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.evansvillewi.gov/city\_government/public\_agendas\_minutes/public\_safety.php

#### **Public Safety Committee**

Regular Meeting Wednesday, August 7, 2024, 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 June 5, 2024, 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 unless otherwise noted).
    - 1) Kailyn Kimberlee Peters
    - 2) Kimberly Sue Dienberg
    - 3) Shara Lynn Meade
    - 4) Sharon Lee Niman
    - 5) Dawson Fredrick Kopf
    - 6) Taylor Candace Acker
    - 7) Ryan P. Dienberg-Armstrong
    - 8) Chloe Jean Bublitz
    - 9) Barbra Lynne Neutz
    - 10) Clayton Douglas Blohm
    - 11) Shirley Amyjean Pate
    - 12) Robin S. St. Clair
    - 13) Jessica M. Ross
  - B. Discussion with possible motion to approve the <u>Class "B"/Class B" Temporary Extension of Premises</u>

    Application for:
    - 1) <u>Bessire Bowl, LLC</u>: Blue Devil Bowl, Beer Olympics, 108 E. Main Street, Evansville, WI 53536 from 3 p.m. to 7 p.m. on August 10, 2024. Sidewalk and 3 parking spaces in front of business (map attached). Designated Drivers are Thomas Harper & Kimberly Dienberg.

- 2) <u>Picture this Creative Workshop</u>: 7 E. Main Street, Evansville, WI 53536 from 6:00 p.m. to 10:00 p.m. on September 28, 2024. The downstair lobby area.
- C. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Applications for a <u>Class A Beer/Class A Liquor License</u> for: (background check recommendations provided by Chief Reese, unless otherwise noted)
  - 1) <u>Family Dollar Stores of Wisconsin, LLC</u>, Priscilla Santos, Agent, 6627 33<sup>rd</sup> Avenue, Kenosha, WI 53142 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536
- **D.** Motion to approve the <u>Class "B"/Class B" Retailer License Application for:</u> (background check recommendations provided by Chief Reese, unless otherwise noted)
  - 1) Future Farmers of America Alumni Association Corn Roast, Ronald Buttchen, 32 Cemetery Road, Evansville, WI 53536, location Evansville Ford, 428 Union Street, Evansville, WI 53536
  - 2) Evansville Chamber of Commerce of Commerce & Tourism, Ladies Night Out, 25 W. Main Street, Evansville WI 53536.
    - 1. Exit Realty 9 Maple St., Evansville, WI 53536
    - 2. Vintage Charm Boutique m- 11 W. Main Street, Evansville, WI 53536
    - 3. Farnsworth Ceramics 12 E. Main Street, Evansville, WI 53536
    - 4. Very Vintage 115 E. Main Street, Evansville, WI 53536
- E. Discussion with possible motion to approve the **Long-Term Street Use License Application(s) for:** 
  - 1) Street Block Party, Zoila A. Yahn at 631 Locust Lane, Evansville, WI 53536. August 17, 2024, from 3:30 p.m. to 12:00 a.m. Location 554 Stonewood Court, Evansville, WI 53536
- **8.** Evansville Police Department Report.
- **9.** Evansville Emergency Medical Services Report.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, September 4, 2024, at 6:00 p.m.
- **11.** Adjourn.

Erika Stuart, Chairperson

#### **Public Safety Committee**

Regular Meeting Wednesday, June 5, 2024, 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

#### **MINUTES**

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

<u>Members</u>	Present/Absent	Others Present
Alderperson Erika Stuart, Chair	P	Patrick Reese, Police Chief
Alderperson Gene Lewis	P	Carolyn Kleisch, EMS Chief
Alderperson Joe Geoffrion	P	Jolene Klitzman, Deputy Clerk
		Chris Jones, Police Lieutenant
		William Corfman, Citizen
		Shara Meade, Citizen

- 4. Motion to approve the Agenda. by Geoffrion, Seconded by Lewis, Motion carried 3-0
- 5. Motion to approve the May 1, 2024, Public Safety regular meeting Minutes. by Stuart, Seconded by Lewis, Motion carried 3-0
- 6. Citizen appearances other than agenda items listed. N/A
- 7. Old Business. *N/A*
- 8. New Business.
  - 1. **Motion to approve the Operator's License Application(s)** for: (recommended by Evansville Police Department unless otherwise noted).
    - 1. Amy B. Edquist
    - 2. Bettine Sue Van De Mark
    - 3. Benjamin William Heimann
    - 4. Sarah M. Kilps
    - 5. Jennifer Rae Johnson
    - 6. Kathleen Helen Hammon
    - 7. Matthew David Kroll
    - 8. Vanessa Marie Slye
    - 9. Zachary M McDonough by Stuart, Seconded by Lewis, Motion carried 3-0
    - 10. Amy M. Schoonover
    - 11. Abbey Catherine Tway
    - 12. Mikhaila Rain Heinzer
    - 13. Christina Ann Cole

- 14. Kristi Jo Reigle
- 15. Michelle Marie Dienberg
- 16. Kristin Emily Mack
- 17. Jeffrey Alan Rottier
- 18. Kylie Lena Hoops
- 2. Discussion with possible motion to approve the Temporary Class "B"/ "Class B" Retailer License Application for:
  - Evansville Community Partnership Lake Leota 4<sup>th</sup> of July, 15 Antes Drive, Evansville, WI 53536, James Brooks 310 S. Sixth Street, Evansville, WI 53536
  - a. For the five consecutive dates from Wednesday, July 3, thru Sunday, July 7, 2024 By Stuart, Seconded by Lewis, Motion carried 3-0 Motion passed with conditions to not serve on July 3<sup>rd</sup> and to be done serving by 5 p.m. on July 7<sup>th</sup>.
- 3. Motion to recommend to the Common Council approval of the Original Alcohol Beverage License applications for a Class "B" Beer/ "Class B" Liquor License for: (background check recommendations provided by Chief Reese, unless otherwise noted)
  - 1. <u>Creative Collaborative Ventures, LLC, William Corfman, Agent, 4687 W. Rutland Rd., Brooklyn, WI 53521, d/b/a Picture This Creative Workshop, 7 E. Main Street, Evansville, WI 53536.</u>

By Stuart, Seconded by Lewis, Motion carried 3-0

- 4. 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)
  - 1. <u>Casey's Marketing Company</u>, Melissa A. Frank, Agent, 539 Yosemite Ave, Hartford, WI 53027 d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
  - 2. <u>Consumers Cooperative Oil Company</u>, Jessica Golz, Agent, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
  - 3. <u>Kopecky's Worldwide Foods, Inc.</u>, 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.
  - 4. <u>Madison Street Express, Inc.</u>, Parminder K. Sekhon, Agent, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.
  - 5. SD Evansville Minimart, Inc., Manvir Singh, Agent, 905 E. 10<sup>th</sup> Street, Brodhead, WI 53520, d/b/a SD Evansville Minimart, Inc., 350 Union Street, Evansville, WI 53536.

by Stuart, Seconded by Lewis, Motion carried 3-0

- 5. 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)
  - 1. <u>139 E. Main Street LLC</u>, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
  - 2. <u>Bessire Bowl, LLC</u>, Joel Bessire, Agent, 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
  - 3. <u>Creekside Place Inc.</u>, Jennifer Widel, Agent, 112 W. Liberty Street, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.

- 4. <u>El Vallarta De Evansville LLC</u>, Marco Lugo, Agent, 438 Almeron St, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
- 5. 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.
- 6. <u>Lovegood's, LLC</u>, Hannah O'Brien, Agent, 676 Porter Rd, Evansville, WI 53536, d/b/a Lovegood's Coffee & Cocktails, 16 W. Main Street, Evansville, WI 53536.
- 7. Pete's Inn Inc., Sheri Biddick, Agent, 694 W. Main Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.
- 8. <u>Slice Golf, LLC</u>, Sarah Kilps, Agent, 300 S. 1<sup>st</sup> Street, Evansville, WI 53536, d/b/a Slice Golf, 1 E. Main Street, Evansville, WI 53536
- 9. 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.
- 10. <u>Trappers Bar & Grill LLC</u>, Travis Schuh, Agent, 3942 State Road 213, Footville, WI 53520, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.

By Stuart, Seconded by Lewis, Motion carried 3-0

- 9. Evansville Police Department Report. Chief Reese reported to the committee. Training officers will attend this month DRE recertification, Intox training, ARIDE training, Tactical response. Officer Delgado is in phase 1 field training.
- 10. Evansville Emergency Medical Services Report. Chief Kleisch reported to the committee. 69 of the 70 EMS responses were at the AEMT level. Chief Kleisch has interviewed 2 potential candidates for joining the EMS staff one is already a AEMT level the other has signed up for the EMT-B class in the fall. Upgrades to the Zolls have been completed.
- 11. Meeting Reminder: Discussion and possible action to reschedule the regularly scheduled meeting on Wednesday, July 3, 2024, at 6:00 p.m. As of this meeting we will have enough to hold the meeting on July 3, 2024.
- 12. Adjourn. 6:45 p.m.

Discussion occurred about the Memorial Day parade and Chief Reese/Chief Fahey will be contacting the organization to work out issues that were brought to the city attention.

Jolene Klitzman, Deputy Clerk



CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

X New Operator's License: \$35.00	Williams design Annia						\$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									
A Police check will be completed. Please read carefully and cannot reapply for a 6 month period from date of denial. If you information. If you are unsure about how to respond to any of and conviction record from the police department of https://www.wicourts.gov/casesearch.htm (CCAP may not	u have any doubt as juestions on this for and/or the court	s to whether m, check wit With whic	to includ h the City h you	e the facts of a s Clerk for clarific interacted. or	pacific incid	lent it is reco	mmended that w	ou disclose the	
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b) Operating a motor vehicle while intoxicated?						Ye		(Ng)	
c) Selling or furnishing alcoholic beverages to underage perso	n?					Ye		660	
d) Permitting underage person on licensed premises?						Ye	25	(NO)	
e) Allowing persons on licensed premises after closing? f) Any alcohol related violation other than a, b, c, d, and e?						Ye			
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medications not prescribed to you?	ions or possession (	or any megar	arags to	meidde prescripi	.1011	Ye	es l	(No	
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5. For each YES response above, you must identify all violatio		dditional she	ets if nec			ack of this a	pplication.	STATE STATE OF THE	
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Held an Operator's License issued in Wisconsin	3 604/10		An alcohol agent for a retail alcohol license  The sole proprietor of retail alcohol license						
6. CERTIFICATION: I do hereby swear, under penalty of perjustatements herein are complete, true and correct. I further undation of this application. Additionally, I understand that this application of the true to comply with all laws, resolutions, ordinance.	lerstand a full backg pilcation may be de:	ground inves nied if it con	tigation r tains anv	nay be conducte falsification and	d by the Ev	ansville Polic	e Department pr	rior to consider-	
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Printed Name: Nallyn Peters		Dat		06/04	2020	4			
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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 Licen	se: \$35.00		Provision	al License:	\$15.00
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and conviction record from the police depart <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP or	ment and/or the court	with whice	h you i	nteracted, or 1	the Wiscon	nsin Circuit	Court Access	website at:
1. LEGAL NAME: KIMBERLY	SUE	DIEN	BER	6	DATE	OF BIRTH:		
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b) Operating a motor vehicle while intoxicated?						Yes		(No)
<ul> <li>c) Selling or furnishing alcoholic beverages to underaged.</li> <li>d) Permitting underage person on licensed premises?</li> </ul>						Yes		No
e) Allowing persons on licensed premises after closing						Yes		No
f) Any alcohol related violation other than a, b, c, d, a						Yes Yes		No
g) Sale of legal or illegal drugs to include prescription		of any illegal	drugs to i	nclude prescripti	on	163		(140)
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 o	bstructing an officer?					Yes		No
j) Any crime or ordinance violation not listed above of						Yes		No
5. For each YES response above, you must identify all		idditional she	ets if nec		ie on the b			
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Held an Operator's License issued in Wiscon	sin			The sole pro				
i. CERTIFICATION: I do hereby swear, under penalty of tatements herein are complete, true and correct. I fur tion of this application. Additionally, I understand that to further agree to comply with all laws, resolutions, or	ther ungerstand a full back I this application may be de	ground inves enied if it con	tigation n tains anv	nay be conducted falsification-and	d by the Eva that I will n	nsville Police	Department price	or to consider-
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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: DATE OF BIRTH: PHONE: Female Driver's License No.: Issuing State: JULIANIC 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 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? No b) Operating a motor vehicle while intoxicated? Yes c) Selling or furnishing alcoholic beverages to underage person? Yes No d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes 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 h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR 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  $\Box$ 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 mait beverages and intoxicating liquors. Signature. **ONLY BELOW THIS LINE** Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Date Clerk's Office Signature Date Receipt # SHOKA MEAN SHARA MEADE Approved: Denied Jun 19, 2024 12:24 PK chief's Signature



