

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 Class "B"/Class B" Temporary Extension of Premises Application for:**
 - 1) **Bessire Bowl, LLC**: 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.

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

- 2) **Picture this Creative Workshop**: 7 E. Main Street, Evansville, WI 53536 from 6:00 p.m. to 10:00 p.m. on September 28, 2024. The downstairs lobby area.

C. 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) **Family Dollar Stores of Wisconsin, LLC, Priscilla Santos, Agent**, 6627 33rd Avenue, Kenosha, WI 53142 d/b/a Family Dollar Store #24446, 28 County Highway M, Evansville, WI 53536

D. Motion to approve the Class “B”/Class B” Retailer License Application for: (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.

Members

<u>Members</u>	<u>Present/Absent</u>	<u>Others Present</u>
Aldersperson Erika Stuart, Chair	P	Patrick Reese, Police Chief
Aldersperson Gene Lewis	P	Carolyn Kleisch, EMS Chief
Aldersperson 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

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

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:**

1. Evansville Community Partnership Lake Leota 4th 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 3rd and to be done serving by 5 p.m. on July 7th.

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. 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.

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. Casey’s Marketing Company, 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. Consumers Cooperative Oil Company, Jessica Golz, Agent, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
3. Kopecky’s Worldwide Foods, Inc., James Dean Kopecky, Agent, 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky’s Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
4. Madison Street Express, Inc., Parminder K. Sekhon, Agent, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.
5. SD Evansville Minimart, Inc., Manvir Singh, Agent, 905 E. 10th 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. 139 E. Main Street LLC, 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. Bessire Bowl, LLC, Joel Bessire, Agent, 221 Noah’s Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
3. Creekside Place Inc., Jennifer Widell, Agent, 112 W. Liberty Street, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.

4. **El Vallarta De Evansville LLC, 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. **Lovegood's, LLC, 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. **Slice Golf, LLC, Sarah Kilps, Agent**, 300 S. 1st 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. **Trappers Bar & Grill LLC, Travis Schuh, Agent**, 3942 State Road 213, Footville, WI 53520, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.

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



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: <u>Kaitlyn</u> <u>Kimberlee</u> <u>Peters</u> <small>First Middle Last</small>			DATE OF BIRTH: _____		
ADDRESS: _____			PHONE: _____		
CITY: <u>Evansville</u>		STATE: <u>Wisconsin</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>	
Driver's License No.: <u>N/A</u>			Issuing State: <u>N/A</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>3-4 years</u>			Former Name(s): <u>Darlene Ballweg</u>		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To
_____		<u>Stoughton</u>	<u>WI</u>	<u>53589</u>	<u>2018 2020</u>

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

2. Have you ever been cited and/or convicted of a felony?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes <input checked="" type="radio"/>	No <input type="radio"/>
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
b) Operating a motor vehicle while intoxicated?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
d) Permitting underage person on licensed premises?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
e) Allowing persons on licensed premises after closing?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes <input checked="" type="radio"/>	No <input type="radio"/>

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Carrying A Concealed weapon</u>	<u>04/05/2018</u>	<u>Oregon</u>	<u>WI</u>

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

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

Signature: <u>Kaitlyn Peters</u>	Email: _____
Printed Name: <u>Kaitlyn Peters</u>	Date: <u>06/04/2024</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>Paid For</u> <u>CITY OF EVANSVILLE</u>		Public Safety Committee: <u>Paid To:</u> _____ Date: _____	
Approved: <u>[Signature]</u>		Clerk's Office Signature: _____ Date: _____	
Denied: <u>Receipts 1,157139</u> <u>6/11/24</u> <u>ALL H ONE</u> <u>Jun 11, 2024 8:03 AM</u>		Receipt #: <u>35.00</u> <u>Receipts 1,157139</u> \$5.00 <u>ALL H ONE</u> <u>Jun 11, 2024 8:03 AM</u>	
Police Chief's Signature		City Clerk'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: <u>KIMBERLY</u> <u>SUE</u> <u>DIENBERG</u> <small>First Middle Last</small>			DATE OF BIRTH: _____		
ADDRESS: _____			PHONE: _____		
CITY: <u>EVANSVILLE</u>		STATE: <u>WI</u>	ZIP: <u>53536</u>	GENDER: Male <input type="radio"/> Female <input checked="" type="radio"/>	
Driver's License No.: _____			Issuing State: <u>WI</u>		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>2 yrs 6 months</u>			Former Name(s): _____		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To		City	State	Zip	From To
		<u>Evansville</u>	<u>WI</u>	<u>53536</u>	<u>2010 2021</u>

