

A meeting of the City of Evansville Public Safety will be held on the date and time stated below. 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. Copies of the packet and agenda are available at: www.ci.evansville.wi.gov/city_government/public_agendas_minutes/public_safety.php

Public Safety Committee
Regular Meeting
Wednesday, June 7, 2023 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 the May 3, 2023 Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
 - A. **Motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department)*.
 - 1) Stephen John Selgrat
 - 2) Candace Lee Andrews
 - 3) Debra J. Carlson
 - 4) Allan L Hurst
 - 5) Lynda Marie Laursen
 - 6) Brittany Lee Long
 - 7) John Paul Petterson
 - 8) David Duane Powers
 - 9) John Leigh Schneider
 - 10) Michelle Lee Thompson
 - 11) Marisol McElroy Lopez
 - 12) Michael John George
 - 13) John Thomas Meredith
 - 14) Dulcie Gwen Bergsma
 - 15) Denise Ann Halvensleben
 - 16) Jessica Ann Hall
 - 17) Gail Mary Henry
 - 18) Karen M. Frey
 - 19) Jon M Frey
 - 20) Michael E. Maves

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

- 21) Michelle May Allen
- 22) Lisa A Sonnentag
- 23) Erin Margaret Bradley
- 24) Tiffany M. Myers
- 25) Michelle Marie Bauwens
- 26) Tyler John Rufenacht
- 27) Grace Lynn Marshall
- 28) Madison Elizabeth Strahota
- 29) Amber Rae Knetter

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

- 1) Jacqueline Marie Tomlin

C. Discussion with possible motion to approve the Class "B"/Class B" Retailer License Application for:

- 1) Evansville Chamber of Commerce Business After 5: Hagen CPA, 1 N. Madison Street, Evansville, WI 53536 from 5 p.m. to 7 p.m. on August 8, 2023
- 2) Evansville Community Partnership Lake Leota 4th of July 15 Antes Drive, Evansville, WI 53536, Jim Brooks 563 6th St., Evansville, WI 53536
 - June 30, 2023 to July 4, 2023
- 3) Evansville Underground Music Summer Series Evansville Underground Music 1st Street, Evansville, WI 53536 from 4 p.m. to 10 p.m.
 - Saturday, July 1, 2023
 - Friday, July 21, 2023
 - Saturday, August 26, 2023
 - Saturday, September 23, 2023
 - Saturday, October 14, 2023

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

- 1) Evansville Underground Music Summer Series Evansville Underground Music 477 W. Main Street, Evansville, WI 53536 from 4 p.m. to 10 p.m. Closing 1st Street to Montgomery Court to Main Street.
 - Saturday, July 1, 2023
 - Friday, July 21, 2023
 - Saturday, August 26, 2023
 - Saturday, September 23, 2023
 - Saturday, October 14, 2023

E. Discussion on the Short Term Street Use License Application(s) for:

- 1) Friends of Eager Free Public Library 113 W. Church Street, Evansville, WI 53536. From 1st Street from Main to Montgomery Ct. from 4:00 p.m. to 8 p.m.

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

- Friday, June 30, 2023

2) St. Paul Catholic Church at 39 Garfield St, Evansville, WI 53536. From corner of Garfield Ave. & First Street and Montgomery Court from 2 p.m. to 6 p.m.

- Sunday, June 11, 2023

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, July 5, 2023 at 6:00 p.m.

11. Motion to adjourn.

Erika Stuart, Chairperson

Public Safety Committee
 Regular Meeting
 Wednesday, May 3, 2023 6:00 p.m.
 City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

1. Call to Order. *by Chairperson Stuart at 6:00 p.m.*
2. Roll Call.

3. <u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Aldersperson Erika Stuart, Chair	P	Patrick Reese, Chief
Aldersperson Gene Lewis	P	Carolyn Kleisch, Chief
Aldersperson Ben Corridon	P	Chris Jones, Lt.
		Rittenhouse, Det. Sgt
		Morgan Katzenmeyer, EMT
		Jolene Klitzman, Deputy Clerk
		Leah Hurlley, City Clerk
		Mark Schnepfer, EUM President
		Greg Ardisson, Night Owl
		Orion Hunt, Senior project
		Dillon Elliott, Senior project
		Ann Elliott, Citizen

4. Motion to approve the Agenda. *by Stuart, Seconded Corridon. Motion passed 3-0*
 5. Motion to approve the April 5, 2023 Public Safety regular meeting minutes. *by Stuart, Seconded Corridon. Motion passed 3-0*
 6. Citizen appearances other than agenda items listed. *None*
 7. Old Business.
- A. Discussion with possible motion to approve the Temporary Class “B” Retailer’s License Application for: *by Stuart, Seconded by Corridon.***

1) **Evansville Underground Music (EUM)**, 23 N. First St, Evansville, WI 53536 for the following dates:

- Friday, May 5, 2023 – 26 W. Main Street (Weirdo Thrift) *Motion passed 3-0*
 - Friday, June 2, 2023 – 23 N. First Street *Motion passed 3-0*
1. *Leah explained the 3 questions the committee had from the April 5, 2023 meeting on ordinance we justify the reasons to recommend or non-recommend.*
 2. *Corridon asked about paying for both license. EUM let us know a few days in advance which one they will need and pays for just that one.*
 3. *Stuart questioned the risk of setting a president, clerks explained the conditions needed to be able to hold the concerts.*
 4. *Chief Reese is good with using it for rain dates only as they have not seen any issues with underage or over serving issues.*

8. New Business.

A. **Discussion on senior project – “Run the Lake” at Lake Leota Park:** Fundraiser for Cross County and Track program at the schools.

- Saturday August 5th from 6 a.m. to 12 p.m., or (*Garage sale days*)
- Saturday August 12th from 6 a.m. to 12 p.m.

Seniors Orion Hunt and Dillon Elliott explained their senior project to the committee on closing the park entrances to have a 5K fun run with the community/Alumni to raise funds to support the Evansville High School Cross Country and Track Teams. Chief Reese and Chief Kleisch asked for them to reach out to them for a meeting to finalize routes and what will be needed from them.

B. **Motion to approve the Operator’s License Application(s)** for: (*recommended by Evansville Police Department unless otherwise noted*).

- 1) Quinatia A Faherty
- 2) Mallory Elizabeth Isbell
- 3) Ann Marie Reeves
- 4) Mary Catherine Rooney
- 5) Hannah Marie Vanthoernoot
- 6) Dorry A. Weigel
- 7) Anthony Alejandro Aranda
- 8) Jeanette L. Gullledge
- 9) James Alan Brooks
- 10) Jessica Elizabeth Golz
- 11) Jeremy James Welter
- 12) Linda Dawn Orton
- 13) David Alan Knoll
- 14) Christal R. Helgesen
- 15) Gregory B. Helgesen
- 16) Forrest Palmer Johnson
- 17) Randy David Carlson
- 18) Erik J. Reines
- 19) Kari Ann Fehrenbacher
- 20) John Carlos Lara
- 21) Joshua Michael Blosser
- 22) Dean William Colstad
- 23) Adam E. Crook
- 24) Andrea Jean Hance (Provisional to expire May 9, 2023)

by Stuart, Seconded Corridon, Motion passed 3-0

Discussion on ordinance with Vanthoernoot applicate and Chief Reese stating Hance has completed the trail with no issues and feels comfortable with allowing original operators license.

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

- 1) Evansville Tourism Commission at 228 W. Main St, Evansville, WI 53536. From Madison Street to the Railroad Tracks from 9 a.m. to 10 a.m.