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			VI 5353		onal Lice	ense: Ś	15.00
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4. Within the past ten (10) years, have you been arrested for, received a summo	ons to annear i	court for	or forfolted -	bond for		es	4	(NO)
a) Any underage alconol violation?	ons to appear in	COURT	, or rorrented a	DUNG TOF		es es	1	(No.)
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d) Permitting underage person on licensed premises?					Υ	es	1	No)
e) Allowing persons on licensed premises after closing? f) Any alcohol related violation other than a, b, c, d, and e?					Y	es		No
g) Sale of legal or illegal drugs to include prescription medications or possession	of any illogal di				Y	es	'	No
medications not prescribed to you?	or any megaro	ugs to inc	iude prescripti	on	V			No
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j) Any crime or ordinance violation not listed above other than traffic or parking	tickets?				У	es		(No)
5. For each YES response above, you must identify all violations below. Attach a	additional shee	s if neces	sary or continu	e on the b	ack of this	application	1.	
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 follow	wing:	Attach cer	tificate of com	pletion for	Responsib	le Alcohol	Servers C	Ourea
Successfully completed a Responsible Alcohol Servers Course			An alcohol ag				Jei vera c	ourse .
Held an Operator's License issued in Wisconsin		П	The sole prop					
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the o	person who ma	de and sig	ned the foreg	oing applic	ation for a	n operator	's license	and that all
statements herein are complete, true and currect, i further understand a full back	(ground investig	ration may	, he conducted	hy the Eur	incvilla Dali	na Danaut-		
ation of this application. Additionally, I understand that this application may be do do further agree to comply with all laws, resolutions, ordinances, and regulations,	enied if it conta federal state (	ins any tal Ir local aff	sification-and i	that I will n	ot be able t	to reapply f	or a 6 mo	onth period. I
	, rederor, state (	, local art	cuing the sale	or ternien	ed mait be	verages an	a intoxica	ting liquors.
Signature: Sharon JW	Email	-						
Printed Name: Sharon L Ninga	Date	611	12024					
Paid Yas			•	Paid	Tor			
FOR MUNICIPALIT								
olice Department Recommendation and Comments:	Public	Safety Co			or avants			
	Appro	/eu:		nied:		Date:		
- Charles of the Control of the Cont					***************************************			
Receipts	T-1571B5	Clerk's C	ffice Signature	Parel	ot: 1.157	Da	ite	00
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Denied:   Denied:	1124 12:28 P	ġ.			7, 2124	12000 004		
201120		7.			13 1415	The last will		
Police Chiers Signature Date								



# **OPERATOR'S LICENSE**

### CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

New Operator 3 License: \$35.00			License: \$35.00		visional Licens	e: \$15.00
NOTE: API	PLICATION FEE WILL NOT	BE REFUN	DED IF DENIED OR WIT	HDRAWN.		
A Police check will be completed. Please read careful	ly and answer honestly. Falsi	ification an	d/or misrepresentation m	ay be grounds fo	or denial of license/	permit. Applicant
cannot reapply for a 6 month period from date of deni	al. If you have any doubt as to	o whether t	o include the facts of a spe	cific incident it i	s recommended tha	t you disclose the
information. If you are unsure about how to respond	to any questions on this form,	, check with	the City Clerk for clarificat	ion. You can obt	ain information rega	ording your arrest
and conviction record from the police departs	ment and/or the court v	with which	you interacted, or the	ne Wisconsin	Circuit Court Acce	ess website at:
https://www.wicourts.gov/casesearch.htm (CCAP m		e list of all	arrests/convictions).			
1. LEGAL NAME: Jawson	Fredrick		KOPF	DATE OF B	IRTH:	5
First	Middle		Last			
ADDRESS:				PHONE:		25 545
~ ( () a	1			PHONE.		
city: Evansrille	STATE: WISCONSI	И	ZIP: 53536	GENDER:	(Male)	Female
			1			
Driver's License No.:			Issuing State: W/16	consin		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	19 years		5			
Prior Street Address if Above Address is Less Than 5 Y		et a	Former Name(s):			
Filor Street Address if Above Address is Less Tilan 5 T	ears state zip From 10	City	State	Zip	From	To
						1
				<del> </del>		
				l		1
	ARREST AND	CONVICTIO	ON RECORD			
	(Anywhere within th	e United St	ates of America).			
2. Have you ever been cited and/or convicted of a feld	ony?				Yes	(No)
3. Have you ever been cited and/or convicted of a mis						
					Yes	(No)
4. Within the past ten (10) years, have you been arres	ted for, received a summons	to appear	in court for, or forfeited a	bond for any of	the following:	
a) Any underage alcohol violation?					Yes	NO
b) Operating a motor vehicle while intoxicated?					Yes	No
c) Selling or furnishing alcoholic beverages to underag	e 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, ar	id e?				Yes	N6)
g) Sale of legal or illegal drugs to include prescription r	nedications or possession of	any illegal o	lrugs to include prescription	n		
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 o	bstructing an officer?				Yes	(Nd)
j) Any crime or ordinance violation not listed above ot	her than traffic or parking tick	kets?			Yes	(No
5. For each YES response above, you must identify all			ets if necessary or continu	on the back of		CASE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA
TYPE OF ARREST, SUMMONS, VIOLATION	OR CHARGE			e of the back of		2103232323232
The of Philips of State of Sta	OR CHARGE		MONTH/YEAR		спу	STATE
Michigan the free true (9)		200	Determine the second second		SAME OF THE SAME	
Within the last two (2) years, did you have and/or		g:	Attach certificate of com			ers Course
Successfully completed a Responsible Alcoho	Servers Course		An alcohol age	ent for a retail al	cohol license	
Held an Operator's License issued in Wiscons	in		The sole prop	rietor of retail al	cohol license	
5. CERTIFICATION: I do hereby swear, under penalty of	f perjury, that I am the pers	on who ma	de and signed the forego	ing application	for an operator's lic	ance and that all
statements nerein are complete, true and correct. I furt	her understand a full backgro	ound invest	gation may be conducted.	hy the Evancuille	Police Department	prior to consider
stion of this application. Additionally, I understand that	this application may be denie	ed if it cont	ains any falsification and th	at Lwill not be	able to reason by for a	Companie and a
to further agree to comply with all laws, resolutions, or	dinances, and regulations, fed	deral, state	or local affecting the sale	of fermented ma	It beverages and int	oxicating liquors.
Do a las		1				11/07117
ignature: May May T		Ema	il:			
Printed Name: Dawson Kopf			06/24/2	3 L		
THE SUIT BUPT		Date	00/11/2	127		
	FOR MUNICIPALITY U	ISE ONLY P	FLOW THIS LINE	- A U T		137 6 - 46
olice Department Recommendation and Comments:	TOR MONICH AETT C	- 6		card to:		
the state of the commence.			Safety Committee:	City of I	Evansville	
		Appro	ved: De	nied:	Date:	
			01 11 400			
			Clerk's Office Signature	(C) 1 (C) 1 (C) 1 (C) 1 (C)	Date	T T T T T T T T T T T T T T T T T T T
pproved: Denied:		Receip	t#	Receiption	1.157211	50,01
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XIVX	10/24			Jun 25,	2124 - 12133 PM	
Police Chief's Signature	00 2H	_		Jun 25,	2124 - 12133 PH	



# **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 Ope		License: \$35.00	7	onal Licens	o. ¢15.00
NOTE: APPLICATION FEE WILL NOT BE	E REELINI	DED IE DENIED OR WITH	NO ALAMA	2270-1060-1	ALCOHOLD TO THE OWNER.
A Police check will be completed. Please read carefully and answer honestly. Falsific cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, c and conviction record from the police department and/or the court with https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive	cation and whether to theck with	d/or misrepresentation may o include the facts of a specif the City Clerk for clarification	be grounds for de fic incident it is rec	ommended tha	t you disclose the
1. LEGAL NAME: TOYLOY CONDOCP	nat of and	ACKER	DATE OF BIRTH		
First Middle		Last	DATE OF BIRTH		<del></del>
ADDRESS: 1			PHONE: 12 V	U 11V	٠٥
CITY: EVANSUILE STATE: WI		zip: 53536	GENDER: A	Male (	Female)
Driver's License No.:		Issuing State: WISCO	nsin	-	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 21 4 Cars			11511		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	Former Name(s): State	Zip	From	То
				11000	10
ARREST AND CO	NVICTIO	N RECORD	E TERRE	1-,	
(Anywhere within the t	United Sta	ites of America).	1_	51.74	4 March 197
2. Have you ever been cited and/or convicted of a felony?			Y	'es	(No)
Have you ever been cited and/or convicted of a misdemeanor?      Within the past too (10) years, here you have a misdemean or?			Y	es	No
4. Within the past ten (10) years, have you been arrested for, received a summons to a) Any underage alcohol violation?	appear i	court for, or forfeited a bo			
b) Operating a motor vehicle while intoxicated?				es es	No No
c) Selling or furnishing alcoholic beverages to underage person?				es	No
d) Permitting underage person on licensed premises? e) Allowing persons on licensed premises after closing?			Ye	es	(No)
f) Any alcohol related violation other than a, b, c, d, and e?				es	(No)
g) Sale of legal or illegal drugs to include prescription medications or possession of any	v illegal de	Ture to include proceedation	Ye	es	No
medications not prescribed to you?	y megar ar	aga to include prescription	Ye	95	No
h) Fighting, disorderly conduct, assault, or battery?			Ye		No
Resisting arrest, Interfering with a police officer or obstructing an officer?			Ye	25	(No)
)) Any crime or ordinance violation not listed above other than traffic or parking ticket	rs?		Ye	2S	No
For each YES response above, you must identify all violations below. Attach addition TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	anal sheet				
, seather on a linear		MONTH/YEAR	c	STY	STATE
Within the last two (2) years, did you have and/or complete one of the following:		Attack contificate of sometime			
Successfully completed a Responsible Alcohol Servers Course	1	Attach certificate of complet  An alcohol agent	for a retail alcohol		ers Course
Held an Operator's License issued in Wisconsin		The sole propriet	or of retail alcohol	lícense	
CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person tatements herein are complete, true and correct. I further understand a full backgroun tion of this application. Additionally, I understand that this application may be denied in further agree to comply with all laws, resolutions, ordinances, and regulations, feder.	if it contai	de and signed the foregoing ation may be conducted by	application for an	operator's lice de Department	prior to consider-
ignature: Jayou Hourn	Email	-1×-11×-		wor	L
rinted Name: Taylor Acker	Date:	06/25/24			_
FOR MUNICIPALITY USE lice Department Recommendation and Comments:		LOW THIS LINE Safety Committee:	1-1-1-		
The sommetty.	Approv		t:	Date:	
		3.41100		20(0)	
		Clerk's Office Signature		Data	
	Passini			Date	
proved: Denied:	Receipt	1.157218 #1 6-2624			
Police Chief's Signature Date		Ų I			



New Operator's License: \$35.00

# APPLICATION FOR OPERATOR'S LICENSE

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

Renewal Operator's License: \$35.00

if reded by

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: DATE OF BIRTH: Middle ADDRESS: PHONE: STATE: W GENDER: Driver's License No.: Issuing State: **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State 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 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 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? b) Operating a motor vehicle while intoxicated? Yes c) Selling or furnishing alcoholic beverages to underage person? Yes d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes 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 h) Fighting, disorderly conduct, assault, or battery? Yes S 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 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 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. Printed Name: FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Date: Clerk's Office Signature Date Receipt # approved: Denied: Police Chief's Signature



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). Run 1. LEGAL NAME: DATE OF BIRTH: Middle ADDRESS: PHONE ZIP. 53534 STATE: WI GENDER: Male Female ) Driver's License No. Issuing State: HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State 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 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? No Yes b) Operating a motor vehicle while intoxicated? No Yes 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? No Yes 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 h) Fighting, disorderly conduct, assault, or battery? Yes No i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No )) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes NO) 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR 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 The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 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: Printed Name: FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Clerk's Office Signature Date Receipt # Denied: Police Chief's Signature