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

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor? <u>Window Tint</u>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:		
a) Any underage alcohol violation?	Yes	<input checked="" type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input checked="" type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input checked="" type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input checked="" type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input checked="" type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input checked="" type="radio"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	<input checked="" type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input checked="" type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input checked="" type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input checked="" type="radio"/> No

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

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

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

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

Signature: <u>Kimberly S. Dienberg</u>	Email: _____
Printed Name: <u>Kimberly S. Dienberg</u>	Date: <u>6/13/24</u>

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: Approved: Denied: _____ Date: <u>6/13/24</u>	Public Safety Committee: Approved: _____ Denied: _____ Date: _____ Clerk's Office Signature: _____ Date: _____ Receipt # <u>1.157153</u> <u>\$35.00</u> *Send Provisional ASAP - fee waived
--	--



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: SHARA First LYNN Middle MEADE Last DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

CITY: SO. BELoit STATE: IL. ZIP: 61080 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 7 YEARS Former Name(s): SWENSON (MAIDEN)

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

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Shara Meade
Printed Name: SHARA MEADE

Email: _____
Date: 6-19-2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee: City of Evansville

Approved: _____ Denied: _____ Date: _____

Approved: [Signature]
Police Chief's Signature
Date: 6/19/24

Clerk's Office Signature: _____ Date: _____
Receipt # _____
SHARA MEADE
Jun 19, 2024 12:24 PM



OPERATOR'S LICENSE

7A-5

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: Dawson Fredrick Kopf DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 19 years Former Name(s): _____

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

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

2. Have you ever been cited and/or convicted of a felony? Yes No
3. Have you ever been cited and/or convicted of a misdemeanor? Yes No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:
- a) Any underage alcohol violation? Yes No
 - b) Operating a motor vehicle while intoxicated? Yes No
 - c) Selling or furnishing alcoholic beverages to underage person? Yes No
 - d) Permitting underage person on licensed premises? Yes No
 - e) Allowing persons on licensed premises after closing? Yes No
 - f) Any alcohol related violation other than a, b, c, d, and e? Yes No
 - g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No
 - h) Fighting, disorderly conduct, assault, or battery? Yes No
 - i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No
 - j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No

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

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

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

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

Attach certificate of completion for Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

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

Signature: Dawson Kopf Email: _____
Printed Name: Dawson Kopf Date: 06/24/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

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

Clerk's Office Signature _____ Date _____

Approved: Denied: _____
Police Chief's Signature _____ Date: 7/10/24

Receipt # _____
Receipt #: 1-157211 50301
KOPF, DAWSON
Jun 25, 2024 12:33 PM



OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Taylor candace Acker DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 21 years Former Name(s): _____

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

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

Signature: Taylor Acker Email: _____

Printed Name: Taylor Acker Date: 06/25/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: 7/10/24

Police Chief's Signature: _____ Date: _____

Receipt # 1.157218
6-26-24



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

*7A7
if needed by
Aug 7/24*

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

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

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

1. LEGAL NAME: Ryan P Dienberg-Armstrong
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 5 Years Former Name(s): _____

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course
<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course
<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input type="checkbox"/> The sole proprietor of retail alcohol license

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

Signature: Ryan Armstrong Email: _____

Printed Name: Ryan Armstrong Date: 7/19/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: [Signature]

Police Chief's Signature: _____ Date: 7/19/24

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Chloe Jean Bublitz DATE OF BIRTH: _____
First Middle Last

ADDRESS: _____ PHONE: _____

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

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

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

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

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

- 2. Have you ever been cited and/or convicted of a felony? Yes No
- 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No
- 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:
 - a) Any underage alcohol violation? Yes No
 - b) Operating a motor vehicle while intoxicated? Yes No
 - c) Selling or furnishing alcoholic beverages to underage person? Yes No
 - d) Permitting underage person on licensed premises? Yes No
 - e) Allowing persons on licensed premises after closing? Yes No
 - f) Any alcohol related violation other than a, b, c, d, and e? Yes No
 - g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No
 - h) Fighting, disorderly conduct, assault, or battery? Yes No
 - i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No
 - j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No

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

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

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

Successfully completed a Responsible Alcohol Servers Course Attach certificate of completion for Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin An alcohol agent for a retail alcohol license

 The sole proprietor of retail alcohol license

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

Signature: [Signature] Email: _____
Printed Name: Chloe Bublitz Date: 7-25-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ City of Evansville Public Safety Committee: _____ City of Evansville

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature _____ Date _____

Approved: [Signature] Denied: _____
Police Chief's Signature _____ Date: 7/30/24

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: BARBARA Lynne NEUTZ DATE OF BIRTH: 11-24-1974
First Middle Last