- Thursday, May 27, 2023 *by Stuart, Seconded Corridon, Motion passes 3-0*

D. Discussion and motion to recommend to Common Council - Ordinance 2023-06, Amending Chapter 6 - Alcohol Beverages. Leah explained the changes and to why we were updating the ordinance. By Stuart, Seconded Corridon. Motion passed 3-0

E. Motion to recommend to the Common Council approval of the Original Alcohol Beverage License Applications for a Class A Beer/Class A Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted)

- 1) Family Dollar Stores of Wisconsin, LLC, Priscilla Santos, Agent, 6627 33rd Avenue, Kenosha, WI 53142 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536 *by Stuart, Seconded Corridon. Motion passed 3-0*

Jonathan Crumly representative from Decisions Consulting was there to answer questions and informed the committee on how they will have staff, security and scanning of driver's license to purchase the alcohol.

Leah read an email from the landlords asking the committee to not approve the license as it is not in agreement with the signed lease. This is a civil suit action and the committee cannot refuse the license due to this request.

Corridon questioned why they were on for Original and Renewal. Explained the time frame is from July 1 to June 30 for licenses and they would like to not have a gap in their license so running both together.

F. Motion to recommend to common council approval of the Original Alcohol Beverage License Application for Class B Beer/Class B Liquor License for:

- 1) Pete's Inn Inc., Bret Church, Agent, 555 S. Fifth Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536. *by Stuart, Seconded Corridon. Motion passed 3-0 with pending condition of Chief Reese recommendation and police inspection recommendation.*

G. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Applications for a Class A Beer/Class A Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted) *by Stuart, Seconded Lewis. Motion passed 3-0*

- 1) Casey's Marketing Company, Anthony W. Hawks, Agent, 538 Biese Street, Combined Locks, WI 54113, d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
- 2) Kopecky's Worldwide Foods, Inc., James Dean Kopecky, Agent, 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
- 3) Madison Street Express, Inc., Parminder K. Sekhon, Agent, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.
- 4) Olin Oil Co. Inc., Kristin Olin Olmedo, Agent, 603 E 2nd Avenue, Brodhead, WI 53520, d/b/a Evansville Gas N Go, 350 Union Street, Evansville, WI 53536.
- 5) Consumers Cooperative Oil Company, Eric Cantwell, Agent, 1201 Jacob Dr. Prairie Du Sac, WI 53578 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
- 6) Family Dollar Stores of Wisconsin, LLC, Priscilla Santos, Agent, 6627 33rd Avenue, Kenosha, WI 53142 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536

H. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License applications for a Class B Beer/Class B Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted) *by Stuart, Seconded Corridon. Motion passed 3-0*

- 1) **Bessire Bowl, LLC, Joel Bessire, Agent**, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
 - 2) **Creekside Place Inc., Nicholle L Wagner, Agent**, 14246 W Golf Air Drive, Evansville, WI 53536, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
 - 3) **The Night Owl Food & Spirits Inc., Gregory P Ardisson, Agent**, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536.
 - 4) **Trappers Bar & Grill LLC, Travis Schuh, Agent**, 3942 State Road 213, Footville, WI 53520, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.
 - 5) **El Vallarta De Evansville LLC, Marco Antonio Lugo Valencia, Agent**, 438 Almeron St, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
 - 6) **Evansville Memorial Post 6905 VFW, John L Schneider, Agent**, 15542 W. Francis Road, Evansville, WI 53536, d/b/a VFW Memorial Post, 179 E. Main Street, Evansville, WI 53536.
 - 7) **Slice Golf, LLC, Andrew Tomlin, Agent**, 300 S. 1st Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
 - 8) **Ceili, LLC, Shannon R. Arndt, Agent**, 414 Meadow Lane, Evansville, WI 53536, d/b/a Ceili Coffee and Wine, 16 W. Main Street, Evansville, WI 53536.
9. Evansville Police Department Report. *Chief Reese reported on officer training, Community relations, Monthly updates, Calls for Service, Accreditation and Notable calls/incidents. Stuart commented on talking with the kids about crosswalk safety.*
10. Evansville Emergency Medical Services Report. – *Chief Kleisch reported on Calls for service, Refresher with Mercy, completion of training with Fire Department and the Police Department. Library staff will be done in May. Generator should be up and running by May 5th. Council members grabbed some yard signs to put up in their yards.*
11. Meeting Reminder: Next regular meeting scheduled for Wednesday, June 7, 2023 at 6:00 p.m.
12. Motion to adjourn. *7:07 p.m. by Stuart, Seconded Corridon.*

Jolene Klitzman, Deputy Clerk



APPLICATION FOR OPERATOR'S LICENSE

7-A

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: Stephen John Selgrad
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 years

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

Prior Street Address	State	Zip	From	To
Beunty Dr. Poplar Grove, IL				

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

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

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

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

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

5. For each YES response 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
marijuana possession	Sept 2012	Evansville	WI

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 type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

Attach certificate of completion for Responsible Alcohol Servers Course

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

Signature: [Signature] Email: _____

Printed Name: Stephen J. Selgrad Date: 04/29/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: City of Evansville

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Receipt # Receipt: 1.153075 Date: 15.00

ALL N ONE

May 2, 2023 11:39AM

Approved: [Signature] Denied: _____

Police Chief's Signature Date: 5/5/23



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: Candace Lee Andrews DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 22 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 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:

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Candace L Andrews
Printed Name: Candace L Andrews

Email: _____
Date: 3/28/2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee:	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature _____	Date _____
Approved: _____	Denied: _____	Receipt # _____	
<u>[Signature]</u> Police Chief's Signature	<u>5/15/23</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.wlcourts.gov/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Debra J Carlson 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? 2 years Former Name(s): MC GOW, KUSKO

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>6553 N. South 5th St</u>	<u>Evansville WI</u>	<u>53536</u>	<u>4/2014</u>	<u>7/2021</u>

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Debra J Carlson
Printed Name: Debra J Carlson

Email: _____
Date: 3-27-2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
Approved: <u>[Signature]</u>	Clerk's Office Signature: _____ Date: _____
Denied: _____	Receipt # _____
Police Chief's Signature: <u>[Signature]</u>	Date: <u>5/15/23</u>



APPLICATION FOR OPERATOR'S LICENSE

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

New/Renewal Operator's License: \$35.00

Provisional Fee: \$15.00

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

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

1. LEGAL NAME: ALLAN L HURST
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

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

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

ARREST AND CONVICTION RECORD

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

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

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

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

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

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Alban Hurst Email: _____

Printed Name: ALLAN HURST Date: 5-4-23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

City Clerk's Signature: _____ Date: _____

Approved: [Signature] Denied: 5/15/23

Police Chief's Signature: _____ Date: _____

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: Lynda Marie Laurson
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? 13 yrs. Former Name(s): Arneson

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 cited and/or convicted of a felony? Yes No

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

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

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

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:

Question	Yes	No
<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attach certificate of completion for Responsible Alcohol Servers Course

Question	Yes	No
<input type="checkbox"/> An alcohol agent for a retail alcohol license	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> The sole proprietor of retail alcohol license	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Signature: Lynda Laurson Email: _____

Printed Name: Lynda Laurson Date: 03/29/2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: _____ Denied: _____ Receipt # _____

[Signature] Police Clerk's Signature 5/15/23 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: Brittany Lee Long DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: 608-520-4734

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

Driver's License No: _____ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 years Former Name(s): Brittany Forrett