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: unne DATE OF BIRTH: ADDRESS: PHONE: CITY: STATE: WISCONSIN GENDER: **Female** WISCONSIN Driver's License No. **Issuing State:** Kendall **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 State From To 1 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 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 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 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 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 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 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. Email: FOR MUNICIPALITY USE ONLY BELOW THIS LINI Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Clerk's Office Signature Date Receipt # Approved: Denied: Police Chief's Signature



# OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE
31.S. Madison St. PO Box 529. Evansville, WI 535

New Operator's License: \$35.00   Renewal Operator			5353			
		cense: \$35.00	$\Box$	Provision	al License	\$15.00
A Police check will be completed. Please read carefully and answer honestly. Falsificannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and/or the court white://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive	fication and/o whether to in check with the	r misrepresentation may nclude the facts of a specific e City Clerk for clarification	be grou	unds for denial	nended that y	ou disclose the
1. LEGAL NAME: Clayton Douglas		lohm	DATE	OF BIRTH:	-	1.
ADDRESS: C. Middle		Last	РНО		-	* ->
city: Evausuille STATE: WI	ZI	P: 53536	GEN		× .	
Driver's License No.:		suing State: W	l dela	DEN. Wight	e re	male
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 254000 GV	1-					
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	ormer Name(s): State		Zip	From	То
ARREST AND CO						
(Anywhere within the 2. Have you ever been cited and/or convicted of a felony?	United State	s of America).				
3. Have you ever been cited and/or convicted of a misdemeanor?				Yes		N6
4. Within the past ten (10) years, have you been arrested for, received a summons to a house of a	o annone in a	anna de la companya d		Yes		(No)
a) Any underage alcohol violation?	o appear in c	ourt for, or fortelted a bo	nd for a	ny of the folio	wing:	(No)
b) Operating a motor vehicle while intoxicated?				Yes		(NO)
c) Selling or furnishing alcoholic beverages to underage person? 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 Yes		(No)
g) Sale of legal or illegal drugs to include prescription medications or possession of a	ny illegal drug	s to include prescription		163		(No)
medications not prescribed to you?				Yes		(No)
h) Fighting, disorderly conduct, assault, or battery?     i) Resisting arrest, interfering with a police officer or obstructing an officer?				Yes		CONS
)) Any crime or ordinance violation not listed above other than traffic or parking ticke	otc7			Yes		₩)
5. For each YES response above, you must identify all violations below. Attach addit	ional sheets i	f necessary or continue o	n the h	Yes	Hentley	<b>(</b> 0)
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY		STATE
						JIAIL
Within the last two (2) years, did you have and/or complete one of the following	: Att	ach certificate of comple	tion for	Pasnonsible 6	Joshal Samo	- Carrat
Successfully completed a Responsible Alcohol Servers Course	, A.	An alcohol agent				s Course
Held an Operator's License issued in Wisconsin		The sole propriet	tor of re	tail alcohol lice	ense	
5. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perso statements herein are complete, true and correct. I further understand a full background at this application. Additionally, I understand that this application may be denied to further agree to comply with all laws, resolutions, ordinances, and regulations, federal to further agree to comply with all laws.	ind investigat	and signed the foregoing	the Eva	ation for an op	perator's licer Department p	for to consider-
Printed Name: Clayton D. Blohm	Email: _ Date:	7/17/24	/	~ 0		
FOR MUNICIPALITY US	E ONLY BELO	W THIS LINE				
olice Department Recommendation and Comments:		ety Committee:				
	Approved	l: Denie	d:	Da	ate:	
	С	lerk's Office Signature			Date	
Denied:	Receipt #					
Police Chief's Signature Date						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

315	. Madison St, P(	O Box 52	9, E	vansville. W	1 5353	6			
New Operator's License: \$35.00				nse: \$35.00			al License:	\$15.00	
NOTE: AP	PLICATION FEE WILL NO				HDRAWN	V.	or creense.	713.00	
A Police check will be completed. Please read careful cannot reapply for a 6 month period from date of derinformation. If you are unsure about how to respond and conviction record from the police depart	ally and answer honestly. F hial, If you have any doubt a to any questions on this fo tment and/or the court	Falsification an as to whether t orm, check with t with which	d/or m to include the Cit	isrepresentation ma de the facts of a spe by Clerk for clarificati interacted. or th	y be grou cific incide	inds for denia ent it is recom	imended that yo	ou disclose the	
https://www.wicourts.gov/casesearch.htm (CCAP r	2.	nsive list of all	^						
1. LEGAL NAME: Shirley	Amyjean		Pate	2	DATE	OF BIRTH:	8 18		
ADDRESS:	Middle		La	st	РНО	ی ۔ ب	, , , ~ ~	7	
CITY: Milton	STATE: W/		ZIP:	53563	GEN	DER; Ma	le Fer	nale	
Driver's License No.:			Issuin	g State: W	ISCO	NSIN			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	9 months		Form	er Name(s):					
Prior Street Address if Above Address is Less Than 5		City	FORM	er Name(s): State	1	Zip	Fram	1	
• • • • • • • • • • • • • • • • • • • •			2.4				From	To	
		Janes	1. He	$\omega_{L}$		5	4/21	10/23	
		Evansvi	11e	WI			6/1/2	9/21	
	ARREST AN (Anywhere within	D CONVICTION the United St					7 / 4	1/02/	
2. Have you ever been cited and/or convicted of a fel	lony?					Yes		(No)	
3. Have you ever been cited and/or convicted of a mi	sdemeanor?					Yes		No	
4. Within the past ten (10) years, have you been arre	sted for, received a summe	ons to appear	in cour	t for, or forfeited a	bond for			CNO	
a) Any underage alcohol violation?		To appear	iii cou,	rior, or forfeited a	DONG 101	Yes		(No)	
b) Operating a motor vehicle while intoxicated?						Yes		(No)	
c) Selling or furnishing alcoholic beverages to undera						Yes		(No)	
<ul> <li>d) Permitting underage person on licensed premises</li> <li>e) Allowing persons on licensed premises after closing</li> </ul>						Yes		(No)	
f) Any alcohol related violation other than a, b, c, d, a						Yes		(No)	
g) Sale of legal or illegal drugs to include prescription		of any illogal o	al drugs to include process at the			Yes		(No)	
medications not prescribed to you?		or any megan	Yes					(No)	
h) Fighting, disorderly conduct, assault, or battery?						Yes		(No)	
i) Resisting arrest, interfering with a police officer or o	obstructing an officer?					Yes		(No)	
j) Any crime or ordinance violation not listed above o	ther than traffic or parking	tickets?				Yes		(No)	
5. For each YES response above, you must identify all	violations below. Attach a	additional shee	ets if ne	cessary or continue	on the b	ack of this ap	plication.		
TYPE OF ARREST, SUMMONS, VIOLATION	OR CHARGE			MONTH/YEAR	-	CIT	Y	STATE	
- Marine									
Within the last two (2) years, did you have and/or		wing:	Attach	certificate of comp				Course	
Successfully completed a Responsible Alcoh			An alcohol agent for a retail alcohol license						
Held an Operator's License issued in Wiscon	sin			The sole propr				- 17-2	
is CERTIFICATION: I do hereby swear, under penalty tatements herein are complete, true and correct. I fur tition of this application. Additionally, I understand that to further agree to comply with all laws, resolutions, o signature:  Shurley A. Pate Printed Name: Shurley A. Pate	ther understand a full back t this application may be di	ground invest enied if it cont	igation ains an or loca il:	may be conducted to	by the Eva nat I will n of ferment	nsville Police ot be able to ted malt beve	Department pri	ior to consider-	
	FOR MUNICIPALIT	Y USE ONLY B	ELOW	THIS LINE	David				
lice Department Recommendation and Comments:		Public	: Safety	/ Committee:	City	of EASURAT	118		
		Appro			nied:		Date:		
proved: Denied:		Receip		c's Office Signature		eksiDE plaC		35.00	
Police Chief's Signature	130/24				Jul 7	25, 2024   1	:25 FM		
r ones cinci a agridiure	Oate								



Police Chief's Signature

### 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: DATE OF BIRTH: Middle **ADDRESS** PHONE: STATE: ZIP: 53534 GENDER: Semale Driver's License No.: Issuing State: HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State 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? No Yes 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? 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 f) Any alcohol related violation other than a, b, c, d, and e? No Yes 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 h) Fighting, disorderly conduct, assault, or battery? Yes No i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? 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 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 The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 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: Printed Name: Date: FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denled: Date: Clerk's Office Signature Date Receipt # BORDA ST. MAIR Denled: Del 301 MARI AND ST



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 Renewal Operator's License: \$35.00 New 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 argests/convictions). V 1. LEGAL NAME: DATE OF BIRTH: ADDRESS: PHONE: PVU ZIP: 53536 STATE: \ GENDER Issuing State: **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State 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 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 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? b) Operating a motor vehicle while intoxicated? Yes c) Selling or furnishing alcoholic beverages to underage person? Yes d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes (No f) Any alcohol related violation other than a, b, c, d, and e? Yes 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 h) Fighting, disorderly conduct, assault, or battery? Yes 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 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 consider ation 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 ag to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented mait beverages and intoxicating liquors. (aMaeross@ FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: ty of Evensyllle Clerk's Office Signature Receipt # Denied

\* will provide @ least 2 D.D's prior to event \*



# Temporary Extension of Premises Application

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

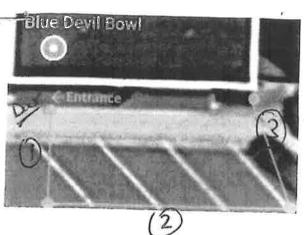
Application Fee: \$50.00

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

This license can only be issued to a current Class B or Class C license Establishments. Requested area(s) must be adjacent with the current licenses premises.

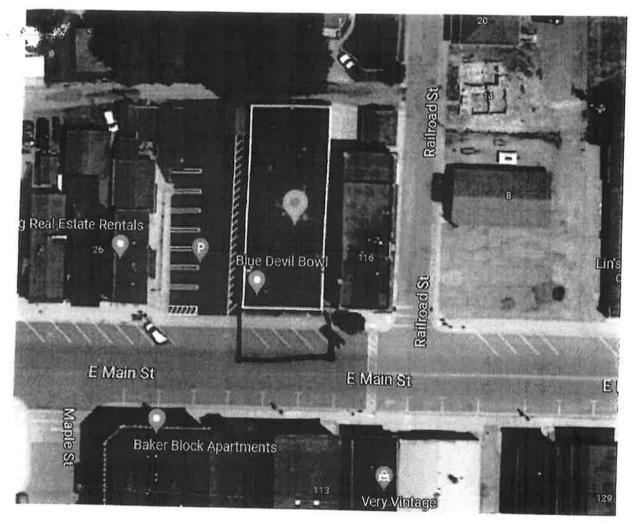
Event Name: Bear Olympics		j
Event Date: AUGUST 109 JODY	Event Time:	m-7pm
Business Name: (Must be the same as existing license)	Mil R	( )
100 - 11: 0	7	401
Business Address: 108 E. Main J	7.	
Type of License currently held:	Beer + C	lau B Cignoc
Name of Agent: Del Bessire		70=1
(Must be the same as existing license, otherwise a new appointme	nt of agent form must be	completed)
1068-002 9000		SSI @ Blue Devil Boul. a
Name of Person in Charge of Event:	a Joel 7	Sessi re
Phone Number: www [ w , w , , ]	Email Address:Be S	SICEBLE Deil Boul a
Premi	ses Details	
Specific description of the site for which the temporary extended beer/liquor is to be served and consumed:	ension is sought, include	ding the dimension of the area and where
The Solution Cont	Huched pi	
Marking C	Charles and the control of the contr	g and the three
Jacks 43 h	sell, into	The road.
How will the licensed premises area be restricted and screen	Lumpos Respectations and	0.5
Cartino Long of Co	ned from underage pe	1 4
Only ordered with	w tencing	if recessary.
are allowed Bancerto	sural of the	ase vaca IN
	ancrece c	vill be present.
Will the event encroach upon any public property or public r (If you answered Yes above, a street closure permit may be needed)	ignt-of way?	Yes No
The sdewalk police	a Logat	DE 015 6 11 5
of only the parties or	ices in	front Will WoT after
Names and Addresses o		cers:
President: JOE BESSIR	221 Na	ho Ac Ct. Evensille, w
Vice President:	Address	City/State/Zip
Name Name	Address	City/State/Zip
Secretary:	ाणका चळळ	Gryf Materialp
Name Freasurer:	Address	City/State/Zip
Name	Address	City/State/Zip

	nsumed, or stored and areas where Alcohol Beverage Records will be stored:
Address/Location Description: 108 F. Main	n St Same as license + cooler on salar
Do premises occupy all or part of building?	on side
If part of building, fully describe all premises covered under this a	pplication, which floor(s) & room(s) licenses is to cover: Bar,
ally side front adeval	IK in cooler, bayenest
Stolase.	
3	
	es of law that the information provided in this application is true and to knowingly provides materially false information in an application for a
had Di	Blue Deil Boul
(Officer Signature/Date)	(Name of Organization)
	SE ONLY BELOW THIS LINE
Municipal Services Recor	mmendation and Comments:
Recommend Non-Recommend	Recommend with conditions
Only issue is having people Street to get around it.	e walk around onto the
J	
	8-4-24
Municinal Services	Director Signature Date
	nendation and Comments:
<b>M</b>	
Recommend Non-Recommend	Recommend with conditions
XIV	1/2/24
Police Chie	ef's Signature Date
Date Filed with Clerk: 7-1-24	Public Safety: Approved/Denied Date: 8-7-24
Date License Issued:	Council: Approved/Denied Date:
Note any conditions assigned:	
The state of the s	
3	
Notes & Receipt Information:	
	Paid Tos City of Evansville
	Receipts 1.157231 50.00
	PESSURE ROWL LLC