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: WISCONSIN ZIP: 53537 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 3 YEARS Former Name(s): Kendall / THOMAS

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To
<u>1000 Du</u>	<u>N</u>		<u>2017</u>	<u>2021</u>
<u>E</u>			<u>2014</u>	<u>2017</u>

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

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

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

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

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

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

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

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

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

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

Signature: Barbara L Neutz Email: _____
Printed Name: Barbara Lynne Neutz Date: 5/30/2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____ Public Safety Committee: _____

Approved: _____ Denied: _____ Date: _____

Clerk's Office Signature _____ Date _____

Approved: _____ Denied: _____ Receipt # _____

Police Chief's Signature: [Signature] Date: 7/17/24



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: Clayton Douglas Blohm
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 25 years Conto

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

City	State	Zip	From	To

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

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

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

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

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

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

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

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

Successfully completed a Responsible Alcohol Servers Course 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 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: Clayton D. Blohm Email: _____

Printed Name: Clayton D. Blohm Date: 7/17/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: _____

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

Clerk's Office Signature: _____ Date: _____

Approved: [Signature] Denied: _____

Police Chief's Signature: _____ Date: 7/25/24

Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Shirley First Amyjean Middle Pate Last DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

CITY: Milton STATE: WI ZIP: 53563 GENDER: Male Female

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 9 months Former Name(s): _____

Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	To
	Janesville	WI		9/21	10/23
	Evansville	WI		6/16	9/21

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

- 2. Have you ever been cited and/or convicted of a felony? Yes No
- 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No
- 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:
 - a) Any underage alcohol violation? Yes No
 - b) Operating a motor vehicle while intoxicated? Yes No
 - c) Selling or furnishing alcoholic beverages to underage person? Yes No
 - d) Permitting underage person on licensed premises? Yes No
 - e) Allowing persons on licensed premises after closing? Yes No
 - f) Any alcohol related violation other than a, b, c, d, and e? Yes No
 - g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No
 - h) Fighting, disorderly conduct, assault, or battery? Yes No
 - i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No
 - j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

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

Signature: Shirley A. Pate

Printed Name: Shirley A. Pate

Email: _____

Date: July 25, 2024

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:

Public Safety Committee:

Approved: _____ Denied: _____ Date: _____

Approved: [Signature]
Police Chief's Signature

Denied: _____
Date: 7/30/24

Clerk's Office Signature _____ Date _____
Receipt # _____
CREEKSIDE PLACE INC
Jul 25, 2024 1:25 PM



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Robin S St. Clair
 First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 20 Former Name(s): Ringhand, Pastor

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

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

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

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

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

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

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

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

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

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

Attach certificate of completion for Responsible Alcohol Servers Course

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

Signature: Robin St. Clair Email: Robin.StClair
 Printed Name: Robin St. Clair Date: 7-30-24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____ Date: _____
Approved: <u>[Signature]</u> Police Chief's Signature	Clerk's Office Signature: _____ Date: _____ Receipt # _____
Denied: <u>8/2/24</u> Date	Receipt # _____



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

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

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

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

1. LEGAL NAME: Jessica M ROSS
First Middle Last

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

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

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

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 12 **Former Name(s):** wers19nd

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

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

2. Have you ever been cited and/or convicted of a felony?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes		<input checked="" type="checkbox"/> No
4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:			
a) Any underage alcohol violation?	Yes		<input checked="" type="checkbox"/> No
b) Operating a motor vehicle while intoxicated?	Yes		<input checked="" type="checkbox"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes		<input checked="" type="checkbox"/> No
d) Permitting underage person on licensed premises?	Yes		<input checked="" type="checkbox"/> No
e) Allowing persons on licensed premises after closing?	Yes		<input checked="" type="checkbox"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes		<input checked="" type="checkbox"/> No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes		<input checked="" type="checkbox"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes		<input checked="" type="checkbox"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes		<input checked="" type="checkbox"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes		<input checked="" type="checkbox"/> No

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

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

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

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

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

Signature: Jessica Ross **Email:** Jessicamaeross@gmail.com
Printed Name: Jessica Ross **Date:** 8/2/24

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee:
	Approved: _____ Denied: _____ Paid To: _____ Date: _____
	City of Evansville
	Clerk's Office Signature _____ Date _____
Approved: _____	Receipt # _____
Police Chief's Signature	Date
<u>8/5/24</u>	<u>25-001</u>

* Will provide @ least 2 D.D.'s prior to event *
 Same as last year



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: Beer Olympics

Event Date: August 10th, 2024 Event Time: 3pm - 7pm

Business Name: Blue Devil Bowl
 (Must be the same as existing license)

Business Address: 108 E. Main St.