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 cited and/or convicted of a felony? Yes No

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

Successfully completed a Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

Held an Operator's License issued in Wisconsin

The sole proprietor of retail alcohol license

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

Signature: Brittany Long
Printed Name: Brittany Long

Email: _____
Date: 4-5-23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____

Paid To:

City of Evansville

Date: _____

Clerk's Office Signature

Date

Approved: _____

Denied: _____

Receipt #

Receipt: 1.153118 315.00
EVANSVILLE MEMORIAL POS
May 5, 2023 11:19AM

[Signature]
Police Chief's Signature

5/15/23
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: JOHN PAUL PETERSON DATE OF BIRTH: _____
First Middle Last

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? 30 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 cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/>
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input type="radio"/>
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input type="radio"/>
b) Operating a motor vehicle while intoxicated?	Yes	<input type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input type="radio"/>
d) Permitting underage person on licensed premises?	Yes	<input type="radio"/>
e) Allowing persons on licensed premises after closing?	Yes	<input type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input type="radio"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input type="radio"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input type="radio"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input type="radio"/>

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: John P. Peterson Email: _____

Printed Name: JOHN P. PETERSON Date: _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: X _____
[Signature]
Police Chief's Signature

Denied: _____
5/15/23
Date

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: <u>DAVID</u> <u>DUANE</u> <u>POWERS</u> First Middle Last			DATE OF BIRTH: _____		
ADDRESS: _____			PHONE: _____		
CITY: <u>EVANSVILLE</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: <input checked="" type="radio"/> Male <input type="radio"/> Female		
Driver's License No.: _____			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>19 YEARS</u>			Former Name(s): _____		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	To

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: Attach certificate of completion for Responsible Alcohol Servers Course

- Successfully completed a Responsible Alcohol Servers Course
- Held an Operator's License issued in Wisconsin
- An alcohol agent for a retail alcohol license
- The sole proprietor of retail alcohol license

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

Signature: <u>David D Powers</u>	Email: _____
Printed Name: <u>DAVID D POWERS</u>	Date: <u>MARCH 30, 2023</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>[Signature]</u>	Denied: _____	Receipt #	
Police Chief's Signature	<u>5/15/23</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/casesearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: John Leigh Schneider 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? 28 yrs 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 cited and/or convicted of a felony? Yes No

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

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

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

5. For each YES response 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 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: John L. Schneider Email: _____
 Printed Name: John L. Schneider Date: 04-04-2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: _____
 Police Chief's Signature: _____ Date: 5/15/23

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: Michelle Lee Thompson
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

CITY: Evansville STATE: WI ZIP: 53536

PHONE: _____

GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 6 years

Former Name(s): Kuyk, Johnson

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 cited and/or convicted of a felony? Yes No

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

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

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

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: Michelle Thompson
 Printed Name: Michelle Thompson

Email: _____
 Date: 03-28-23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee:
 Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: Denied: _____
 Police Chief's Signature: _____ Date: 5/5/23

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: JOHN THOMAS MEREDITH 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? 30yrs 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 cited and/or convicted of a felony? Yes No

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

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

a) Any underage alcohol violation?	Yes <input type="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 type="checkbox"/> Attach certificate of completion for Responsible Alcohol Servers Course
<input 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: John T Meredith Email: _____
Printed Name: JOHN T MEREDITH Date: 3-29-2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
Approved: _____ 	Clerk's Office Signature _____ Date _____
Denied: _____ <u>5/15/23</u>	Receipt # _____
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: Dulcie Gwen Bergsma DATE OF BIRTH: _____
First Middle Last

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? 25 Years Former Name(s): Dulcie Carstens

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 cited and/or convicted of a felony? Yes No

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

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

a) Any underage alcohol violation?	Yes <input type="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 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: Dulcie Bergsma Email: _____ 46
Printed Name: Dulcie Bergsma Date: 3/29/2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: _____ Receipt # _____
Police Chief's Signature Date: 5/15/23



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: Denise Ann Halvensleben DATE OF BIRTH: _____
 First Middle Last

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? 35 Years Former Name(s): Decker

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 cited and/or convicted of a felony? Yes No

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

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Cited For Selling Cigarettes to an Under aged person</u>	<u>January 2023</u>	<u>Evansville</u>	<u>WI</u>

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

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

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

Signature: Denise A. Halvensleben Email: _____
 Printed Name: Denise A. Halvensleben Date: 04/20/2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: _____ Receipt # _____
 Police Chief's Signature Date: 5/15/23



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: Jessica Ann Hall 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? 5 years Former Name(s): Jessica Halvensleben

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 cited and/or convicted of a felony? Yes No

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

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

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

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>OWI</u>	<u>09/2021</u>	<u>oregon</u>	<u>WI</u>

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

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

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

Signature: Jessica Hall Email: _____ n
 Printed Name: Jessica Hall Date: 5/1/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
Approved: <u>[Signature]</u>	Clerk's Office Signature _____ Date _____
Denied: <u>5/15/23</u>	Receipt # _____
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>Gail</u> <u>Mary</u> <u>Henry</u>		DATE OF BIRTH:	
First Middle Last			
ADDRESS:		PHONE:	
CITY: <u>Evansville</u>	STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>
Driver's License No.:		Issuing State: <u>AZ</u>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>14 years</u>		Former Name(s): <u>Maiden name; Flood</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 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:	Attach certificate of completion for Responsible Alcohol Servers Course
<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

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

Signature: <u>Gail Henry</u>	Email: _____
Printed Name: <u>Gail Henry</u>	Date: <u>4/12/23</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>[Signature]</u>	Denial: _____
Police Chief's Signature	Date: <u>5/15/23</u>
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/casearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: Karen M Frey
First Middle Last

DATE OF BIRTH: _____

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? 21 years Former Name(s): Karen Cooper

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

City	State	Zip	From	To
<u>NA</u>				

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

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

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

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

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
<u>NA</u>			

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

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

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

Signature: Karen Frey Email: _____
 Printed Name: Karen Frey Date: 4/30/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Paid to: _____ Approved: _____ Denied: City of Evansville Date: _____
Approved: <u>[Signature]</u>	Clerk's Office Signature: _____ Date: _____
Denied: <u>5/15/23</u>	Receipt # _____ Receipt: 1.153147 105.00 EVANSVILLE HOME TALENT May 9, 2023 08:00AM
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: Jon M Frey
 First Middle Last

DATE OF BIRTH: _____

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? 21 years Former Name(s): NA

Prior Street Address if Above Address is Less Than 5 Years State	Zip	From	To
<u>NA</u>			

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

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

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

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

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
<u>NA</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: _____ Email: _____

Printed Name: Jon Frey Date: 4/30/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Approved: _____ Denied: _____

Police Chief's Signature: _____ Date: 5/15/23

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

1. LEGAL NAME: Michael E Maves
First Middle Last

DATE OF BIRTH: _____

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? 12 years Former Name(s): NA

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>NA</u>				

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

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

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

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

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

5. For each YES response 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 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: [Signature] Email: [Email]

Printed Name: Michael Maves Date: 5/2/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
Approved: <u>[Signature]</u>	Clerk's Office Signature _____ Date _____
Denied: _____	Receipt # _____
Police Chief's Signature	Date: <u>5/15/23</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: Michelle May Allen 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? 16 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 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:

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: Michelle Allen Email: _____
 Printed Name: Michelle Allen Date: 5/10/2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: _____
 Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature _____ Date _____

Approved: [Signature] Denied: _____
 Police Chief's Signature _____ Date: 5/17/23