108 E. Main Str Contact Tiffary Bessive 608-957-6571

Our tening will be 3 feet high and go completely to the grand. It will Start just to the right of the front door, Ogo out to the end of our hist paking stall, @go along the end Of the 3 parking stalls, and then Girish going back up to the end of Our building We plan to elect it, Saturday, May state award 3pm and it will be taken down by 7pm. Everyone must be 21 years of age to Enter, no Smoking inside forced area, and there will be licensed barkedor whide to ensure https://drive.google.com/drive/my-drive



Sidewalk directly in front of brilding of 3 spaces in front of brilding. Will use cones a cauchen tape or snow fencing if heeded. Need to have mistbard I be 21 to enter during that time. 3pm-7pm

### **Evansville Bar Olympics**

### **Designated Driver Agreement**

I, homa ( Harper, agree to be a designated driver for the Evansville Bar Olympics on Saturday, August 10<sup>th</sup>, 2024 from 12 PM until 3 PM. I agree to drive participants between event locations, to remain sober throughout my time as a designated driver for the event, and to not allow passengers to drink while in the vehicle. In signing, I certify that I am at least 18 years of age and hold a valid driver's license. I agree to not hold Bessire Bowl LLC, d.b.a. Blue Devil Bowl, liable for actions taken by participants or by the businesses participating in the event.

Name: Thomas Harper
Signature: Albar
Date: 8-4-24

### **Evansville Bar Olympics**

### **Designated Driver Agreement**

I, Lim bien g agree to be a designated driver for the Evansville Bar Olympics on Saturday, August 10<sup>th</sup>, 2024 from 12 PM until 3 PM. I agree to drive participants between event locations, to remain sober throughout my time as a designated driver for the event, and to not allow passengers to drink while in the vehicle. In signing, I certify that I am at least 18 years of age and hold a valid driver's license. I agree to not hold Bessire Bowl LLC, d.b.a. Blue Devil Bowl, liable for actions taken by participants or by the businesses participating in the event.

Signature:

Date: X - 4 -



### Temporary Extension of Premises Application

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

Application Fee: \$50.00

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

This license can only be issued to a current Class B or Class C license Establishments. Requested area(s) must be adjacent with the current licenses premises.

Event Name: MSQUERICE PAR	ny	
Event Date: 8-10-2024 9- Business Name: (Must be the same as existing license)	28-24 Event Time: (0-10)	Pno
Business Name:		17.
(Must be the same as existing license)	re This Creative We	msho)
Business Address: 7E MAN St.		
Type of License currently held: CLASS &	3	
Name of Agent: WILLIAM CORFMA	A /	
(Must be the same as existing license, otherwise a r	new appointment of agent form must be co	mpleted)
	Email Address: Pichre	
Name of Person in Charge of Event: Shar		,
	Email Address: Sam	26
211110	Premises Details	12
Specific description of the site for which the te beer/liquor is to be served and consumed:		the dimension of the area and where
LOBBY OF DOWNSTAIRS	ARCA 20X16	
How will the licensed premises area be restrict  WE have a person mod	ted and screened from underage perso	
Will the event encroach upon any public prope If you answered Yes above, a street closure permit i	erty or public right-of way? may be needed)	Yes No
Names an	d Addresses of all Organization Officer	s:
President: WILLIAM CORTION Name Vice President: Shara Meade	4687 W. Rutla	MRd., Brooklyn Wt. 52
lice President: Shara Meade	15415 Writwer Rd.	City/State/Zip Lt. 52 So Belo It 11. 61080
ecretary:	vodress	City/State/Zip
reasurer:	Address	City/State/Zip
Name	Address	City/State/Zip
		11 6 7

	urned, or stored and areas where Alcohol Beverage Records will be ored:
Address/Location Description: 7E. MAIN St., Sur	EHI, EVANSAUL WT.
Do premises occupy all or part of building? TART & Los	
If part of building, fully describe all premises covered under this ap	,
DOWNSTAIRS LOBBY AREA	5 8
The state of the s	
<b>Declaration:</b> An officer of the organization, declares under penalties correct to the best of his/her knowledge and belief. Any person who license may be required to forfeit not more than \$1,000.	knowingly provides materially false information in an application for a
Spana & Alburan	Creative Collaborative Venture LLC.
(Officer Signature/Date)	(Name of Organization)
	ONLY BELOW THIS LINE
	mendation and Comments:
Recommend Non-Recommend Non-Recommend Non-Recommend	Recommend with conditions
Doesn't affect as this is insi	Le the Building
	, ,
Municipal Services D	and the second s
Police Chief Recomme	ndation and Comments:
Recommend Non-Recommend	Recommend with conditions
Police Chief	S Signature 8 1517 4 Date
Date Filed with Clerk: 7-3-24	Public Safety: Approved/Denied Date: 8-7-24
Date License Issued:	Council: Approved/Denied Date:
Make any and distance and and	
Note any conditions assigned:	
Notes 9 Descript information.	
Notes & Receipt Information:	Paid Yos City of Evansville
	Nocomber 1.157244 50.00 PTOTALE THUS GEOMETIC H

Form AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
CITY OF EVANSVILLE	
License Period	
07/01/2024-06/30/2025	

License(s) Requested: (up to two boxes may be checked)					Fees			
☑ Class "A" Beer \$100	Class "B" Beer	\$	[	icense Fe	es	\$		600
☑ "Class A" Liquor \$ 500	"Class B" Liquor		E	ackgroun	d Check Fee	\$		=======================================
Class A" Liquor (cider only) \$	Reserve "Class B" L	iquor \$	F	ublication	Fee	\$	100	-15
Class C" Liquor (wine only) \$			ī	otal Fees		\$		700
Part A: Premises/Business Information								
Legal Business Name (individual name if sole prop								
FAMILY DOLLAR STORES OF WIS	CONSIN. LLC							
2. Business Trade Name or DBA								
FAMILY DOLLAR STORE #24446								
3. FEIN	4	1. Wisconsin	Seller's Perm	it Number				
561356720		456-00	0034494	3-05				
5. Entity Type (check one)								
☐ Sole Proprietor ☐ Partnership	✓ Limited Liability	Company	☐ Corp	oration	☐ Nonpro	fit O	ganizat	ion
6. State of Organization	7. Date of Organization	1	8	Wisconsin	DFI Registration	n Nı	mber	
VA	07/31/2017			F05702	28			
9. Premises Address								
28 County Highway M								
10. City			11	. State	12. Zip Code			
Evansville				WI	53536			
13. County	14. Governing Municipa	lity: 🔽 City	☐ Town [	Village	15. Aldermanio	: Dis	rict	
Rock	of: CITY OF 1	EVANSVI	LLE					
16, Premises Phone	17. Premises Email			18. Web	site			
(608) 736-5002	AB-LICENSING@	DOLLARI	REE.COM	I WWW . I	FAMILYDOI	LA.	R.COM	i l
Premises Description - Describe the building or b are kept. Describe all rooms within the building, ir only on the premises described in this application.	ncluding living quarters.	Authorized a	lcohol bevera	ge activitie	s and storage o			
THE RETAIL GROCERY STORE PROV DESIGNATED BEER AND WINE SALE ACCORDANCE WITH ALL GOVERNMEN	ES AREAS WHIC	H WILL	BE MANA		_			
20. Mailing Address (if different from premises addres	s)							
500 VOLVO PARKWAY								
21. City			22	2. State	23. Zip Code			
CHESAPEAKE				AV	23320			
Part B: Questions								
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.   Yes  No								
If yes, list the details of violation below. Attach additional sheets if necessary.								
Law/Ordinance Violated	Location			Tri	al Date			
N/A								
Penalty Imposed	-							7
N/A			Was senter	nce compl	eted?	Ш,	res L	_ No
Law/Ordinance Violated	Location			Tri	al Date			
N/A								
Penalty Imposed			10/ /		- 10			7,.
			vvas senter	nce compl	eted?	Ш	Yes L	_l No

<ol> <li>Are charges for any offenses pending aga beverages.</li> </ol>	ainst the busir	ness? Excl	ude traffic	offenses un	less related to al	cohol	Yes ✓ No
If yes, describe the nature and status of p	ending charg	es usina th	ne space b	elow. Attach	additional sheet	s as needed	<b>1</b> .
N/A	, e, i a	a a a a a a a a a					
Is the applicant business or any of its off individuals or entities a restricted investor of the restricted in the	or with any inte	erest in ar	alcohol b	everage pro	ducer or distribu		Yes 🗸 No
N/A							
11/11							
4. Is the applicant business owned by anoth If yes, provide the name(s) and FEIN(s) of							Yes 📝 No
4a. Name of Business Entity			4b. Busines	s Entity FEIN			
N/A			N/A				
<ol><li>Have the partners, agent, or sole propriet this license period? Submit proof of comp</li></ol>	or satisfied the	e responsi	ble bevera	ige server tr	aining requireme	nt for ✓	Yes No
6. Is the applicant business indebted to any	wholesaler be	eyond 15 c	lays for be	er or 30 day	s for liquor/wine?	50 50/6	Yes 🗸 No
7. Does the applicant business owe past du	e municipal pr	roperty tax	es, assess	ments, or of	ther fees?		Yes 🗸 No
Part C: Individual Information							
List the name, title, and phone number for each polygonia for each pol	and agent of a c	corporation	or nonprofit	organization,			
Include Form AB-100 for each person listed below	v. Corporations	and LLCs r	nust appoin	t an agent by	including Form AB	-101.	
Last Name F	irst Name			Title		Phone	
PLEASE SEE ATTACHED LIST							
						_	
Part D: Attestation						<del>-</del>	
One of the following must sign and attest to	this applicatio	n:					
• sole proprietor • one general p			• one	e corporate o	officer • on	e member o	f an LLC
READ CAREFULLY BEFORE SIGNING: Under							
I am acting solely on behalf of the applicant busing rights and responsibilities conferred by the licens							
according to the law, including but not limited to,	purchasing alc	ohol bevera	ages from s	tate authorize	ed wholesalers. I u	nderstand th	at lack of access
to any portion of a licensed premises during insperevocation of this license. I understand that any							
understand that I may be prosecuted for submittingly provides materially false information on this	ng false stateme	ents and aff	idavits in co	nnection with	this application, ar	nd that any p	
Last Name	аррисацоп та	First N		not more tha	II \$1,000 II CONVICE	eu.	M.I.
SPENCER		HAR					R
Title	Ema					Phone	
ASSISTANT SECRETARY	AB.	-LICENS	SING@DC	LLARTRE	E.COM	(757)	321-5000
Signature	)			Date			
	15						
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk License N	Number			Date Lie	cense Granted	Date Licer	ise Issued
Signature of Clerk/Deputy Clerk					Date Provisional	License Issue	ed (if applicable)
							. 11/



### Family Dollar Stores of WISCONSIN, LLC

#### **Peter Barnett**

President 500 Volvo Parkway Chesapeake, VA 23320 SSN: XXX-XX-8795 DOB:

#### Jonathan L. Elder

Vice President and Treasurer 500 Volvo Parkway Chesapeake, VA 23320 SSN: XXX-XX-7451 DOB:

#### **Harry Spencer**

DOB:

Assistant Secretary 500 Volvo Parkway Chesapeake, VA 23320 SSN: XXX-XX-8132

#### John S Mitchell

Vice President & Secretary 500 Volvo Parkway Chesapeake, VA 23320 SSN: XXX-XX-7921 DOB:

#### Todd B. Littler

Senior Vice President 500 Volvo Parkway Chesapeake, VA 23320 SSN: XXX-XX-6249 DOB:

April 26, 2024

Form

AB-101

### Alcohol Beverage Appointment of Agent

m		
Date	05/09/2	1
	U3/U7/2	4
		-

Original (no fee)	] Successor (\$10 fee for r	municipal lie	concora and d		
No.		stellielpai se	ensees omy)		
B B	9.00 miles				
Part A: Business Information				4-	ah 34
<ol> <li>Legal Business Name (Individual name FAMILY DOLLAR STO)</li> </ol>	ne if sole proprietor) RES OF WISCONSIN	N, LLC			
2. Business Trade Name or DBA FAMILY DOLLAR ST	ORE# <b>24446</b>				
3. Entity Type (check one)					
	Limited Liability Compan	у	☐ Corporation	☐ Nonprofit ○	rganization
. Alcohol Beverage Business Authoriza  Municipal Retail License	ation (check one)  State Permit	5. If succes 23/24-	sor agent, provide State	Permit or Municipal R	Relail License Num
Describe the reason for appointing a		20124	- 17		
		14			
		2. First Name	PRISCILLA		3. M.I. L
Last Name SANTOS		2. First Name	PRISCILLA	5. Phone	L
Last Name SANTOS Email AB-LICENSING@DO		2. First Name	PRISCILLA	5. Phane	L
Last Name SANTOS  Email AB-LICENSING@DO  Home Address					L
Last Name SANTOS  Email AB-LICENSING@DO  Home Address  City KENOSHA		2. First Name	PRISCILLA  9. Zip Code 53142	10, Age	L
Last Name SANTOS  Email AB-LICENSING@DO  Home Address  City KENOSHA		8. State	9. Zip Code 53142	10. Age	L 58
Email AB-LICENSING@DO		8. State	9. Zip Code 53142	10. Age	L 58
Last Name SANTOS  Email AB-LICENSING@DO  Home Address  City KENOSHA		8. State	9. Zip Code 53142	10. Age	L 58
Last Name SANTOS  Email AB-LICENSING@DO  Home Address  City KENOSHA  Drivers License/State ID Number	DLLARTREE.COM	8. State	9. Zip Code 53142 12. Drivers License WISCONSI	10. Age	L 58
Last Name SANTOS  Email AB-LICENSING@DO  Home Address  City KENOSHA  Drivers License/State ID Number  rt C: Agent Questions  Have you satisfied the responsible	DLLARTREE.COM  beverage server training	8. State WI	9. Zip Code 53142 12. Drivers License WISCONSI	10. Age  a/State ID State of Issu N	L 58

Continued →

Part D: Business Attestation		
beverage activities on such premises. It on behalf of the entity. If I am appointing I understand that I may be presecuted to	I, the Undersigned, authorize the above-named individual mited liability company with full authority and control of the certify that I am authorized by the above-named entity to au a successor agent, I rescind all previous agent appointmen or submitting false statements and affidavits in connection what is a possible of the connection with the connection of the connection is application may be required to	premises and of all alcohouthorize this individual to act its for this premises. Further
Last Name SPENCER	First Name HARRY	M.I.
Title ASSISTANT SECRETARY	Email AB-LICENSING@DOLLARTREE.COM	1 Phone 757-321-5000
Signature	Date	05/09/2024
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I nonprofit organization, or limited liability or on the premises for the above-named by	, the Agent, hereby accept this appointment as agent for the company and assume full responsibility for the conduct of all islness. I further understand that I may be prosecuted for scatton, and that any person who knowingly provides material more than \$1,000 if convicted.	alcohol beverage activities
ast Name SANTOS	First Name PRISCILLA	M.L.
Signature		

Form

**AB-220** 

Part A: Organization Information

## **Temporary Alcohol Beverage License**

License(s) Requested		F	ees
		License Fees	\$ 10.00 Por Pramise
☐ Temporary "Class B" Wine (	☐ Temporary "Class B" Wine OR X Temporary Class "B" Beer	Background Check	\$ 7.00 per AB-100
		Total Fees	\$ 31,00

Organization Name					
	FFA	Alumni			
2. Organization Permanent Address	55				
P.O. Box	674				
3. City				4. State	5. Zip Code
Evansuille				WI	53536
6, Mailing Address (if different from	n permanent a	ddress)			
7. FEIN		8. Date of Organizat	tion/Incorporation	A State of Organ	ization/Incorporation
39-1686844		01-01-1			
10. Phone		11, Email		Wiscon	10 M
(608) 440-0172		evans ville i	wiffaglumni	@ amail	CO.A.
12. Organization type (check one)		0 - 0 - 0	O. TIOCOTTO INTI	e gman.	COM
☐ Bona Fide Club	☐ Church	Mair Ass	sociation/Agricultural Socie	ety 🔲 Vete	ran's Organization
☐ Lodge/Society	☐ Chambe		similar Civic or Trade Orga		_
13. Is this organization required			mit?	**********	····· 🗆 Yes 💢 No
14. Wisconsin Seller's Permit Numb	er (if applicabl	e)			
Part B: Individual Informat	ion				-
List the name, title, and phone (Form AB-100) for each person	number for a	Il officers, directors	s, and agent of the organi	zation. <mark>Include a</mark>	n Individual Questionnaire
Corporations must also include			•		
	T		of Agent (Form AB-101).		
Last Name	First Nan	ne	Title		Phone
Trusten Schnelzer	Bro	oke	Presider	rt	€ - 11 117a
Schmelzer	Ac	stin	Treasu	rer	( 2
Buttchen	R	)N	Memb	BOARD	1 24
				•	y .

					-	
Name of Event (if applicable)	. 1	1	/	7 , 6	) 16	
END AWURL CONVINN MEYER EL	Wande	V Commo	nity C	URN K	JUST	
2. Dates of Operation		-		of Operation		
AUgust 18, 2024			2pn	1-6	PM	
Premiser Address Union STRIE	T					
FVANSVILLE			6. St	ate 7. Zip (	Code	
	ming Municip	ality Sity 🗆 To	own 🗆 Village	10. Alderma	nic District	
KUCK of:	EVAN	sville	- I mag	7217 (1931)	e 1	
Organizer of Event (if not the named applicant)		12. Email and/or Phon	e Number for Org	anizer of Even	NX)882	-4
-VANSVILLE FURD	F	PAT. CARR QL	WANSU, 1	le Forent	ie 1	Su
3. Organizer Website		14. Event Website			0	
EVANKVILLE FOLD MOTORS.	COZ					
5. Premises Description - Describe the building or I stored, or consumed, and related records are ke alcohol beverage activities and storage of record or diagram and additional sheets if necessary.	ept. Describ ds mav occ	e all rooms within th	ie building, incl ises described	uding living qua	arters. Author	rized
Parking Lot South of Service facility. The	Bur	Truck I	J.11 be	Mone	the Si	コン
SPRVICE FACILITY, INC	, COL	,,		7		
Wall of the Service	70.0	ATHAN T	_	1163		
WHO IN ENE DEREVICE	-Depn	KI MEG 1				
art D: Attestation						
ari D. Allesialion						
Who must sign this application?						
Who must sign this application?  • one officer or director of the nonprofit organization.						
Who must sign this application?	enalty of la of the applic and respons ccording to I that lack o sal is a mis- er 125 shall	cant organization an sibilities conferred by the law, including by f access to any portion demeanor and ground be void under pena-	d not on behalf y the license(s), ut not limited to on of a licensed nds for revocati alty of state law,	of any other in , if granted, will , purchasing ald I premises durin ion of this licent I further under	dividual or e not be assig cohol bevera ig inspection se. I unders stand that I	ntity ned iges will and
Who must sign this application?  one officer or director of the nonprofit organization.  READ CAREFULLY BEFORE SIGNING: Under pruthfully. I agree that I am acting solely on behalf decking the license. Further, I agree that the rights a communication and another individual or entity. I agree to operate acrom Wisconsin-permitted wholesalers. I understand the deemed a refusal to allow inspection. Such refusat any license issued contrary to Wis. Stat. Chapte the prosecuted for submitting false statements and a rovides materially false information on this applicant Name.	enalty of la of the applic and respons ccording to I that lack of sal is a miss er 125 shall ffidavits in c tion may be	cant organization an sibilities conferred by the law, including by f access to any portion demeanor and ground be void under pena-	d not on behalf y the license(s), ut not limited to on of a licensed nds for revocati alty of state law,	of any other in , if granted, will , purchasing ald I premises durin ion of this licent I further under	dividual or e not be assig cohol bevera ng inspection se. I unders stand that I n who knowi ed.	ntity ned iges will and
Who must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under pruthfully. I agree that I am acting solely on behalf decking the license. Further, I agree that the rights a common and another individual or entity. I agree to operate acrom Wisconsin-permitted wholesalers. I understance deemed a refusal to allow inspection. Such refusat any license issued contrary to Wis. Stat. Chapte a prosecuted for submitting false statements and a rovides materially false information on this applicant Name	enalty of la of the applic and respons ccording to I that lack of sal is a miss er 125 shall ffidavits in c tion may be	cant organization an sibilities conferred be the law, including be f access to any portion demeanor and grout be void under penal connection with this and required to forfeit re-	d not on behalf y the license(s), ut not limited to on of a licensed nds for revocati alty of state law,	of any other in , if granted, will , purchasing ald I premises durin ion of this licent I further under	dividual or e not be assig cohol bevera ig inspection se. I unders stand that I	ntity med iges will and
Who must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under pruthfully. I agree that I am acting solely on behalf directions the license. Further, I agree that the rights a conther individual or entity. I agree to operate acrom Wisconsin-permitted wholesalers. I understand the deemed a refusal to allow inspection. Such refusal any license issued contrary to Wis. Stat. Chapter the prosecuted for submitting false statements and a provides materially false information on this applicant statements.	enalty of la of the applic and respons ccording to I that lack of sal is a miss er 125 shall ffidavits in c tion may be	cant organization an sibilities conferred be the law, including be f access to any portion demeanor and grout be void under penal connection with this and required to forfeit re-	d not on behalf y the license(s), ut not limited to on of a licensed nds for revocati alty of state law,	of any other inc. if granted, will purchasing ald premises durin ion of this licen. I further under that any persor 1,000 if convicte	dividual or e not be assig cohol bevera ng inspection se. I unders stand that I n who knowi ed.	ntity med iges will and
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Who must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under pruthfully. I agree that I am acting solely on behalf deeking the license. Further, I agree that the rights a conther individual or entity. I agree to operate acrom Wisconsin-permitted wholesalers. I understande deemed a refusal to allow inspection. Such refusat any license issued contrary to Wis. Stat. Chapte e prosecuted for submitting false statements and a rovides materially false information on this applicant Name  Schwelzer  TECASUFER  THE: For Clerk Use Only  The Application Was Filed With Clerk	enalty of la of the applic and respons ecording to d that lack of sal is a mis- er 125 shall ffidavits in c tion may be	License Number	d not on behalf y the license(s) ut not limited to on of a licensed nds for revocate alty of state law. application, and not more than \$  Date	of any other inc. if granted, will purchasing ald premises durin ion of this licens I further under that any person 1,000 if convicted Phone	dividual or e not be assignated beverage inspectionse. I unders stand that I in who knowing d.	ntity med iges will and
Nho must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under pruthfully. I agree that I am acting solely on behalf decking the license. Further, I agree that the rights a canother individual or entity. I agree to operate acrom Wisconsin-permitted wholesalers. I understande deemed a refusal to allow inspection. Such refusal any license issued contrary to Wis. Stat. Chapte e prosecuted for submitting false statements and a rovides materially false information on this applicant Name  Schwelzer  TECASUFER  TE: For Clerk Use Only  e Application Was Filed With Clerk	enalty of la of the applic and respons ecording to d that lack of sal is a mis- er 125 shall ffidavits in c tion may be	cant organization and sibilities conferred by the law, including by faccess to any portion demeanor and group to be void under penal connection with this are required to forfeit rest Name	d not on behalf y the license(s) ut not limited to on of a licensed nds for revocate alty of state law. application, and not more than \$  Date	of any other inc. if granted, will, purchasing ald premises during ion of this licented that any person 1,000 if convicted Phone 6	dividual or e not be assignated beverage inspectionse. I unders stand that I in who knowing d.	ntity med iges will and
Nho must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under profute the property of the license of the lice	enalty of la of the applic and respons ecording to d that lack of sal is a mis- er 125 shall ffidavits in c tion may be	License Number	d not on behalf y the license(s) ut not limited to on of a licensed nds for revocate alty of state law. application, and not more than \$  Date	of any other inc. if granted, will, purchasing ald premises during ion of this licented that any person 1,000 if convicted Phone 6	dividual or e not be assignated beverage inspectionse. I unders stand that I in who knowing d.	ntity med iges will tand
Who must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under protection of the lights of the license. Further, I agree that the rights of another individual or entity. I agree to operate acrom Wisconsin-permitted wholesalers. I understand the deemed a refusal to allow inspection. Such refusat any license issued contrary to Wis. Stat. Chapte the prosecuted for submitting false statements and a provides materially false information on this applicant st Name  Schwelzer  TE: For Clerk Use Only  The Application Was Filed With Clerk  The License Granted	enalty of la of the applic and respons ecording to d that lack of sal is a mis- er 125 shall ffidavits in c tion may be	License Number	d not on behalf y the license(s) ut not limited to on of a licensed nds for revocate alty of state law. application, and not more than \$  Date OT-	of any other inc. if granted, will, purchasing ald premises during ion of this licens. I further under that any person 1,000 if convicted the convicted that any person 1,000 if convicted the convicted that any person 1,000 if	dividual or e not be assignated beverage inspectionse. I unders stand that I in who knowing d.  M.I.  OZ 4	ntity ined ages will tand may ngly
Who must sign this application?  • one officer or director of the nonprofit organizate READ CAREFULLY BEFORE SIGNING: Under pruthfully. I agree that I am acting solely on behalf directing the license. Further, I agree that the rights are another individual or entity. I agree to operate another individual or entity. I agree that the rights are deemed a refusal to allow inspection. Such refusal and allow inspection. Such refusal and in the prosecuted for submitting false statements and a provides materially false information on this applicated in the process of the p	enalty of la of the applic and respons ecording to d that lack of sal is a mis- er 125 shall ffidavits in c tion may be	License Number	d not on behalf y the license(s) ut not limited to on of a licensed nds for revocate alty of state law. application, and not more than \$  Date OT-	of any other inc. if granted, will, purchasing ald premises during ion of this licented that any person 1,000 if convicted Phone 6	dividual or e not be assignated beverage inspectionse. I unders stand that I in who knowing d.  M.I.  OZH  le	ntity med iges will and