Type of License currently held: Class B Beer + Class B Liquor

Name of Agent: Joel Bessire

(Must be the same as existing license, otherwise a new appointment of agent form must be completed)

Phone Number: 608-882-9850 Email Address: Bessire@BlueDevilBowl.com

Name of Person in Charge of Event: Tiffany + Joel Bessire

Phone Number: ... Email Address: Bessire@BlueDevilBowl.com

Premises Details

Specific description of the site for which the temporary extension is sought, including the dimension of the area and where beer/liquor is to be served and consumed: See attached picture.

The sidewalk in front of building and the three parking spaces as well, into the road.

How will the licensed premises area be restricted and screened from underage persons: Cones + caution tape or snow fencing if necessary. Only patrons with wristbands + have valid ID are allowed. Bouncer/bartender will be present.

Will the event encroach upon any public property or public right-of way? Yes No

(If you answered Yes above, a street closure permit may be needed)

The sidewalk only in front of our building + only the parking places in front. Will NOT affect traffic.

Names and Addresses of all Organization Officers:

President:	Joel Bessire	221 North Ave Ct.	Evansville, WI
Vice President:	Tiffany Bessire	same as above	53536
Secretary:			
Treasurer:			

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

Address/Location Description: 108 E. Main St. - same as license + cooler on sidewalk
Do premises occupy all or part of building? Yes

If part of building, fully describe all premises covered under this application, which floor(s) & room(s) licenses is to cover: Bar, alley side, front sidewalk in cooler, Basement storage.

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

[Signature]
(Officer Signature/Date)

Blue Devil Bowl
(Name of Organization)

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Municipal Services Recommendation and Comments:

Recommend Non-Recommend Recommend with conditions

only issue is having people walk around onto the street to get around it.

[Signature] 8-4-24
Municipal Services Director Signature Date

Police Chief Recommendation and Comments:

Recommend Non-Recommend Recommend with conditions

[Signature] 7/2/24
Police Chief'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:

Notes & Receipt Information:

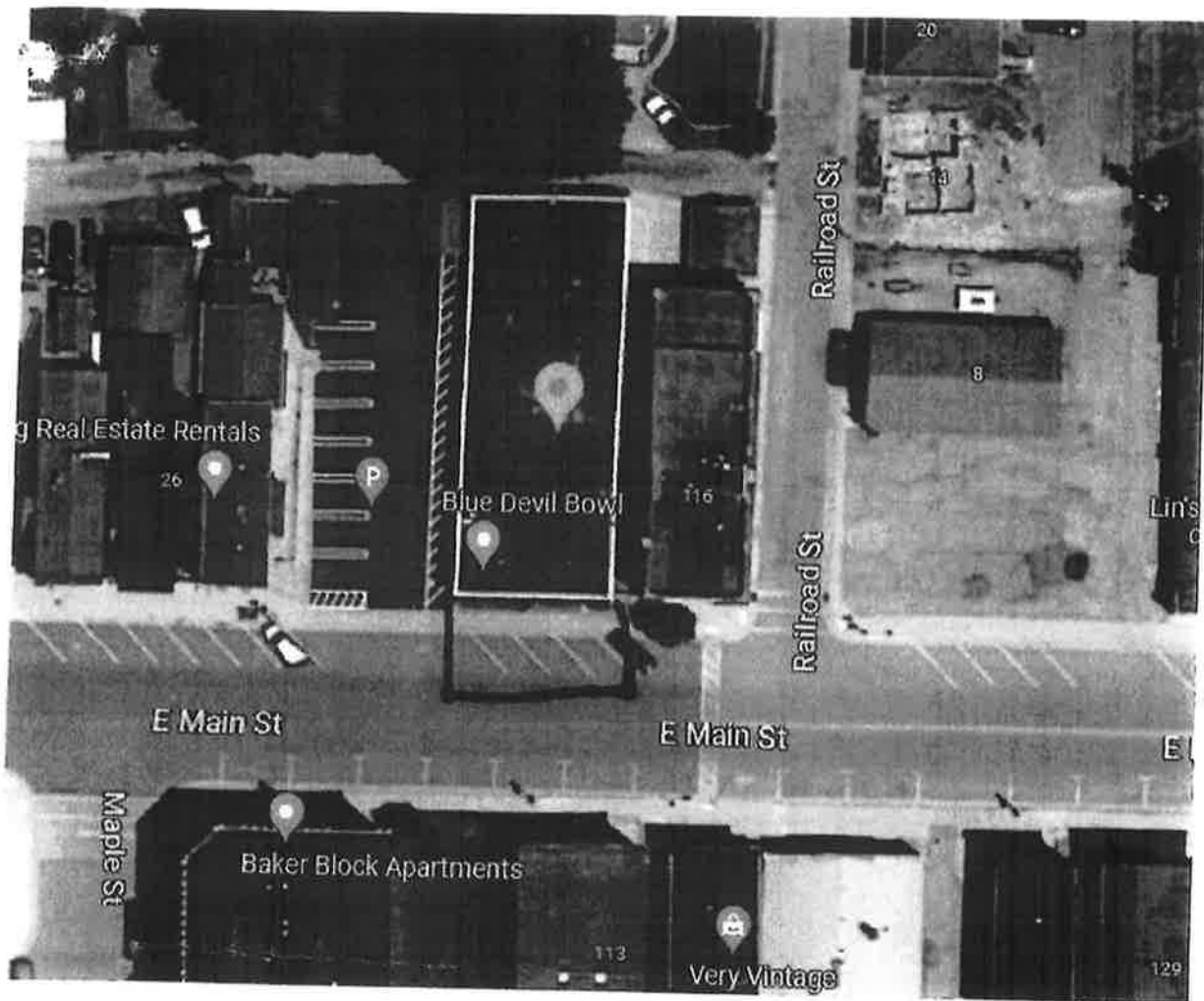
Paid To: City of Evansville

Receipts: 1.157251 50.00
BECKTIE BOWL, LLC
Jul 1, 2024 1:44 PM



108 E. Main St
 Contact Tiffany Bessine
 608-957-6571

Our fencing will be 3 feet high and go completely to the ground. It will start just to the right of the front door, (1) go out to the end of our first parking stall, (2) go along the end of the 3 parking stalls, and then (3) finish going back up to the end of our building. We plan to erect it, Saturday, ~~August 4th~~ ^{August 10th} around 3pm and it will be taken down by 7pm. Everyone must be 21 years of age to enter, no smoking inside fenced area, and there will be a licensed bartender outside to ensure this.



Sidewalk directly in front of building
& 3 spaces in front of building.
Will use cones & caution tape or
snow fencing if needed. Need to
have wristband / be 21 to enter
during that time. 3pm - 7pm

Evansville Bar Olympics

Designated Driver Agreement

I, Thomas Harper, agree to be a designated driver for the Evansville Bar Olympics on Saturday, August 10th, 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: 

Date: 8-4-24

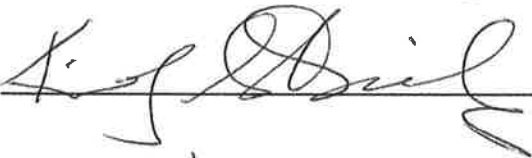
Driver's License Number: ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

Evansville Bar Olympics

Designated Driver Agreement

I, Kim Dienberg agree to be a designated driver for the Evansville Bar Olympics on Saturday, August 10th, 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: Kimberly Dienberg

Signature: 

Date: 8-4-24

Driver's License Number: ~~XXXXXXXXXXXX~~



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: MASQUERADE PARTY

Event Date: 8-10-2024 9-28-24 **Event Time:** 6-10pm

Business Name:
(Must be the same as existing license) Picture This Creative Workshop

Business Address: 7E MAIN ST.

Type of License currently held: CLASS B

Name of Agent: WILLIAM COFFMAN
(Must be the same as existing license, otherwise a new appointment of agent form must be completed)

Phone Number: 608-921-7437 **Email Address:** picturethiscreativeworkshop.com

Name of Person in Charge of Event: Shara Meade

Phone Number: SAME **Email Address:** SAME

Premises Details

Specific description of the site for which the temporary extension is sought, including the dimension of the area and where beer/liquor is to be served and consumed:

LOBBY OF DOWNSTAIRS AREA 20x16

How will the licensed premises area be restricted and screened from underage persons:

We have a person monitoring, we have bracelets for all attendees.

Will the event encroach upon any public property or public right-of way?

Yes

No

(If you answered Yes above, a street closure permit may be needed)

Names and Addresses of all Organization Officers:

President:	<u>William Coffman</u>	<u>4687 W. Rutland Rd., Brooklyn WI 53501</u>	
	<small>Name</small>	<small>Address</small>	<small>City/State/Zip</small>
Vice President:	<u>Shara Meade</u>	<u>15415 Wittwer Rd., So Beloit, IL 61080</u>	
	<small>Name</small>	<small>Address</small>	<small>City/State/Zip</small>
Secretary:			
	<small>Name</small>	<small>Address</small>	<small>City/State/Zip</small>
Treasurer:			
	<small>Name</small>	<small>Address</small>	<small>City/State/Zip</small>

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

Address/Location Description: 7E. MAIN ST., SUITE #1, EVANSVILLE WF.