Receipt # _____
 Receipt: 1.153175 35.00
 MICHELLE ALLEN
 May 10, 2023 11:01AM



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: Lisa A Sonnentag 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? 13 yrs 7 months Former Name(s): Lisa A. Luebke

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 cited and/or convicted of a felony? Yes No

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

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

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

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>was party to crime but got full blame</u>	<u>29 2/2023</u>	<u>Port Washington</u>	<u>WI</u>
	<u>years ago</u>	<u>Ozaukee</u>	
	<u>maybe more 31</u>	<u>County</u>	

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: Lisa A. Sonnentag Email: _____
 Printed Name: Lisa A. Sonnentag Date: 5-9-2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>1996 charges in Ozaukee county</u> <u>2001 charges in Port Washington</u>	Public Safety Committee: Approved: _____ Denied: _____ Paid To: _____ City of Evansville Date: _____
Approved: <u>[Signature]</u> Police Chief's Signature	Denial: _____ <u>5/17/23</u> Date
Receipt # _____	Receipt: 1.153195 35.00 SONNENTAG LISA A May 11, 2023 02:06PM



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: Erin Margaret Bradley DATE OF BIRTH: 1/1
 First Middle Last
 ADDRESS: C
 CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male Female
 Driver's License No.: _____ Issuing State: Wisconsin
 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

Prior Street Address	City	State	Zip	From	To
<u>9148 W Seeman rd</u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2001</u>	<u>new</u>

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

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

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

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

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:

Attach certificate of completion for Responsible Alcohol Servers Course

Successfully completed a Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

Held an Operator's License issued in Wisconsin

The sole proprietor of retail alcohol license

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

Signature: Erin M Bradley
Printed Name: Erin M Bradley

Email: _____
Date: _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: _____
Approved: _____ Denied: _____ City of Evansville
Date: _____

Clerk's Office Signature

Date

Approved: _____

Denied: _____

Receipt #

Receipt: 1.153201 35.00
BRADLEY ERIN
May 12, 2023 08:13AM

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: Tiffany M Myers DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: Janesville STATE: WI ZIP: 53545 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3yrs Former Name(s): Schultz, Dietrich

Prior Street Address If Above Address is Less Than 5 Years	State	Zip	From	To
<u>Motel</u>	<u>WI</u>	<u>Cambridge</u>		

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

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

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

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

a) Any underage alcohol violation?	Yes	<input 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"/> 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: Tiffany Myers Email: _____
Printed Name: Tiffany Myers Date: 5-12-23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ City of Evansville

Public Safety Committee: _____
Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature _____ Receipt #: L153212 Date: 35.00

Approved: [Signature] Denied: _____ Receipt # _____
Police Chief's Signature Date: 5/17/23 MYERS TIFFANY
May 12, 2023 01:17PM



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: Michelle Marie Bauwens
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? 10 yrs Former Name(s): N/A

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 cited and/or convicted of a felony? Yes No

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

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

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 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: [Signature] Email: _____

Printed Name: Michelle Bauwens Date: May 11, 2023

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

Public Safety Committee: City of Evansville

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature: _____ Date: _____

Receipt # 1-153216 Date 35.00

MICHELLE MARIE BAUWENS

May 12, 2023 03:50PM

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 5/17/23



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: Tyler John Rufenacht DATE OF BIRTH: _____
First Middle Last

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? 3 years Former Name(s): _____

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>125 N Park St.</u>	<u>Bellville</u>	<u>WI</u>	<u>53508</u>	<u>2015</u>	<u>2020</u>

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

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

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

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

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

5. For each YES response 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 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: Tyler Rufenacht Email: _____
Printed Name: Tyler Rufenacht Date: 5/18/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Paid To: _____ Approved: _____ Denied: <u>City of Evansville</u> Date: _____
Approved: <u>[Signature]</u> Denied: _____	Clerk's Office Signature: _____ Date: _____
Police Chief's Signature	Receipt # _____ Receipt: 1.153316 35.00 RUFENACHT TYLER May 23, 2023 11:36 AM
Date: <u>5/25/23</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>Grace</u> <u>Lynn</u> <u>Marshall</u>			DATE OF BIRTH:		
First Middle Last			PHONE:		
ADDRESS:		CITY: <u>Evansville</u> STATE: <u>WI</u> ZIP: <u>53536</u>			
GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		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		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: **Attach certificate of completion for Responsible Alcohol Servers Course**

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

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

Signature: Grace Marshall Email: grace.marshall@cityofevansville.com

Printed Name: Grace Marshall Date: 5/24/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>City of Evansville</u>	
		Approved: _____	Denied: _____ Date: _____
		Clerk's Office Signature _____ Date _____	
		Receipt # <u>1.153349</u>	<u>35.00</u>
		<u>MARSHALL GRACE</u>	
		<u>May 24, 2023 2:46 PM</u>	
Approved: <u>[Signature]</u>	Denied: <u>[Signature]</u>		
Police Chief's Signature	Date <u>5/25/23</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: Madison Elizabeth Strahota
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

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

Driver's License No.: 5 Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Former Name(s): Madison Hilliard

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 cited and/or convicted of a felony? Yes No

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Madison Strahota
Printed Name: Madison Strahota

Email: m.strahota22@gmail.com
Date: 5/31/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date

Approved: [Signature]

Denied: _____

Receipt #

1.153453

5-31-23

Police Chief's Signature

Date 6/5/23



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: Amber Rae Knetter 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? 2 yrs. Former Name(s): Amber Daffron/Gorman

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
<u>g ln - w - r -</u>	<u>WI</u>		<u>53536</u>	<u>2016</u>	<u>2021</u>

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

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

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

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

a) Any underage alcohol violation?	Yes	<input 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:

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

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

Signature: Amber Knetter
Printed Name: Amber Knetter

Email: adaffron72@icloud.com
Date: 6/1/23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: City of Evansville

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature

Date: _____

Receipt #

Receipt: 1-153458

Date: 35.00

KNETTER AMBER

Jun 1, 2023 11:52 AM

Approved: _____

Denied: _____

Police Chief's Signature

Date

6/1/23



City of Evansville

www.ci.evansville.wi.gov

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

May 17, 2023

Jacqueline Marie Tomlin
134 S. Madison Street
Evansville WI 53536

Dear Jacqueline:

This letter is notification of the Police Departments' non-recommendation for issuance of your operator's 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, June 7th 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 option 2.

Sincerely,

Jolene Klitzman
Deputy Clerk

cc: Erika Stuart, Public Safety Chairperson
Patrick Reese, 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: Jacqueline Marie Tomlin 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? + 20 yrs Former Name(s): Schultz

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 cited and/or convicted of a felony? Yes No

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

Successfully completed a Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

Held an Operator's License issued in Wisconsin

The sole proprietor of retail alcohol license

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

Signature: Jacqueline Tomlin
Printed Name: Jacqueline Tomlin

Email: _____
Date: 4-7-23

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Incomplete form

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Convicted 1982 Theft / Party to a crime

Clerk's Office Signature

Date

Approved: _____

Denied: _____

Receipt #

[Signature]

Police Chief's Signature

5/15/23

Date



Temporary Class "B" / "Class B" Retailer's License Application

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

Application Fee: \$10.00 per Licensed Premises **APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN**

Number of Licensed Premises: 1 x \$10.00 = \$ _____ Total Due

License Type: (Check one) Beer Only Wine Only Beer & Wine

Event Name: Business After 5

Event Date: August 8, 2023 Event Time: 5:7pm

Name of Person in Charge of Event: Terrri Moldenbauer

Organization

<input type="checkbox"/> Bona fide Club	<input type="checkbox"/> Church	<input type="checkbox"/> Lodge/Society
<input checked="" type="checkbox"/> Chamber of Commerce/ similar Civic or Trade Organization	<input type="checkbox"/> Fair Assoc/Agricultural Society	<input type="checkbox"/> Veteran's Organization

Organization Name: Hoges CPA * Evansville Chamber of Commerce

Address: 1 N Madison Ave * 25 W. Main St.