#### **Form**

**AB-100** 

## **Alcohol Beverage** Individual Questionnaire

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

· sole proprietor

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

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

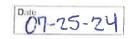
Part	A: Business Info	ormation							
1. Leg	gal Business Name (inc	dividual name if s	sole proprietor)						
	EVANSV	TLLC	FFA AL	UM	NI				
2. Bus	siness Trade Name or								
3. Ent	ity Type (check one)								
	Sole Proprietor	Partnersh	nip	d Liabi	lity Compa	any 🗌 🤇	Corporation	Nonprofit C	Organization
Part	B: Individual Info	ormation		-					
1. Las	t Name			2. F	First Name				3. M.I.
	BUTTCHEN	,			120N.	ALD			J. W.1.
	ationship to Business (		5. Email					6. Phone	
130	ARDMEM	BER						0.7 Hone	
	ne Address					. 070	100	ſ.	
72	LCEMET	G12 4 5	T						
8. City		J , J			9. State	10. Zip Cod	ie	11. Date of B	irth
F	VAN SVIL	LE			WI.	535		4	
12. Dri	vers License/State ID	Number				_	License/State ID Sta	te of Issuance	
			9			w			
Part (	C: Address Histo	n.							
i. Do	you currently reside	in vvisconsin?	Walking a series and a series	• • • • •	• • • • • • •	• • • • • • • • • • • • •			res 🗌 No
lf y€	es to 1 above, how lo	ong have you c	ontinuously lived i	in Wisc	consin pric	or to the date of	of application?	Years 7 7	Months
2. List	in chronological ord	er all of your a	ddresses within th	o last f	S vegre A	tach addition	al abasta it		
Previou	s Address 1	or all or your a	odrosses within th	City		uach audiliona			
	Marie			J.			State	Zip Code	
Previou	NONG s Address 2			City					
	o / Idul ooo L			City			State	Zip Code	
reviou	s Address 3			City					
	- 1 121 335 3			City			State	Zip Code	
Previous	s Address 4			0.1					
101100	3 Addiess 4			City			State	Zip Code	
Previous	s Address 5			0/1					
	7 (44/000 0			City			State	Zip Code	
				_					
3. List a	all states and counti	es you have liv	ed in as an adult.	Attach	additiona	I sheets if nec	essary.		
State	County	State	County		State	County	State	County	
かだ	ROCK				•	ŕ	3.510	Joanny	*
late	County	State	County		State	County	State	County	

Part D: Criminal History						
Have you ever been convicted of any offenses (exc for violation of any federal, Wisconsin, or another st	tate's laws or of any co	ounty or municip	al ordinance	verages)	Yes	<b>№</b> No
If yes to question 1, please list details of each convi	iction below. Attach ad	ditional sheets a	as needed.			
Law/Ordinance Violated	Location				Conviction	Date
Penalty Imposed		Was senter	nce complete	=====L ed?	Yes	☐ No
Law/Ordinance Violated	Location	- I.			Conviction	Date
Penalty Imposed		Was senter	nce complete	L ed?	Yes	☐ No
Law/Ordinance Violated	Location			1	Conviction	Date
Penalty Imposed		Was senter	nce complete	d?	Yes	☐ No
Are charges for any offenses currently pending again beverages) for violation of any federal, Wisconsin, or ordinances?	or another state's laws	or any county o	r municipal	******	Yes	X No
Part E: Attestation						
READ CAREFULLY BEFORE SIGNING: Under pentruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understaunder penalty of state law. I further understand that I me with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business ind that any license is: iav be prosecuted for s	s due to any inv sued contrary to submitting false	olvement in o Wis. Stat.	another ti Chapter 1	ier of the a 125 shall to tile in con-	alcohol be void
Signature Randol 7. Buttelan			Date J ULY	28	202	4

#### **Form**

**AB-100** 

### **Alcohol Beverage** Individual Questionnaire



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

· sole proprietor

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

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

Par	t A: Business Info	rmation							
1. Le	gal Business Name (indi	vidual name il	sole proprietor)						
E	Evansville 1	FFA I	Alumni						
	siness Trade Name or D	ВА							
3. En	tily Type (check one)								
	Sole Proprietor	Partners	hip 🗌 Limit	ted Liab	ility Comp	oany 🗌 Cor	poration	Nonprofit O	rganization
Part	B: Individual Info	rmation							
	st Name			2.	First Name	)			3. M.I.
5	chmelzy				Austi	~			D.
4. Rel	ationship to Business (Ti	tie)	5. Email		AL CONTRACTOR	<u> </u>		6. Phone	10,
7 Hor	reasurer ne Address		a		·		ne	o. I Hone	5
	36 N. C	emeter	y Road						
8. City	(i)				9. State	10. Zip Code		11. Date of Bi	rth
_	ansuille				WI	5353	6		
12. Dr	ivers License/State ID No	ımber	2			13. Drivers Lic	ense/State ID State	of Issuance	
1						Wisco	on8in		
Part	C: Address Histor	У							
1. Do	you currently reside in	Wisconsin?	-30		(4:00) - (4)			X Y	es No
If y	es to 1 above, how lor	ng have you	continuously lived	in Wis	consin pri	or to the date of a	pplication?	Years 24	Months
2. List	in chronological orde	r all of your a	ddresses within I	he last	5 years. A	Attach additional s	heets if necessar	V.	
Previou	us Address 1	1	A .	City			State	Zip Code	
122	-16 W. Bullo	urd Ro	ned	16	Jansul	110	WI	535	34
Previou	ıs Address 2	- Ci	4 .	City	1 6		State	Zip Code	0
121	0.106	· Son S	treet	,	(, , )		1011	11 1	1
rreviou	is Address 3			City			State	Zip Code	
Previou	s Address 4			City			State	Zip Code	
n. :					N.		1		
Previou	s Address 5			City			State	Zip Code	
					_ \				
3. List	all states and counties	s you have liv	ed in as an adult	t. Attach	additiona	al sheets if necess	sary.		
State	County	State	County		State	County	State	County	
NI	Rock						Otate	County	
State	County	State	County		State	County	State	County	

Part D: Criminal History			
Have you ever been convicted of any offens for violation of any federal, Wisconsin, or ar	ses (excluding traffic offens nother state's laws or of an	ses unless related to alcohol beverage y county or municipal ordinances?	es) 
If yes to question 1, please list details of each	ch conviction below. Attach	additional sheets as needed.	1
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
If yes to question 2, describe nature and sta sheets as needed.			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understand	Danicipating in this busin	ess due to any involvement in anoth	ions completely and

#### **Form AB-100**

## **Alcohol Beverage** Individual Questionnaire

126/24

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

· sole proprietor

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

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

Part	A: Business Info	rmation							
	gal Business Name (indi				+				
E	vansuille F	-A A	IMMI						
2. Bu	siness Trade Name or D	ВА							
	tity Type (check one)						V.		
	Sole Proprietor	☐ Partners	hip 🔲 Li	mited Liab	ility Comp	oany 🔲 Corp	ooration 🕺	Nonprofit O	rganization
Part	B: Individual Info	rmation							
	t Name			2.	First Name	,			3, M.I.
1	rustem				Bood	97			Μ
	ationship to Business (T	itle)	5. Ema	ail	0,00.			6. Phone	-1
Pr	esident							1	
	ne Address					- WC- 2. CO			-
1	1002 W:	I-59							
8. City					9. State	10. Zip Code		11 Date of Bi	ιth
E	ucnsville				MZ	535		2/4/9	
12. Dri	vers License/State ID N	umber				13. Drivers Lice	ense/State ID State	of Issuance	. 0
<b>4</b> -	JJ U 134-	0 - 1 - 1	<b>U</b> 2			WI			
Part (	C: Address Histor	v							
	you currently reside in								
0	you can only rooted in	11 11/1300113111	POSEDIROR DECISION DECISION					oronia 🌠 Y	es No
If ye	es to 1 above, how lor	ng have you	continuously liv	ved in Wise	consin pri	or to the date of a	polication?	Years	Months
								76	4
2. List	in chronological orde	r all of your a	ddresses withi	in the last	5 years. A	ttach additional sh	eets if necessar	y.	
Previou	is Address 1			City			State	Zip Code	
16911	Warner	- Rd		- 16	NUNS	fille	WI	535	36
reviou	s Address 2			City			State	Zip Code	
Previou	s Address 3			City	2		State	Zip Code	
								1	
reviou	s Address 4			City			State	Zip Code	
revious	s Address 5			City			State	Zip Code	
				-	N.			,	
. List :	all states and counties	s vou have li	ed in as an ac	hilt Attack	ndditi	al about 15			
tate	County			iuit. Attach					
NI	Pock	State	County		State	County	State	County	
late	County	Ctata	Count		0				
water.	County	State	County		State	County	State	County	

Part D: Criminal History     Have you ever been convicted of any offen for violation of any federal, Wisconsin, or an analysis of the control of the co			
for violation of any federal, Wisconsin, or a			
	ises (excluding traffic offens nother state's laws or of an	es unless related to alcohol bevera	
			Yes No
If yes to question 1, please list details of ea		additional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed			
Totally Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		
	Location		Conviction Date
Penalty Imposed		1	
		Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
			Conviction Date
Penalty Imposed			
		Was sentence completed?.	Yes No
If yes to question 2, describe nature and sta			· · · · Yes No
sheets as needed.	area or ponding onlyigos us	ing the space below. Altach addition	onal
sheets as needed.	area or ponding onlying or	ing the space below. Attach addition	onal
sheets as needed.  art E: Attestation	and a pointing that gos us	ing the space below. Attach addition	onal
art E: Attestation  READ CAREFULLY BEFORE SIGNING: Uncrease industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person who of forfeit not more than \$1,000 if convicted.	der penalty of law, I have a participating in this busin inderstand that any license	answered each of the above quesess due to any involvement in anolissued contrary to Wis. Stat. Char	stions completely and ther tier of the alcohol pter 125 shall be void
art E: Attestation  READ CAREFULLY BEFORE SIGNING: Under the state of	der penalty of law, I have a participating in this busin inderstand that any license	answered each of the above quesess due to any involvement in anolissued contrary to Wis. Stat. Char	stions completely and ther tier of the alcohol pter 125 shall be void

## remporary Class "B"/ "Class B" Retailer's License AFFIRMATION OF UNDERSTANDING FOR EVENT LICENSEE

CITY OF EVANSVILLE CLERK'S OFFICE

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

2.1	
EVENT DATE: 8/18/2024	EVENT TIME: 2-6 PM
NAME: HALLE SUE HUSTAD	DATE OF BIRTH:
ADDRESS: W/V CITICALIA.	, , , , , , , , , , , , , , , , , , , ,
EMAIL: HAlle, HUSTAND QEVANSVILLE FO	- LLC. COM (608) 882-4700
laws and requirements which you are governed by and with The City Clerk's Office will provide you a copy of this ordinal application must be fully completed, and submitted to the Other required fees.  ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE  I, the undersigned being duly sworn on oath, affirm that wit following:  Successfully completed a responsible Alcohol Server Holds a City of Evansville Operator's License An Alcohol Agent for a Retail Alcohol License The Sole Proprietor of Retail Alcohol License.	PARTY  thin the last two (2) years have been/or completed one of the rs course  I agree to obey all the laws which regulate the activities planned
falle the	7/17/24
Signature of Ma	nager/Operator License in Charge of event Date
FOR MUNICIPALITY US	SE ONLY BELOW THIS LINE
Police Chief Recomme	endation and Comments:
Recommend Non-Recommend	Recommend with conditions
Police Chi	et's Signature Date
Date Filed with Clerk: 7-29-24	Date License Issued:
Public Safety:	Clerk's Signature:
Notes & Receipt Information:	Cicin 3 Jigilatui C.