Do premises occupy all or part of building? PART of LOBBY

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

DOWNSTAIRS LOBBY AREA

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

[Signature]
(Officer Signature/Date)

Creative Collaborative Venture LLC.

(Name of Organization)

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Municipal Services Recommendation and Comments:

Recommend Non-Recommend Recommend with conditions

Doesn't affect as this is inside the Building

Municipal Services Director Signature

Date

Police Chief Recommendation and Comments:

Recommend *x* Non-Recommend Recommend with conditions

[Signature]
Police Chief's Signature

8/5/24
Date

Date Filed with Clerk: 7-3-24

Public Safety: Approved/Denied Date: 8-7-24

Date License Issued:

Council: Approved/Denied Date:

Note any conditions assigned:

Notes & Receipt Information:

Paid To:
City of Evansville

Receipt: L157294 50.00
PICTURE THIS CREATIVE #
Jul 3, 2024 2:09 PM

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)

- Class "A" Beer \$ 100
 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ <u>100</u> 15
Total Fees	\$ <u>700</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) FAMILY DOLLAR STORES OF WISCONSIN, LLC			
2. Business Trade Name or DBA FAMILY DOLLAR STORE #24446			
3. FEIN 561356720		4. Wisconsin Seller's Permit Number 456-0000344943-05	
5. Entity Type (<i>check one</i>) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization VA		7. Date of Organization 07/31/2017	8. Wisconsin DFI Registration Number F057028
9. Premises Address 28 County Highway M			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: CITY OF EVANSVILLE		15. Aldermanic District
16. Premises Phone (608) 736-5002	17. Premises Email AB-LICENSING@DOLLARTREE.COM	18. Website WWW.FAMILYDOLLAR.COM	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. THE RETAIL GROCERY STORE PROVIDES A SECURE BACK STOCK LOCATION AND IS TO PROVIDE DESIGNATED BEER AND WINE SALES AREAS WHICH WILL BE MANAGED, STOCKED, AND SOLD IN ACCORDANCE WITH ALL GOVERNMENT ORDINANCE EXPECTATIONS.			
20. Mailing Address (if different from premises address) 500 VOLVO PARKWAY			
21. City CHESAPEAKE		22. State VA	23. Zip Code 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 N/A	Location	Trial Date
Penalty Imposed N/A		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated N/A	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... Yes No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

N/A

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? .. Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

N/A

4. Is the applicant business owned by another business entity? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

N/A

4b. Business Entity FEIN

N/A

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
PLEASE SEE ATTACHED LIST			

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SPENCER		First Name HARRY		M.I. R
Title ASSISTANT SECRETARY		Email AB-LICENSING@DOLLARTREE.COM	Phone (757) 321-5000	
Signature 			Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6-25-2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)



Family Dollar Stores of WISCONSIN, LLC

Peter Barnett

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

John S Mitchell

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

Jonathan L. Elder

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

Todd B. Littler

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

Harry Spencer

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

April 26, 2024

Alcohol Beverage Appointment of Agent

Date 05/09/24

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name <i>(Individual name if sole proprietor)</i> FAMILY DOLLAR STORES OF WISCONSIN, LLC	
2. Business Trade Name or DBA FAMILY DOLLAR STORE # 24446	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number 23/24-17
6. Describe the reason for appointing a successor agent, if successor is checked above. N/A	

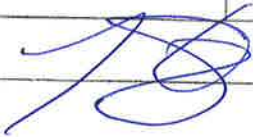
Part B: Agent Information			
1. Last Name SANTOS	2. First Name PRISCILLA	3. M.I. L	
4. Email AB-LICENSING@DOLLARTREE.COM		5. Phone	
6. Home Address			
7. City KENOSHA	8. State WI	9. Zip Code 53142	10. Age 58
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am **authorized** by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SPENCER		First Name HARRY		M.I. R
Title ASSISTANT SECRETARY	Email AB-LICENSING@DOLLARTREE.COM		Phone 757-321-5000	
Signature 			Date 05/09/2024	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SANTOS		First Name PRISCILLA		M.I. L
Signature 			Date 05/09/2024	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Evansville

****Application fee will not be refunded if denied or withdrawn****

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine OR <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00 <i>Per Premise</i>
	Background Check	\$ 7.00 per AB-100
	Total Fees	\$ 31.00

