

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
Special Meeting
Thursday, July 27, 2023 6:00 p.m.
City Hall, 31 S. Madison Street, Evansville, WI

AGENDA

1. Call to Order.
 2. Roll Call.
 3. Citizen appearances other than agenda items listed.
 4. New Business.
- A. **Motion to recommend to the Common Council approval of the Original Alcohol Beverage License applications for a Class A/Class A Liquor License for:** (background check recommendations provided by Chief Reese, Unless otherwise noted)
- 1.) **SD Evansville Mini Mart, Inc., Prakash Navadia, Agent**, 7911 W. East Field Cir., Mequon, WI 53097, 350 Union Street, Evansville, WI 53536.
5. Motion to adjourn.

Erika Stuart, Chairperson

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 07-01- 20 23 :
 ending 06-30 20 24 :

TO THE GOVERNING BODY of the: Town of }
 Village of } Evansville
 City of }

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

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): SD Evansville minimart Inc

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>President Singh, Sarwan</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Navadiah Prakash</u>		
Directors/Managers			

3. Trade Name SD Evansville minimart Inc Business Phone Number _____
 4. Address of Premises 350 Union St, Evansville, WI Post Office & Zip Code 53536

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state WI and date 05-24-23 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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

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

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. Yes No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2776]. Yes No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

[Signature]
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Paid To: CITY OF EVANSVILLE Paid To: CITY OF EVANSVILLE Paid To: CITY OF EVANSVILLE

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	
Receipt: 1.153909	15.00		

AT-106 (R. 7-18) PDA LOAN & CONSULTING I Jul 6, 2023 2:45 PM
 Receipt: 1.153909 190.00 PDA LOAN & CONSULTING I Jul 6, 2023 2:45 PM
 Wisconsin Department of Revenue 00.00 PDA LOAN & CONSULTING I Jul 6, 2023 2:45 PM

04

Applicant's WI Seller's Permit No. / FEIN Number: 4.56-1031439611-193-1567128

LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$

N

0

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of SD Evansville minimart Inc.
(registered name of corporation/organization or limited liability company)

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

SD EVANSVILLE MINIMART INC
(trade name)

located at 350 Union St, Evansville, WI 53536

appoints Prakash Navadia
(name of appointed agent)

7911 W Eastfield Cir, Mequon, WI 53097
(home address of appointed agent)

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

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
4728 Property management Inc, Milwaukee

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 3 yrs

Place of residence last year Wisconsin

For: SD Evansville minimart Inc
(name of corporation/organization/limited liability company)

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

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Prakash Navadia, hereby accept this appointment as agent for the
(print/type agent's name)

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

Prakash Navadia 05-26-23 Agent's age 34
(signature of agent) (date)

3097 Date of birth _____
(home address of agent)

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

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

Approved on 7/12/23 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
singh		SARWAN			
Home Address (street/route)	Post Office	City	State	Zip Code	
			IN	46530	
Home Phone Number	Age	Date of Birth	Place of Birth		
	53	11/16/1970	India		

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

- Applying for an alcohol beverage license as an individual.
 A member of a partnership which is making application for an alcohol beverage license.
 OFFICER of SD Evansville minimart INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

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

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

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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



(Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1031439814-04

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) 3D EVANSVILLE minimart Inc			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name)			Telephone Number ()	
Business Address (License Location) 350 Union St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: EVANSVILLE		Business Telephone ()
Municipality	State WI	Zip Code 53536	County	
Mailing Address (if different than Business Address) 502 Pratt Ave N, Schaumburg		Municipality	State IL	Zip Code 60193

Organization (check one)

- Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: **05-24-23**
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature)
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



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

(no subject)

1 message

Gas N Go

ckolmedo@frontier.com <ckolmedo@frontier.com>

Thu, Jul 6, 2023 at 11:52 AM

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

This is Kristin Olin Olmedo on behalf of Olin Oil Co., Inc. The business we operated in Evansville is Evansville Gas N Go. We had a Class A Beer License and a Class A Liquor License and a Tobacco License. We would like to stop the issue of those license as of 7/1/23.

Thank you,
Kristin Olin Olmedo
Vice President
Olin Oil Co., Inc.

copy for : SD Evansville Minimart
Inc.



City of Evansville

www.ci.evansville.wi.gov

Date: Monday, July 10, 2023
To: Police Department
From: Leah Hurtley
Number of pages (including cover sheet): 1
Phone: 608-882-2266
Fax: 608-882-2282
RE: Background Checks: Establishment License

31 S Madison St
PO Box 529
Evansville, WI 53536
(608) 882-2266 phone
(608) 882-2282 fax

Establishment DBA	Agent		DOB	Police Department Review		
	First	Last		Date	Approve/Deny w/ Initials	Notes
SD Evansville Mini Mart, Inc.	Navadia	Prakash Prakdsh	03/15/1989	7/12/23	PL	Approve

CITY OF EVANSVILLE INSPECTION REPORT
(License Application)

Business Name: SD Evansville Mini Mart, LLC
 Business Address: 350 Union Street, Evansville, WI 53536
 Agent/Manager/Owner: Prakash Navadia