## 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 Prem	nises:	3	_x \$10.00 = \$_3C	Y	Total Due	
Licer	se Type: (Check one)	Beer Only	<b>y</b> -	X Wine Only	1	Beer & Wine	
Even	t Name: Ladies Nigh	t Ow	t	,1			
Even	t Date: Friday, Sep	tember	- 13 <sup>†</sup>	Event Time: 4:0	001	n-8:00p.m.	
Nam	e of Person in Charge of Event:	Sh	aw	n Dunph	1		
				nization	<u>,</u>	r -	
	Bona fide Club	Ch	urch			Lodge/Society	
_χ	Chamber of Commerce/ similar Civic or Trade Organization			Agricultural Society		Veteran's Organization	
Orgai	ess: 25 W. Mainst	Ane	: Ch	amber of Com	me	ice & Tourism	
Addre	ess: 25 W. Mainst	PO	Box	588, Evans	VIlle	WI 53536	
	161			Incorporation:			
If orga	nization is not required to hold a Wisco	onsin Seller'	's Permit	Pursuant to SS 77.54(7m). W	/is. Stat	s. Check here	
	Name	s and add	resses o	f all Organization Officers	:	J. J	
Presid	ent/Primary Officer: Abby C	arnes		14 W. Main		Evansville	
Vice Pr	esident: Carrie 0/500)			2 E. main		Evansville	
Secret	ary: Nicole Kice			Address	E	City/State/Zip =VUNSUI/le	
Treasu	rer: Je Speich			Address	(	Evansville	
Locati	on of Premises were Beer and/or Wine	e will be se	rved, cor	Address sumed, or stored and areas	where	City/State/Zip Alcohol Beverage Records will	
Addres	s/Location Description: 25 W.	Mains		tored:			
	mises occupy all or part of building?	Parti	1	er Level			
f part o	of building, fully describe all premises	covered un	der this	application, which floor(s) &	roomi	(s) licenses is to cover:	
Lov	ver Level outsid	e cha	mber	of commerce		Fice	
ilia cori	tion: An officer of the organization, de rect to the best of his/her knowledge a ion for a license may be required to for	nd belief. A	iny perso	n who knowingly provides m	n provi naterial	ded in this application is true ly false information in an	
U	Blay Banch			Evansuille Cl	agam	ber of Commerce	
	Officer Signature/Date)			(Name	e of Ore	ranization)	

		ensee Information businesses please attach additional pages.
	Rusiness Name:	Description of Premises:
	EXIT Realty, HGM Business Address:	Store Front Blischess
	LI E. Main St.	
	Business Owner: Robin St. Clack	Signature: Lobic St. Clair
ſ	Business Name:	Description of Premises:
	Evansurt Chamber	Lower Level Grange Stire
	Business Address; 2 W. Mary St	& outside thamber office
t	Business Owner:	Signature:
-	Business Owner: Shawn Dunphy Business Name:	Description of Premises:
1		Description of Premises:
-	Vintage Charm Boutique Business Address:	Store Fron + Business
	1) W. Main	
	Business Owner:	Signature: Jessi Ca Ross
Γ	Business Name:	Description of Premises:
	Business Address:	Store Front Business
	MEMainst	
1	Business Owner:	Signature:
-	Abicial McComb Busings Name:	Description of remises:
	1	Description of Termises.
E	Very Vintage Business Address:	Store Front Business
	115 EMain St.	
E	Business Owner: HorantalMa	Signature:
E	Business Name:	Description of Premises:
В	Jusiness Address:	
В	lusiness Owner:	Signature:
В	usiness Name:	Description of Premises:
		-
В	usiness Address:	
В	usiness Owner:	Signature:



# 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: FRIday, September	BVENT TIME:	4.00 p.m 8:00p.m
NAME: Shawn Dunphy		DATE OF BIRTH:
ADDRESS:		
EMAIL: d' evansville chamber Q ;	Imail PHONE:	
Chapter 6 of the Evansville Code and the WI Publicat laws and requirements which you are governed by a The City Clerk's Office will provide you a copy of this application must be fully completed, and submitted the required fees.	nd with which you are res ordinance and the State	sponsible for knowing and must comply with. publication if you desire a copy. This
ATTESTATION AND ACKNOWLEDGEMENT OF RESPO	NSIBLE PARTY	æ t
	ol Servers course ent and I agree to obey all	the laws which regulate the activities planned copies of such laws.  Charge of event  Date
	ecommendation and Comm	
Recommend Non-Recommend		ecommend with conditions
7 25 24		
Date Filed with Clerk: 7-25-24	Date License Iss	
Public Safety:	Clerk's Signatur	City of Evansville
Notes & Receipt Information:		
		Receipt: 1.157334 30.00 EVANSVILLE AREA CHAMDER Jul 25. 2024 2:23 PM



## 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

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- 1
<b>√</b> I

**Application Fee:** 

\$25.00 per Event	AFFLICATION F	EE WILL NOT BE KEFUN	DED IF DENIED OR W	MIHDRAWN
Short Term (4 hours or	less) Street Closure		erm (More than 4 hou Petition must be included v	
This permit shall license the closur		rpose of business, celebro a road for a set period of		t would require the
Name of Organization:			Phone:	* **
Organization address:				
Responsible Person: Zio	\ a	A. Middle		YAHN Last
Home Address: (03)	LOCUST L	N		
City EUANSUILLE	State: WI		Zip: 53530	e
Phone No: 715 - 820 - 15	39 Email Address:	dAZY1987@	hotmal, c	0 M
Date(s) of Event(s): Augu		The state of the s		
Hours of Operation: 3:30	- 12:00	Am?		
Location of Event: 55	\$ STONEW	to book		IV.
٤١	pansualle, u	UI 5353	360	
		*		
Please atta	ch a copy of map, showing	where you wish to have th	e road blocked off.	
Hold Harmless- The applicant agr	rees to indemnify, defe	nd and hold the city	and its employees o	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.

Signature of Applican

	FOR MUNICIPALITY US Police Chief Recommende	e ONLY BELOW THIS LINE ution and Comments:
Recommend	Non-Recommend	Recommend with conditions
Be over by 10p	щ	,
Signs "no Alohol	on streets or p	ublic sidewalks "
	$\bigcirc$	75
	· V/(	7/29/24
	Police Chief's	
	Municipal Services Recomme	and ation and Comments:
Updates Patricipality		
Recommend	Non-Recommend	Recommend with conditions
	Municipal Service	s Signature Date
	City Clerk's	Office:
Public Safety Meeting required?	Yes No	If Yes, Meeting Date:
Date License Issued:		
Clerks Notes and Receipt Inform	ation:	
		e e
ā.		
		8
a T #		a a
- 19		Pald Tes
9 <sub>3</sub> 9		City of Ewansville
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
24		Receipts 1.157341 25.00
		ZOTLA YANN

Jul 26, 2024 2:59 FK

## **Attached Petition**

This petition contains the signature of two thirds (2/3) of at least one resident or business owner of the addresses on the portion of the street to be used as allowed under 106-163(f). No additional fee is required if completed correctly.

I petition the City of Evansville to approve this Long Term Street Use Permit for the following:

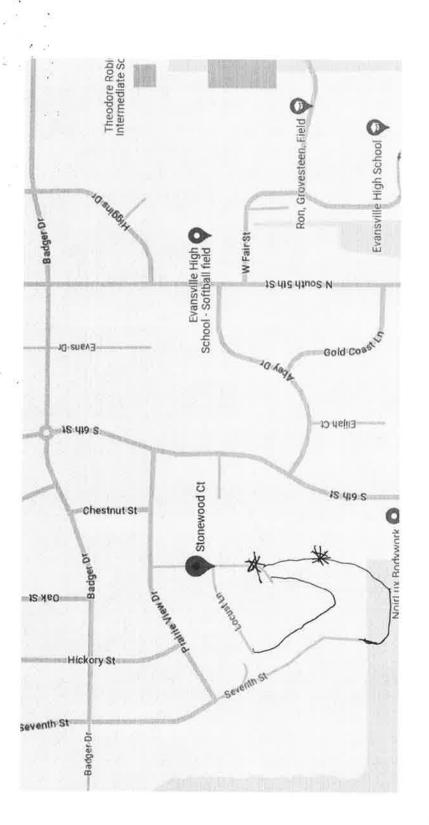
Event Location: 550	4 Lasar Stonew	ood CT-EVANSUIL	y wit
Event Date(s):			53536
Name	Address	Signature	Date
Chris Anding	323 Stonewood Ct.	Chris anding	7/24/24
Talia Hunt	522 stonewoodct	has Tolve	7/24/24
Ryan billes	524 Stonewood U	Ryan Silh	7/24/24
Elizabeth Palmer	530 " "	Eligabeth Palmer	7-24-24
Aaron Caspary	592 Stone wood ct	Aaro L	724-2024
Danstorfatt	538 Storwood Cl.	Domet	7.24.29
BARBARA KLUESNER	5\$6 Stonewood Cf	Barbara Kluesuel	1/24/2024
Anthony Works	548 Stone WOOD	Antholas	7/24/24
James Armon	554Stonewood		7/24/24
Bisag Eddel	56257 men sed ct	Lisa Eckel	7-24-24
2/42-	564 Stonewood C+.	Hunter Lisko	7-24-24
Daved Sollie Perkins	570 Stonewood CT	Dave Park	7-24-24
4	I I	T Downstutchenson	-7-24-2X
Dism Elleun	578 Stonewood CT	Dione Ren	7-24-24
Pan Buno	580 Skinwar	v	7-71-2.2
Carol Sheer	548 Stonewood	Carol Shew	7-24-24
Many Haven	573 Stonowoul	Nancy Hayey	7-24-24
Beth Werner	565 Stiren	Prin Un	7-24-24
Tess + Sam Fredrickson	563 Stonewood	lift turkiter	7-24-24

### **Attached Petition**

This petition contains the signature of two thirds (2/3) of at least one resident or business owner of the addresses on the portion of the street to be used as allowed under 106-163(f). No additional fee is required if completed correctly.

I petition the City of Evansville to approve this Long Term Street Use Permit for the following:

Event Location: 554	Stonewood	CT - Evansuille	WI 53536
Event Date(s):	9 17, 2024		i i
Name	Address	Signature	Date
Andrew Steer	557 Stonewood	Ambru Ste	7-24-24
Kathleen Harwood	555 Stonewood	Hattle Haco	7-24-24
Laura Curry	549 Stonewood		1/24/24
Corol Janos	547 Stowwood		7/24/24
			21
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ж ы			
			8
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			23.1
>			





August 7th 2024

Evansville Police Department

**Public Safety Report** 

#### Training:

All sworn staff did online legal updates

Ofc. Nankee is putting together shift brief (minute man trainings) for staff

#### Community Outreach:

Chief Reese and Lt. Jones will meet with the ECSD for our annual meeting prior to school starting Chief Reese and Lt. Jones will attend the Rock County Law Enforcement Association meeting Staff will team up with Rock County Sheriffs Office for Cops N Bobbers at Lake Leota Evansville Night Out will be on August 14<sup>th</sup> at Larson Acres Park EPD will take part in celebrating the Evansville Community Fire District's 150<sup>th</sup> anniversary PD was invited to Evansville Fords annual corn festival to recognize 1<sup>st</sup> responders

• <u>Calls for service:</u> June and July 2023: 2099 June and July 2024: (as of 07/30/24 at 7:54AM): 2111

### Police Commission/Staffing: Did not meet in June or July

Officer Delgado is in phase two of field training and will be transitioning from 3<sup>rd</sup> shift to second shift this month.