Part A: Organization Information

1. Organization Name
Evansville FFA Alumni

2. Organization Permanent Address
P.O. Box 674

3. City
Evansville

4. State
WI

5. Zip Code
53536

6. Mailing Address (if different from permanent address)

7. FEIN
39-1686844

8. Date of Organization/Incorporation
01-01-1945

9. State of Organization/Incorporation
Wisconsin

10. Phone
(608) 440-0172

11. Email
evansvillewiiffaalumni@gmail.com

12. Organization type (check one)

Bona Fide Club
 Church
 Fair Association/Agricultural Society
 Veteran's Organization
 Lodge/Society
 Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. **Include an Individual Questionnaire (Form AB-100) for each person listed below.** Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Truitem	Brooke	President	6-111-1129
Schmelzer	Austin	Treasurer	6-111-1122
Buttchen	Ron	Member^{BOARD}	1-111-1125

Continued →

Part C: Event Information

1. Name of Event (if applicable)
2ND ANNUAL CORVALL NEUENSCHWANDER COMMUNITY CORN ROAST

2. Dates of Operation
August 18, 2024

3. Hours of Operation
2pm - 6pm

4. Premises Address
428 UNION STREET

5. City
EVANSVILLE

6. State
WI

7. Zip Code
53534

8. County
Rock

9. Governing Municipality City Town Village
of: **EVANSVILLE**

10. Aldermanic District

11. Organizer of Event (if not the named applicant)
EVANSVILLE FORD

12. Email and/or Phone Number for Organizer of Event
PAT.CAER@EVANSVILLEFORDWI.COM (608) 882-4700

13. Organizer Website
EVANSVILLEFORDMOTORSA.COM

14. Event Website

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Parking Lot South of the Dealership Showroom and Service Facility. The Beer Truck will be Along the South Wall of the Service Department

Part D: Attestation

Who must sign this application?
• one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name
Schmelzer


First Name
Austin

M.I.
D

Title
Treasurer

Email
schmelzer@evansvilleford.com

Phone
608-882-4700

Signature


Date
07-25-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Paid To:
Date License Granted	Date License Issued	City of Evansville
Signature of Clerk/Deputy Clerk	Receipt: 1.157347 10.00	
EVANSVILLE FCA #10000		
Jul 29, 2024 12:52 PM		

Alcohol Beverage Individual Questionnaire

Date 7-29-24

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>EVANSVILLE FFA ALUMNI</u>
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>BUTCHEN</u>	<u>RONALD</u>	<u>T</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>BOARD MEMBER</u>	<u>rbutchen@evanffa.com</u>	<u>615-233-1111</u>	
7. Home Address			
<u>32 CEMETERY ST</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>EVANSVILLE</u>	<u>WI</u>	<u>53536</u>	<u>1/1/1978</u>
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
<u>9</u>		<u>WI</u>	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Years</td> <td style="width: 30%; padding: 5px;">Months</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><u>77</u></td> <td style="padding: 5px;"></td> </tr> </table>	Years	Months	<u>77</u>	
Years	Months						
<u>77</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
<u>NONG</u>							
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
<u>WI</u>	<u>ROCK</u>						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Ronald T. Butcher</i>	Date <i>JULY 28 2024</i>
---------------------------------------	-----------------------------

Alcohol Beverage Individual Questionnaire

Date 07-25-24

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
- all partners of a partnership
- members and agent of a limited liability company

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>Evansville FFA Alumni</u>
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>Schmelzer</u>	<u>Austin</u>	<u>D.</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Treasurer</u>	<u>a</u>	<u>2</u>	
7. Home Address			
<u>8036 N. Cemetery Road</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Evansville</u>	<u>WI</u>	<u>53536</u>	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
		<u>Wisconsin</u>	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years
			Months
			<u>24</u>
			<u>10</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
<u>12216 W. Billard Road</u>	<u>Evansville</u>	<u>WI</u>	<u>53536</u>
Previous Address 2	City	State	Zip Code
<u>124 N. Madison Street</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
<u>WI</u>	<u>Rock</u>		
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

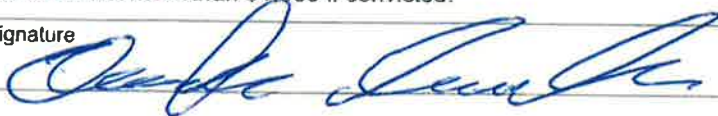
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

07-25-2024

Alcohol Beverage Individual Questionnaire

Date
7/26/24

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Evansville FFA Alumni			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information			
1. Last Name Trusten		2. First Name Brooke	
		3. M.I. M	
4. Relationship to Business (Title) President		5. Email	
6. Phone			
7. Home Address 17002 WI-9A			
8. City Evansville		9. State WI	10. Zip Code 53536
		11. Date of Birth 2/4/98	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 26
			Months 4
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 16911 W Farmer Rd		City Evansville	State WI
		Zip Code 53536	
Previous Address 2		City	State
		Zip Code	
Previous Address 3		City	State
		Zip Code	
Previous Address 4		City	State
		Zip Code	
Previous Address 5		City	State
		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Rock	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Broche Bush</i>	Date 7/26/24
---------------------------------	-----------------