Date Organized: 1999 If Corporation, Date of Incorporation: _____

If organization is not required to hold a Wisconsin Seller's Permit Pursuant to SS 77.54(7m), Wis. Stats., Check here

Names and addresses of all Organization Officers:

President/Primary Officer:	Name: <u>David Hoges</u>	Address: <u>4110 Tanglewood</u>	City/State/Zip: <u>Evansville WI 53536</u>
Vice President:	Name: <u>Denise Webb</u>	Address: <u>6902 E Lynn Rd</u>	City/State/Zip: <u>Melton WI 53563</u>
Secretary: *	Name: <u>Shawn Murphy</u>	Address: <u>13237 W. Travis Trace</u>	City/State/Zip: <u>Evansville</u>
Treasurer: *	Name: _____	Address: _____	City/State/Zip: _____

Location of Premises where Beer and/or Wine will be served, consumed, or stored and areas where Alcohol Beverage Records will be stored:

Address/Location Description: 1 N Madison St Evansville WI 53536

Do premises occupy all or part of building? all

If part of building, fully describe all premises covered under this application, which floor(s) & room(s) licenses is to cover:

Declaration: An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

[Signature]
(Officer Signature/Date)

Hoges CPA *
(Name of Organization)



Temporary Class "B" / "Class B" Retailer's License

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE: 8/8/23	EVENT TIME: 5:00
NAME: Shawn Dunphy	DATE OF BIRTH: 8/5/69
ADDRESS: 25 W. Main Street	
EMAIL: dunphys91@gmail.com	PHONE: 608-751-5363

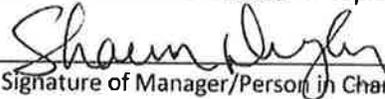
Chapter 6 of the Evansville Code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance and the State publication if you desire a copy. This application must be fully completed, and submitted to the City Clerk's Office at 31 S Madison St, Evansville WI 53536, with the required fees.

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

I, the undersigned being duly sworn on oath, affirm that within the last two (2) years have been/or completed one of the following:

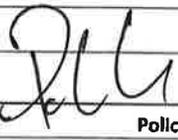
- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for copies of such laws.


5/25/23
 Signature of Manager/Person in Charge of event Date

Police Chief Recommendation and Comments:

Recommend X Non-Recommend Recommend with conditions


5/25/23
 Police Chief's Signature Date

Date Filed with Clerk: 5-26-23	Date License Issued:
Public Safety: 6-7-23	Clerk's Signature:

Notes & Receipt Information:

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE \$ 10.00

Application Date: 6/1/23

Town Village City of Evansville

County of Rock

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

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

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

at the premises described below during a special event beginning 6/30/23 and ending 7/4/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

Bona fide Club

Church

Lodge/Society

Veteran's Organization

Fair Association or Agricultural Society

Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Evansville Community Partnership

(b) Address 15 Antes Drive (PO Box 691) Evansville, WI 53536

(Street)

Town Village City

(c) Date organized 06/14/2000

(d) If corporation, give date of incorporation 06/14/2000

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

(f) Names and addresses of all officers:

President SUE NEELY 636 HILLSIDE CT

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Jim Brooks 563 6th St. Evansville, WI 53536

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number _____

(b) Lot _____ Block _____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Lake Leota Park North and West of Bell Tower

3. Name of Event

(a) List name of the event Lake Leota 4th of July

(b) Dates of event 6/30/23 - 7/4/23

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

[Signature]
(Signature / Date)

EVANSVILLE COMMUNITY PARTNERSHIP
(Name of Organization)

City of Evansville

Date Filed with Clerk 5-31-23

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Receipt: 1.153456 10.00

EVANSVILLE COMMUNITY PA
Wisconsin Department of Revenue
Jun 1, 2023 9:03 AM

OK 6/7/23 p.u.



Evansville Underground Music
104 Garfield Ave.
Evansville, WI 53536-1113

May 26, 2023

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

Dear Public Safety Committee:

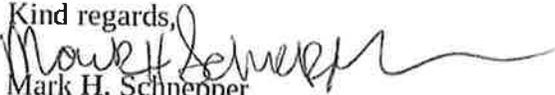
Evansville Underground Music, Inc. is requesting a Class B Beer License for 23 N. First Street and a Street Closure permit for the block of 23 N. First Street as well for the following dates: 7/1/2023, 7/21/2023, 8/26/23, 9/23/23, 10/14/23.

Please find enclosed:

Application Form
Exhibit A-Evansville Underground Music Officers
Exhibit B-Location of Premises

I will attend the next public safety committee meeting on June 7, 2023.

If you questions regarding this application, before the next Public Safety Committee Meeting: please call me at 608-213-0797.

Kind regards,

Mark H. Schnepfer
President – Evansville Underground Music



Temporary Class "B" / "Class B" Retailer's License Application

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

Application Fee: \$10.00 per Licensed Premises

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premises: _____ x \$10.00 = \$ _____ Total Due

License Type: (Check one) Beer Only Wine Only Beer & Wine

Event Name: Evansville Underground Music Summer Series

Event Date: 7-1-23, 7-21-23, 8-26-23 Event Time: 4pm-10pm

Name of Person in Charge of Event: MARK SCHNEPPER + JOE KAETHER
Organization: Evansville Underground Music

Bona fide Club Church Lodge/Society
 Chamber of Commerce/ similar Civic or Trade Organization Fair Assoc/Agricultural Society Veteran's Organization

Organization Name: Evansville Underground Music

Address: 104 Garfield Ave

Date Organized: 3-11-22 If Corporation, Date of Incorporation: 3-11-22

If organization is not required to hold a Wisconsin Seller's Permit Pursuant to SS 77.54(7m), Wis. Stats., Check here

Names and addresses of all Organization Officers:

President/Primary Officer: See Exhibit A
Name: _____ Address: _____ City/State/Zip: _____
Vice President: _____ Name: _____ Address: _____ City/State/Zip: _____
Secretary: _____ Name: _____ Address: _____ City/State/Zip: _____
Treasurer: _____ Name: _____ Address: _____ City/State/Zip: _____

Location of Premises where Beer and/or Wine will be served, consumed, or stored and areas where Alcohol Beverage Records will be stored: 477 W. MAIN ST. EVANSVILLE

Address/Location Description: See Exhibit B

Do premises occupy all or part of building?
If part of building, fully describe all premises covered under this application, which floor(s) & room(s) licenses is to cover:

Declaration: An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Mark H. Schnepfer
(Officer Signature/Date)

Evansville Underground Music
(Name of Organization)



Temporary Class "B" / "Class B" Retailer's License

AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

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

EVENT DATE:

EVENT TIME:

NAME:

Mark Schnepfer

DATE OF BIRTH:

5-30-1969

ADDRESS:

477 W. Main St. Evansville, WI 53536

EMAIL:

MARKSCHNEPPER@gmail.com

PHONE:

608-213-0797

Chapter 6 of the Evansville Code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance and the State publication if you desire a copy. This application must be fully completed, and submitted to the City Clerk's Office at 31 S Madison St, Evansville WI 53536, with the required fees.