#### Accreditation:

Policy review is being conducted

#### Notable calls:

No notable incidents occurred during the 4<sup>th</sup> of July celebrations 3 OWI arrests made 18 welfare checks

One incident resulted in a stand off situation because of potential homicidal thoughts and weapons in possession of the individual. This incident ended peacefully. With the individual getting help with crisis intervention services

One subject was taken into protective custody because they were unable to care for themselves. After many hours of hospital duty the person was left in the care of the hospital for treatment and detox

Detective Sgt. Rittenhouse assisted Ofc. Ziolkowski on a child abuse case. The suspect remains at large and warrant has been requested to the Rock County Courts

Ofc. Tway, Johnson and Delgado assisted RCSO with a barricaded subject in Footville who was suspected of being armed and involved with a domestic disturbance. Ofc. Tway did a excellent job negotiating with the suspect for a peaceful resolution

#### **Evansville Police Department**

**Public Safety Report** 

#### • Admin update:

Lt. Jones has been working with General Communications on quotes for next years squad Chief Reese has been working on obtaining quotes for a new police vehicle We've been working on repairs to some of lighting throughout the building and on the outside of the building. We had to replace two power sources to our base radios due to a storm surge.

## CAD Incidents By Type

Printed:7/30/2024 7:53:00 AM

Covering Incidents From: 06/01/2024 00:00:00 To: 06/30/2024 00:00:00

Agency: EVPD

Incident Type Description	# of Inicdents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	14	911
ABANDONED VEHICLE	1	AVR
ALARM	2	ALARM
ANIMAL COMPLAINT	12	ANM
ASSIST CITIZEN	33	ACIT
ASSIST FIRE OR EMS	21	FAST
ASSIST OTHER JURISDICTION	21	OJUR
BUSINESS CHECK	50	BCK
CIVIL DISPUTE	4	CD
CIVIL PAPER SERVICE	1	CPS
CODE ENFORCEMENT	3	CODE
DEATH INVESTIGATION	1	DOA
DISORDERLY CONDUCT	2	DC
DISTURBANCE	2	DIST
FAMILY PROBLEM	4	FAM
FIREWORKS COMPLAINT	7	BOOM
FOLLOWUP	44	FOL
FOOT PATROL	82	FOOT
FRAUD/FORGERY	1	FRD
HARASSMENT	3	HAR
HAZARDOUS CONDITION	8	HAZC
KID PROBLEM	6	KID
LOUD NOISE	2	LOUD
OPEN DOOR/WINDOW	5	OPEN
ORDINANCE VIOLATION	2	ORD
OUT WITH SUBJECT	5	OWS
PARKING COMPLAINT	30	PARK
PHONE MESSAGE FOR OFFICER	3	PHONE
PROPERTY	9	PROPERTY
PROWLER	1	PROW
PUBLIC WORKS/UTILITY	1	PWU
RUNAWAY	2	RUN
SCHOOL PATROL	13	SCHOOL

Page 1 of 2

This report excludes calls with the following dispostions: ATL, CAN, DUP, INFO, REPO, TEST, TOTO, TEST

Number of CAD Complaints During Period	1037	
WELFARE CHECK	10	WELF
VEHICLE UNLOCK	4	UNLK
VANDALISM	4	VAND
UNWANTED PERSON	3	NOWN
TRESPASSING	1	TRES
TRAFFIC STOP	143	Т
TRAFFIC COMPLAINT	4	тс
TRAFFIC ACCIDENT	2	TA
THREAT	1	THREAT
THEFT	4	THFT
SUSPICIOUS	8	SUSP
STATE OFFENSE	1	SO
STALLED VEHICLE	3	STALLD
SPECIAL ASSIGNMENT	21	SPAS
SEX OFFENSE	2	SEX
SECURITY CHECK	431	SECK

## CAD Incidents By Type

Printed:7/30/2024 7:52:13 AM

Covering Incidents From: 07/01/2024 00:00:00 To: 07/30/2024 00:00:00

Agency: EVPD

Incident Type Description	# of Inicdents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	19	911
ABANDONED VEHICLE	1	AVR
ALARM	3	ALARM
ANIMAL COMPLAINT	8	ANM
ARMED SUBJECT	1	ARMD
ASSIST CITIZEN	28	ACIT
ASSIST FIRE OR EMS	.22	FAST
ASSIST OTHER JURISDICTION	18	OJUR
BUSINESS CHECK	48	BCK
CHILD OFFENSE	2	CHILD
CIVIL DISPUTE	5	CD
CIVIL PAPER SERVICE	1	CPS
DEPT OF NATURAL RESOURCES COMPLAINT	1	DNR
DISORDERLY CONDUCT	4	DC
DISTURBANCE	2	DIST
DRUG OFFENSE	2	DRUG
FAMILY PROBLEM	2	FAM
FIREWORKS COMPLAINT	12	ВООМ
FOLLOWUP	38	FOL
FOOT PATROL	62	FOOT
HARASSMENT	1	HAR
HAZARDOUS CONDITION	11	HAZC
HIT & RUN	3	HR
INTOXICATED SUBJECT	1	1056
KID PROBLEM	2	KID
LOUD NOISE	4	LOUD
OPEN DOOR/WINDOW	5	OPEN
OPERATING WHILE INTOXICATED	3	OWI
ORDINANCE VIOLATION	6	ORD
OUT WITH SUBJECT	8	OWS
PARKING COMPLAINT	4	PARK
PHONE MESSAGE FOR OFFICER	1	PHONE
PROPERTY	5	PROPERTY

Page 1 of 2

This report excludes calls with the following dispostions: ATL, CAN, DUP, INFO, REPO, TEST, TOTO, TEST

Number of CAD Complaints During Period	1074	
WELFARE CHECK	16	WELF
WEATHER RELATED EMERGENCY	1	WTHR
WARRANT SERVICE	1	WAR
VEHICLE UNLOCK	5	UNLK
VANDALISM	2	VAND
TRESPASSING	1	TRES
TRAFFIC STOP	156	Т
TRAFFIC COMPLAINT	7	TC
TRAFFIC ACCIDENT	5	TA
THEFT	3	THFT
SUSPICIOUS	7	SUSP
STALLED VEHICLE	3	STALLD
SPECIAL EVENT	1	SPEV
SPECIAL ASSIGNMENT	27	SPAS
SECURITY CHECK	504	SECK
SCHOOL PATROL	1	SCHOOL
PUBLIC WORKS/UTILITY	1	PWU

City of Evansville EMS 11 W. Church St. Evansville, WI 53536 (608) 882-2269 Chief Carolyn Kleisch Public Safety Meeting July 3rd, 2024

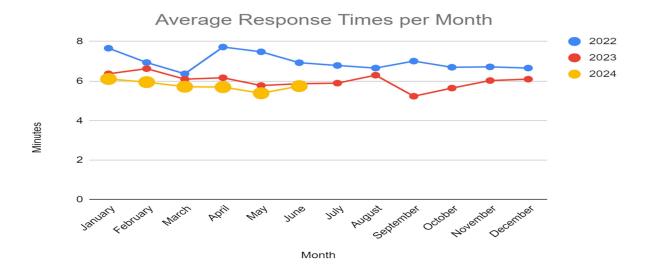
#### 1. Calls for Service:

- a. 67 Calls during the month of June 2024 (641-28/642-39)
- b. 66 Calls during the month of June 2023. (641-64/642-2)
- c. To date call volume 2024-346
- d. To date call volume 2023-395

#### **Updates:**

- 1- EMS training was on Post Resuscitation care with Mercy
- 2- 95% of the monthly schedule was covered by at least 1 AEMT on duty.
- 3- 62 of the 67 EMS responses were at the AEMT level.
- 4- Morgan got married in June
- 5- Crew attended the Rock County Dairy Breakfast
- 6- Some crew attended the Ribbon Cutting at the Westside Pool

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
5.75	4.05	21.02	26.65	36.49	67



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	9	13.43%
Abdominal Pain/Problems	6	8.96%
Unconscious/Fainting/Near-Fainting	6	8.96%
Breathing Problem	5	7.46%
Chronic Illness/Medical Condition	4	5.97%
Traumatic Injury	4	5.97%
Bleeding	3	4.48%
Chest Pain (Non-Traumatic)	3	4.48%
Convulsions/Seizure	3	4.48%
Invalid Assist/Lifting Assist	3	4.48%
Pain	3	4.48%
Head Injury	2	2.99%
Heart Problems/AICD	2	2.99%
Medical Alarm	2	2.99%
Sick Person	2	2.99%
Back Pain (Non-Traumatic)	1	1.49%
Cardiac Arrest/Death	1	1.49%
Fever	1	1.49%
Headache	1	1.49%
Hypotension / hypertension	1	1.49%
No Other Appropriate Choice	1	1.49%
Standby	1	1.49%
Stroke/CVA	1	1.49%
Traffic/Transportation Incident/MVA	1	1.49%
Weakness/Lethargic	1	1.49%
	Total: 67	Total: 100.00%

City of Evansville EMS 11 W. Church St. Evansville, WI 53536 (608) 882-2269 Chief Carolyn Kleisch Public Safety Meeting Aug 7<sup>th</sup>, 2024

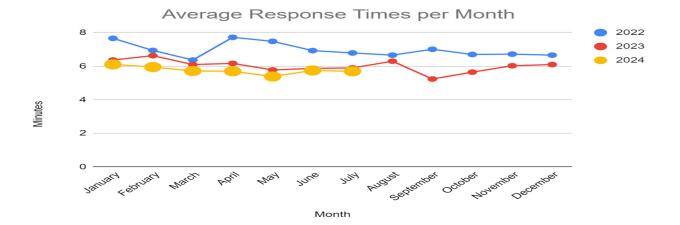
#### 1. Calls for Service:

- a. 60 Calls during the month of July 2024 (641-52/642-8)
- b. 65 Calls during the month of July 2023. (641-65/642-0)
- c. To date call volume 2024-406
- d. To date call volume 2023-460

#### **Updates:**

- 1- EMS training was on Stroke Care with Mercy, also reviewed some recent calls
- 2- 99% of the monthly schedule was covered by at least 1 AEMT on duty, 2-(1/2) shifts were not covered by A-Level staff.
- 3- **59** of the EMS responses were at the AEMT level.
- 4- Both Ambulances were staffed for the majority of the 4th of July week/weekend
- 5- Staff attended/worked the Rock County 4H Fair
- 6- Carolyn has been working with Julie and Jason on upcoming Budget proposal
- 7- Staff will be attending Evansville Night Out on Aug 14<sup>th</sup>
- 8- We have hired 2 more EMT's, one is an AEMT the other is a EMT-B that will be taking the Paramedic class through MATC in the fall. We also have a HS student who finished and passed her class and testing who wants to join the service
- 9- Gail Carr is now affiliated at the A-EMT level, Albert Lin was hired at the A-EMT level and has also affiliated. Klarrisa and Lida are both EMT-Basics working on their affiliations with Mercy and will be running soon as well.

Avg Unit Notified to Enroute in Minutes	Enroute to	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
5.70	3.47	20.32	25.55	35.63	60



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Chronic Illness/Medical Condition	7	11.67%
Falls	6	10.00%
Breathing Problem	5	8.33%
Chest Pain (Non-Traumatic)	5	8.33%
Convulsions/Seizure	5	8.33%
Medical Alarm	4	6.67%
Unconscious/Fainting/Near-Fainting	4	6.67%
Abdominal Pain/Problems	3	5.00%
Bleeding	3	5.00%
Traffic/Transportation Incident/MVA	3	5.00%
Heart Problems/AICD	2	3.33%
Sick Person	2	3.33%
Unresponsive	2	3.33%
Weakness/Lethargic	2	3.33%
Back Pain (Non-Traumatic)	1	1.67%
Diabetic Problem	1	1.67%
Invalid Assist/Lifting Assist	1	1.67%
No Other Appropriate Choice	1	1.67%
Overdose/Poisoning/Ingestion	1	1.67%
Psychiatric Problem/Abnormal Behavior/Suicide Attempt	1	1.67%
Standby	1	1.67%
	Total: 60	Total: 100.00%