POLICE OFFICER NAME: _____

DATE: _____

- | | | |
|--|-----------|----------|
| 1. Is the current alcohol license properly posted? | _____ Yes | _____ No |
| 2. Is Agent listed on the license on premise? | _____ Yes | _____ No |
| 3. Does the operator have a valid license? | _____ Yes | _____ No |
| 4. Cigarettes being sold over the counter? | _____ Yes | _____ No |
| 5. Number of game machines: _____ | | |
| 6. Was a current Wisconsin Sellers' Permit posted? | _____ Yes | _____ No |
| 7. Were the following licenses current and posted: | | |

Type of License	Description of License	(Circle one)	
		Yes	No
Class A	Beer	Yes	No
Class A	Liquor	Yes	No
Cigarette	Cigarette	Yes	No
		Yes	No
		Yes	No

BUILDING INSPECTOR: LOREN SCHALK **DATE:** 7-13-23

In accordance with Chapter 18 of the Municipal Code, were Building Codes maintained? Yes ___ No

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? ___ Yes ___ No

Remarks _____

The (please circle one) Fire / Police / Building Inspector has inspected the premises and recommends Approval ___ Denial of the license application.

If applicable, this license is recommended subject to the following conditions: _____


 Inspector Signature

7/13/2023
 Date of Inspection

CITY OF EVANSVILLE INSPECTION REPORT
(License Application)

Business Name: SD Evansville Mini Mart, LLC
 Business Address: 350 Union Street, Evansville, WI 53536
 Agent/Manager/Owner: Prakash Navadia

POLICE OFFICER NAME: _____ **DATE:** _____

1. Is the current alcohol license properly posted? _____ Yes _____ No
 2. Is Agent listed on the license on premise? _____ Yes _____ No
 3. Does the operator have a valid license? _____ Yes _____ No
 4. Cigarettes being sold over the counter? _____ Yes _____ No
 5. Number of game machines _____
 6. Was a current Wisconsin Sellers' Permit posted? _____ Yes _____ No
 7. Were the following licenses current and posted:

Type of License	Description of License	(Circle one)	
Class A	Beer	Yes	No
Class A	Liquor	Yes	No
Cigarette	Cigarette	Yes	No
		Yes	No
		Yes	No

BUILDING INSPECTOR: _____ **DATE:** _____

In accordance with Chapter 18 of the Municipal Code, were Building Codes maintained? ___ Yes ___ No

Remarks _____

FIRE INSPECTOR: DENNIS COOPER **DATE:** 7-18-23

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? Yes ___ No

Remarks _____

The ~~(please circle one)~~ Fire Police / Building Inspector / has inspected the premises and recommends
 Approval Denial of the license application.

If applicable, this license is recommended subject to the following conditions: _____

Dennis Cooper EFD
 Inspector Signature

7-18-23
 Date of Inspection

CITY OF EVANSVILLE INSPECTION REPORT

(License Application)

Business Name: SD Evansville Mini Mart, LLC
 Business Address: 350 Union Street, Evansville, WI 53536
 Agent/Manager/Owner: Prakash Navadia

POLICE OFFICER NAME: Chris Jones **DATE:** 07/25/23

1. Is the current alcohol license properly posted? Yes No
2. Is Agent listed on the license on premise? Yes No
3. Does the operator have a valid license? Yes No
4. Cigarettes being sold over the counter? Yes No
5. Number of game machines 0
6. Was a current Wisconsin Sellers' Permit posted? Yes No
7. Were the following licenses current and posted:

Type of License	Description of License	(Circle one)	
Class A	Beer	Yes	<input checked="" type="radio"/> No
Class A	Liquor	Yes	<input checked="" type="radio"/> No
Cigarette	Cigarette	<input checked="" type="radio"/> Yes	No
		Yes	No
		Yes	No

BUILDING INSPECTOR: _____ **DATE:** _____

In accordance with Chapter 18 of the Municipal Code, were Building Codes maintained? ___ Yes ___ No

Remarks _____

FIRE INSPECTOR: _____ **DATE:** _____

In accordance with Chapter 50 of the Municipal Code, were Fire Codes maintained? ___ Yes ___ No

Remarks _____

The (please circle one) Fire / Police / Building Inspector / has inspected the premises and recommends
 Approval Denial of the license application.

If applicable, this license is recommended subject to the following conditions: State licenses expired and listed under Olin O.I. Need to update and renew.

Chris Jones
 Inspector Signature

07/25/2023
 Date of Inspection



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

SD Evansville Inspection

c.jones@ci.evansville.wi.gov <c.jones@ci.evansville.wi.gov>

Tue, Jul 25, 2023 at 10:49 AM

To: Jolene Klitzman <jolene.klitzman@ci.evansville.wi.gov>, Patrick Reese <p.reese@ci.evansville.wi.gov>

Jolene,

See attached. The only valid permit they had displayed was the tobacco. The state permits (Sellers, Health Dept, Underground tanks, etc) were in Olin Oil's name and were expired.

Professionally,

Lieutenant Chris Jones
Evansville Police Department

Office: (608) 882-2292

Fax: (608) 882-2295

Non-Emergency: (608) 757-2244

www.ci.evansville.wi.gov

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

Sent: Tuesday, July 25, 2023 8:48 AM

To: Patrick Reese <p.reese@ci.evansville.wi.gov>; Chris Jones <c.jones@ci.evansville.wi.gov>

Subject: SD Evansville Inspection

Hi Patrick and Chris,

[Quoted text hidden]



SD Mart Inspection.pdf

107K