone Number 608-802-1315
 2. Address of Premises 18 E Main st. Post Office & Zip Code 53536

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

Alcohol beverages will be stored in the pepsi cooler in the hostess. Overstock, will be kept/stored in back of kitchen in white walk-in cooler. (Beer & wine)

All on 1st Floor

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Mama Ritag

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Barcena		Michael		Angel	
Home Address (street/route)		Post Office	City	State	Zip Code
18 E Main St			EVANVILLE	WI	53536
Home Phone Number		Age	Date of Birth	Place of Birth	
608-213-0801		21	10/21/1998	Madison	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Michael Barcena of Angel's Pizza LLC / Marsala's Pizzeria
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 21 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Custom Home Services	Oregon, WI 890 Raven Ct	01/20/2017	9/29/2020
Marsala's	Lake Geneva, WI 820 Williams St	08/15/2016	10/16/2018

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


 (Signature of Named Individual)

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Marsala's Pizzeria
(Trade Name)

located at 18 E Main St, Evansville, WI

appoints Michael Angel Barcone
(Name of Appointed Agent)

~~18 E Main St, Evansville, WI~~
* 44 N. MADISON ST. EVANSVILLE WI. 53536
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 years

Place of residence last year 309 S Madison, St, Evansville, WI

For: Marsala's Pizzeria / Angels Pizza LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Michael Barcone
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

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

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

Michael Barcone 9/29/20 Agent's age 21
(Signature of Agent) (Date)

18 E Main St Date of birth 10/21/1998
(Home Address of Agent)

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

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

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