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

I, the undersigned being duly sworn on oath, affirm that within the last two (2) years have been/or completed one of the following:

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for copies of such laws.

Mark H. Schnepfer
Signature of Manager/Person in Charge of event

5-26-23
Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____

[Signature]
Police Chief's Signature

5/30/23
Date

Date Filed with Clerk: 5-26-23

Date License Issued:

Public Safety: 6-7-23

Clerk's Signature:

Notes & Receipt Information:

Exhibit A

Evansville Underground Music, Inc.
104 Garfield Ave.
Evansville, WI 535361113

Officers:

Mark Schnepfer-President
Einar Floan-Vice President
Event Manager-Joe Kaether
Treasurer/Secretary-Ry Thompson

Addresses of people in charge of event:

Mark Schnepfer
477 W. Main St.
Evansville, WI 53536

Einar Floan
114 S. Third Street
Evansville, WI 53536

Joe Kaether
23 N. 1st Street
Evansville, WI 53536

Ry Thompson
104 Garfield Ave.
Evansville, WI 53536

Exhibit B





APPLICATION FOR Street Closure License

D-1

(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

Application Fee:
\$25.00 per Event

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Short Term (4 hours or less) Street Closure

Long Term (More than 4 hours) Street Closure
(The attached Petition must be included with at least 2/3 signatures)

This permit shall license the closure of a City Street for the purpose of business, celebration or other event that would require the full or partial closure of a road for a set period of time.

Name of Organization: Evansville Underground Music Phone: 608-213-0797

Organization address: 104 Garfield Ave, Evansville WI 53536

Responsible Person: MARK H. SCHNEPPER
First Middle Last

Home Address: 477 W. MAIN ST.

City EVANSVILLE State: WI Zip: 53536

Phone No: 608-213-0797 Email Address: EvansvilleUndergroundMusic@gmail.com

Date(s) of Event(s): 7-1-23, 7-21-23, 8-26-23, 9-23-23, 10-14-23

Hours of Operation: 4-10

Location of Event: 1st Street - Montgomery Court Intersection
to Main St Intersection.

Please attach a copy of map, showing where you wish to have the road blocked off.

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.

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 his or her best ability in following the instructions on the attached petition.

Mark H. Schmepp
Signature of Applicant

5-26-23
Date

Police Chief Recommendation and Comments:

Recommend y Non-Recommend _____ Recommend with conditions _____

 [Signature]

Police Chief's Signature

 5/30/23

Date

Municipal Services Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Municipal Services Signature

Date

City Clerk's Office:

Public Safety Meeting required? Yes No If Yes, Meeting Date: 6-7-23

Date License Issued:

Clerks Notes and Receipt Information:



Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Street Closures

Dale Roberts <dale.roberts@ci.evansville.wi.gov>
To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Tue, May 30, 2023 at 7:13 AM

Looks good to me.

Dale Roberts

Public Works Foreman

City of Evansville

535 S Madison St

(608) 516-2680

[Quoted text hidden]



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

Application Fee:
\$25.00 per Event

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Short Term (4 hours or less) Street Closure

Long Term (More than 4 hours) Street Closure
(The attached Petition must be included with at least 2/3 signatures)

This permit shall license the closure of a City Street for the purpose of business, celebration or other event that would require the full or partial closure of a road for a set period of time.

Name of Organization: Friends of Eger Free Public Library

Phone: 608 698 8985

Organization address:

Responsible Person: Katharine Joanna Seberger-Forstrom
First Middle Last

Home Address: 113 W Church St

City: Evansville

State: WI

Zip: 53536

Phone No: 608 - 698 - 8985

Email Address: kjs-forstrom@gmail.com

Date(s) of Event(s): ~~Friday~~ June 30, 2023

Hours of Operation: 4:00 - 8:00

Location of Event: Emma's Table

please block off 1st street from main to Montgomery Ct.

Please attach a copy of map, showing where you wish to have the road blocked off.

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.

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 his or her best ability in following the instructions on the attached petition.

KJS Forstrom

Signature of Applicant

May 2 2023

Date

Police Chief Recommendation and Comments:

Recommend X Non-Recommend _____ Recommend with conditions _____

See attach email

Police Chief's Signature

Date

Municipal Services Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Municipal Services Signature

Date

City Clerk's Office:

Public Safety Meeting required?

Yes

No

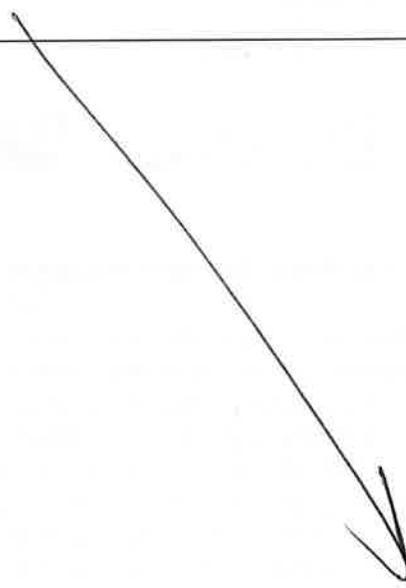
If Yes, Meeting Date:

6-7-23

Date License Issued:

Clerks Notes and Receipt Information:

pd



Paid To:
City of Evansville

Receipt: 1.153082 25.00
SEBORGER-FORSTROM KATHA
May 2, 2023 04:04PM



CITY OF EVANSVILLE - WI

Planning, Zoning and Inspections

Evansville has planning, zoning, permitting and code enforcement as services to its residents. This one-stop process can help streamline your new deck, remodel or business expansion.

Zoning Code

[Click Here To Access Our Zoning Code.](#)

Click on the buttons to access information about recent changes to our R-1 and R-2 zoning districts, and for more information on Accessory Dwelling Units (ADUs).

[R-1 & R-2 Changes](#) [ADUs](#)

Permits, Forms and Applications:

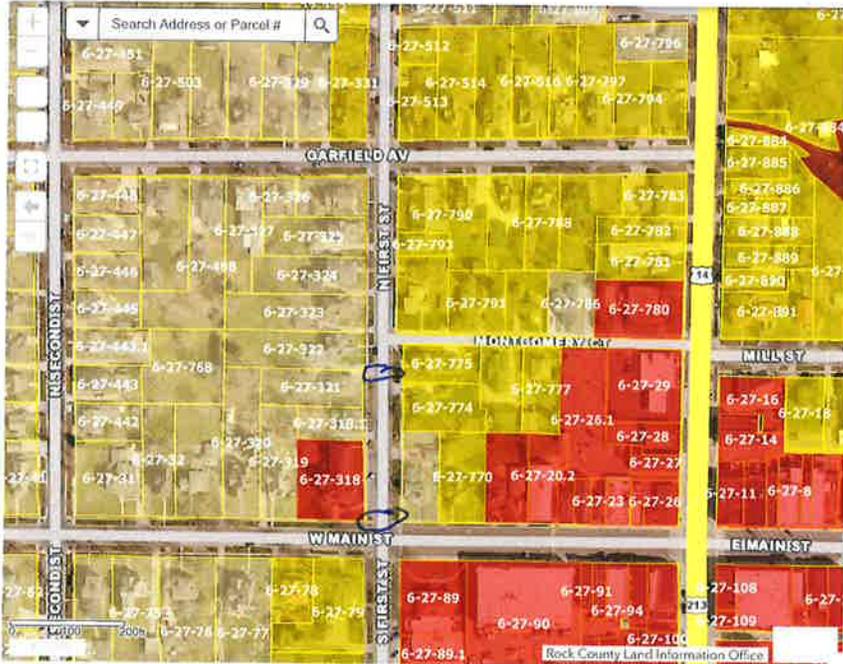
Click on a form below to view and download

- Annexation
- Building Permit
- Comprehensive Plan Amendment
- Conditional Use
- Chicken Keeping
- Floodplain
- Land Division Preliminary
- Land Division Final
- Rezone
- Sign
- Site Plan
- Variance
- Historic Preservation - Certificate of Appropriateness
- Historic Preservation Demolition

Zoning Map

City of Evansville, WI Zoning Map

City Website Municipal Codes



1st St -
Main to
Montgomery St.



Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Street Closure License

Patrick Reese <p.reese@ci.evansville.wi.gov>

Wed, May 3, 2023 at 9:20 AM

To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>, Dale Roberts <dale.roberts@ci.evansville.wi.gov>

I'm A-OKAY with this.

[Quoted text hidden]



Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Short Term Street Closure

Dale Roberts <dale.roberts@ci.evansville.wi.gov>

Fri, May 19, 2023 at 2:04 PM

To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Sorry, That looks good also.

Dale Roberts

Public Works Foreman

City of Evansville

535 S Madison St

(608) 516-2680

[Quoted text hidden]



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

Application Fee: \$25.00 per Event

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Short Term (4 hours or less) Street Closure

Long Term (More than 4 hours) Street Closure
(The attached Petition must be included with at least 2/3 signatures)

This permit shall license the closure of a City Street for the purpose of business, celebration or other event that would require the full or partial closure of a road for a set period of time.

Name of Organization: St. Paul Catholic Church Phone: 608-882-4138

Organization address: 39 Garfield Ave, Evansville, WI 53536

Responsible Person: Mary Anne Ait
First Middle Last

Home Address: 216 W. Main

City Evansville State: WI Zip: 53536

Phone No: 608-751-8402 Email Address: MaryAnneAit216@gmail.com

Date(s) of Event(s): Sunday, June 11

Hours of Operation: ~~XXXXXXXXXX~~ Block 2⁴⁵-6

Location of Event: 44 N. First - We will be having a band play on the house porch. The guests will sit in chairs, etc from the front of 44 N. First out into the street.

Please Block off For the Corner of Garfield Ave & 1st Street to First and Montgomery Court.

Please attach a copy of map, showing where you wish to have the road blocked off.

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.

PAID TO: City of Evansville

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 his or her best ability in following the instructions on the attached petition.

PAID TO: ST. PAUL CATHOLIC CHURCH
Receipt # 113326
May 19, 2023 2:37 PM

*Can you drop off street barricades

Mary Anne Ait
Signature of Applicant

Date



Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Short Term Street Closure

Patrick Reese <p.reese@ci.evansville.wi.gov>

Fri, May 19, 2023 at 10:59 AM

To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>, Dale Roberts <dale.roberts@ci.evansville.wi.gov>

I'm fine w/ this

[Quoted text hidden]



Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Short Term Street Closure

Dale Roberts <dale.roberts@ci.evansville.wi.gov>
To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>

Fri, May 19, 2023 at 1:33 PM

looks good!

Dale Roberts

Public Works Foreman

City of Evansville

535 S Madison St

(608) 516-2680

[Quoted text hidden]

Police Chief Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Police Chief's Signature

Date

Municipal Services Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Municipal Services Signature

Date

City Clerk's Office:

Public Safety Meeting required?

Yes

No

If Yes, Meeting Date:

6-7-23

Date License Issued:

Clerks Notes and Receipt Information:

pd 5-19-23



Evansville Public Safety Police Report

June 7th, 2023

Committee Members:

Chair Erika Stuart
Aldersperson Gene Lewis
Aldersperson Ben Corridon

City Representatives:

Mayor: Dianne Duggan
City Administrator: Jason Sergeant
Prepared by: Chief Patrick Reese

Officer Training:

Officer Nankee will be attending Tactical Response Training at BTC

Officer Tway will be attending Emergency Vehicle Operations Instructor Course

Detective Sgt. Rittenhouse will be attending the Rock County LGBTQ+ Summit at BTC

All staff will be attending a course on de-escalation techniques

Community Relations:

- Chief Reese & Lt. Jones sat in on the forensic science class at the request of Mrs. Marlin and watched the students present
- Third shift officers visited with and conducted extra patrol for the senior camp out at the high school
- Ofc. Johnson was awarded the Hometown Hero Award by the WI State Assembly and will receive his award during assembly session on 06/07
- Staff will assist with the school walk/run on 06/08
- Ofc. Wicksum will participate in Cruise Night at Creekside Place

Monthly Update:

Technology/Equipment/Building Update:

Patrol staff participated in the Click it or Ticket Campaign

Plumbing issues in two of our restrooms resulted in the replacement of one toilet and repair to another

Our radio booster has failed. Gen Comm has it out for repair or replacement. We are still waiting on cost assessment

Police Commission/Staffing:

The Police Commission did not meet this month

Update: We are still down one full time officer due to light duty

Ofc. Raupp resigned as part time. He accepted the Police Chief job in Brodhead

Calls for Service (through 03/30/23 10:01AM): May 2022: 1267 May 2023: 1037

Accreditation:

- Lt. Jones finished up the CORE assessment of Jackson PD

Notable calls/incidents by Sergeant Rittenhouse (4/28):

- Officers investigated 9 separate disorderly conduct incidents. Several subjects were cited for disorderly conduct
- Officer Tway arrested a subject for OWI
- A juvenile was taken into custody after a battery to one of their siblings
- Ofc Johnson and Sgt. Reilly investigated a child neglect case. An arrest was made
- Ofc Johnson and Sgt. Rittenhouse investigated a child neglect case. An arrest was made (different from above)
- A juvenile was referred for second degree reckless endangering safety after a battery involving a weapon, Sgt. Rittenhouse and Ofc. Johnson investigated the incident
- 48 9-1-1 abandoned calls were responded to. This is a big uptick and is happening county wide
- 50 Traffic stops were conducted

Memorial Day weekend:

- Sgt. Rittenhouse led an investigation into two missing teens who ran away from home. They were found safely and returned to Evansville. There was no threat to safety. Thank you to the Department of Criminal Investigations and Milwaukee PD for their assistance
- Sgt. Rittenhouse and Ofc. Lomax investigated a domestic incident and a subject was arrested
- Sgt. Rittenhouse and Ofc. Schmidt investigated a domestic incident and a subject was arrested
- 2 subjects were cited for underage drinking

Calls for Service by Type and Location - Summary

EVPD

From 5/1/2023 To 5/31/2023

Type	Description	Count
911	911 ABANDONED OR HANGUP OR OPEN LINE	Total: 58
ACIT	ASSIST CITIZEN	Total: 48
ALARM	ALARM	Total: 5
ALC	ALCOHOL VIOLATION	Total: 2
ANM	ANIMAL COMPLAINT	Total: 14
AVR	ABANDONED VEHICLE	Total: 1
BCK	BUSINESS CHECK	Total: 43
BUR	BURGLARY	Total: 1
CD	CIVIL DISPUTE	Total: 6
CHILD	CHILD OFFENSE	Total: 1
CPS	CIVIL PAPER SERVICE	Total: 1
DC	DISORDERLY CONDUCT	Total: 9
DIST	DISTURBANCE	Total: 3
DOA	DEATH INVESTIGATION	Total: 1
DRUG	DRUG OFFENSE	Total: 2
ESCORT	ESCORT/TRANSPORT	Total: 1
FAM	FAMILY PROBLEM	Total: 5
FAST	ASSIST FIRE OR EMS	Total: 69
FOL	FOLLOWUP	Total: 79
FOOT	FOOT PATROL	Total: 36
FRD	FRAUD/FORGERY	Total: 1
HAR	HARASSMENT	Total: 3
HAZC	HAZARDOUS CONDITION	Total: 3
HR	HIT & RUN	Total: 3

Calls for Service by Type and Location - Summary

EVPD

From 5/1/2023 To 5/31/2023

Type	Description	Count
KID	KID PROBLEM	Total: 5
LOIT	LOITERING	Total: 1
LOUD	LOUD NOISE	Total: 4
NOWN	UNWANTED PERSON	Total: 1
OJUR	ASSIST OTHER JURISDICTION	Total: 22
OPEN	OPEN DOOR/WINDOW	Total: 1
ORD	ORDINANCE VIOLATION	Total: 6
OWI	OPERATING WHILE INTOXICATED	Total: 1
OWS	OUT WITH SUBJECT	Total: 5
PARK	PARKING COMPLAINT	Total: 17
PHONE	PHONE MESSAGE FOR OFFICER	Total: 5
PROPERTY	PROPERTY	Total: 6
PWU	PUBLIC WORKS/UTILITY	Total: 2
RUN	RUNAWAY	Total: 1
SCHOOL	SCHOOL PATROL	Total: 49
SECK	SECURITY CHECK	Total: 360
SEX	SEX OFFENSE	Total: 2
SPAS	SPECIAL ASSIGNMENT	Total: 24
SPEV	SPECIAL EVENT	Total: 1
STALLD	STALLED VEHICLE	Total: 3
SUSP	SUSPICIOUS	Total: 19
T	TRAFFIC STOP	Total: 54
TA	TRAFFIC ACCIDENT	Total: 5

Calls for Service by Type and Location - Summary

EVPD

From 5/1/2023 To 5/31/2023

Type	Description	Count
TC	TRAFFIC COMPLAINT	Total: 25
THFT	THEFT	Total: 7
THREAT	THREAT	Total: 2
TRU	TRUANCY	Total: 1
UNLK	VEHICLE UNLOCK	Total: 6
WELF	WELFARE CHECK	Total: 7
	Total Incidents:	1037

City of Evansville EMS
 11 W. Church St.
 Evansville, WI 53536
 (608)882-2269
 Chief Carolyn Kleisch
 Public Safety Meeting
 June 7th 2023

1. Calls for Service:

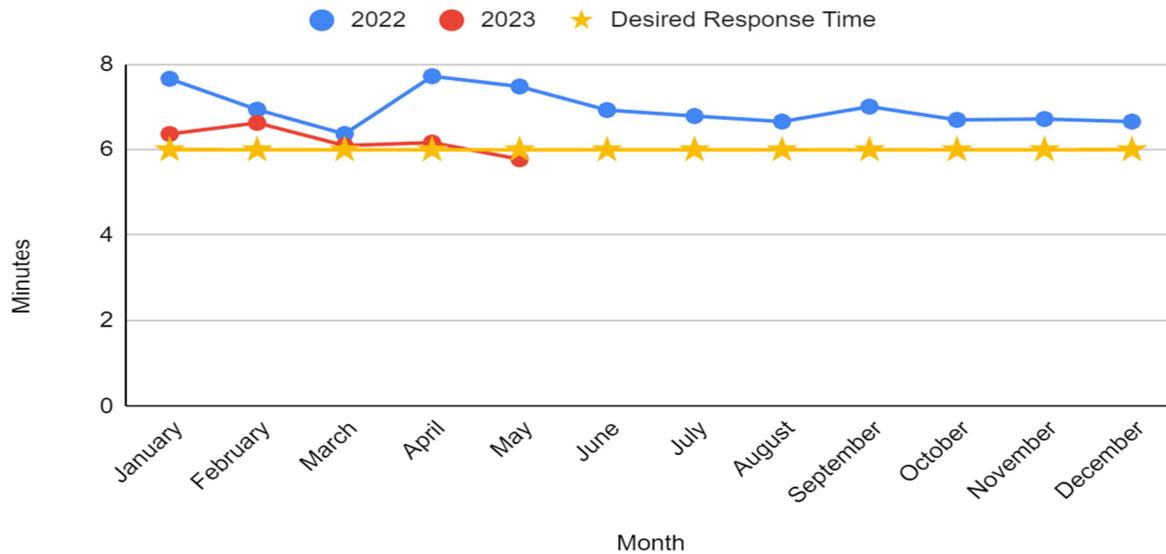
- a. 81 Calls during the month of May 2023. (641-78 /642-3)
- b. 63 Calls during the month of May 2022. (641-60/642-3)
- c. To date call volume 2023-329
- d. To date call volume 2022-310

Updates:

- a. Congrats to Josh Piper!! He has passed his NREMT, obtained his WI State EMT license and gone through his affiliation with Mercy. Now he is riding as an EMT and able to help cover shift.
- b. We treated EMS personnel and spouses to dinner for EMS Week.
- c. EMS Service License has been renewed for 2023-2026 licensing period.
- d. The refresher cycle for EMTs has been completed, most staff have already renewed their personal licenses. Renewal due by June 30th
- e. Morgan and Carolyn completed the Death Scene Investigation training.
- f. Morgan, Karla and Carolyn attended the Mental Health and Wellness Symposium.
- g. Keri presented 2 EMS Scholarships to High school Seniors.
- h. Keri, Karla and Carolyn attended the 6th grade Civics Day along with PD and Fire at the Middle School.
- i. Karla, Scott, Keri, Meegan, and Dennis participated in the Reality Maze put on by the High School.
- j. I finished and submitted the CMS data reports to Medicare/Medicaid system.
- k. Karla, Morgan and I wrapped up CPR with the Library staff.

Avg Unit Notified to Enroute in Minutes	Avg Unit Enroute to Arrived at Scene in Minutes	Avg Unit Arrived on Scene to Left Scene in Minutes	Avg Unit Left Scene to Arrived at Destination in Minutes	Avg Unit Arrived at Destination to Unit Back In Service in Minutes	Number of Runs
5.78	3.78	20.82	26.91	42.14	81

Average Response Times per Month



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	22	27.16%
Invalid Assist/Lifting Assist	9	11.11%
Breathing Problem	5	6.17%
Chest Pain (Non-Traumatic)	5	6.17%
Unconscious/Fainting/Near-Fainting	5	6.17%
Heart Problems/AICD	3	3.70%
Motor Vehicle Crash	3	3.70%
Sick Person	3	3.70%
Stroke/CVA	3	3.70%
Bleeding	2	2.47%
Chronic Illness/Medical Condition	2	2.47%
Convulsions/Seizure	2	2.47%
Fire	2	2.47%
Fire Standby	2	2.47%
No Other Appropriate Choice	2	2.47%
Pain	2	2.47%
Traumatic Injury	2	2.47%
Abdominal Pain/Problems	1	1.23%
Back Pain (Non-Traumatic)	1	1.23%
Cardiac Arrest/Death	1	1.23%
Hypotension / hypertension	1	1.23%
Motorcycle Collision	1	1.23%
Syncope/near-fainting	1	1.23%
Unresponsive	1	1.23%
Total:	81	100.00%