**Temporary 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

EVENT DATE: 8/18/2024	EVENT TIME: 2-6 PM
NAME: Halle Sue Hustad	DATE OF BIRTH: 1/1/17
ADDRESS: [illegible]	
EMAIL: Halle.Hustad@EvansvilleFoodLLC.com	PHONE: (608) 882-4700

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

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

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

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

Halle Hustad 7/17/24
 Signature of Manager/Operator License in Charge of event Date

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend Non-Recommend Recommend with conditions

[Signature] 7/30/24
 Police Chief's Signature Date

Date Filed with Clerk: 7-29-24 Date License Issued:

Public Safety: Clerk's Signature:

Notes & Receipt Information:



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

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

Application Fee: \$10.00 per Licensed Premises

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premises: 3 x \$10.00 = \$ 30 Total Due

License Type: (Check one)

Beer Only

Wine Only

Beer & Wine

Event Name:

Ladies Night Out

Event Date:

Friday, September 13th

Event Time:

4:00 p.m. - 8:00 p.m.

Name of Person in Charge of Event:

Shawn Dunphy

Organization

Bona fide Club

Church

Lodge/Society

Chamber of Commerce/ similar
Civic or Trade Organization

Fair Assoc/Agricultural Society

Veteran's Organization

Organization Name:

Evansville Area Chamber of Commerce & Tourism

Address:

25 W. Main St PO Box 588, Evansville WI 53536

Date Organized:

1969

If Corporation, Date of Incorporation:

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

Names and addresses of all Organization Officers:

President/Primary Officer:

Abbey Barnes

14 W. Main

Evansville

Name

Address

City/State/Zip

Vice President:

Carrue Olson

2 E. main

Evansville

Name

Address

City/State/Zip

Secretary:

Nicole Kici

Evansville

Name

Address

City/State/Zip

Treasurer:

Joe Speich

Evansville

Name

Address

City/State/Zip

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

Address/Location Description: 25 W. Main St.

Do premises occupy all or part of building? Part, Lower Level

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

Lower Level outside chamber of commerce office

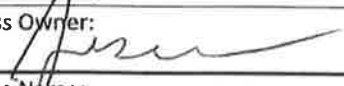

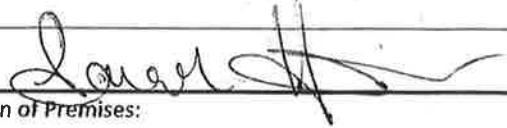
Declaration: An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required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

Abbey Barnes
(Officer Signature/Date)

Evansville Chamber of Commerce
(Name of Organization)

Additional Licensee Information

If additional room is needed for more businesses please attach additional pages.

Business Name: <i>EXIT Realty, HGM</i>	Description of Premises: <i>Store Front Business</i>
Business Address: <i>21 E. Main St</i>	
Business Owner: <i>Robin St. Clair</i>	Signature: <i>Robin St. Clair</i>
Business Name: <i>Evansville Chamber</i>	Description of Premises: <i>Lower Level Garage Store & outside chamber office</i>
Business Address: <i>25 W. Main St</i>	
Business Owner: <i>Shawn Dunphy</i>	Signature: <i>Shawn Dunphy</i>
Business Name: <i>Vintage Charm Boutique</i>	Description of Premises: <i>Store Front Business</i>
Business Address: <i>11 W. Main</i>	
Business Owner: 	Signature: <i>Jessica Ross</i>
Business Name: <i>Frynsworth Ceramics</i>	Description of Premises: <i>Store Front Business</i>
Business Address: <i>13 E Main St</i>	
Business Owner: <i>Abigail McComb</i>	Signature: 
Business Name: <i>Very Vintage</i>	Description of Premises: <i>Store Front Business</i>
Business Address: <i>115 E Main St.</i>	
Business Owner: <i>Sarah Houghtaling</i>	Signature: 
Business Name: 	Description of Premises:
Business Address: 	
Business Owner: 	Signature:
Business Name: 	Description of Premises:
Business Address: 	
Business Owner: 	Signature:



APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536
(608) 882-2266 – Fax (608) 882-2282



Application Fee:
\$25.00 per Event

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN



Short Term (4 hours or less) Street Closure



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

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

Name of Organization:

Phone:

Organization address:

Responsible Person:

Zoila
First

A.
Middle

YAHN
Last

Home Address:

631 LOCUST LN

City EVANSVILLE

State: WI

Zip: 53536

Phone No: 715-820-1539

Email Address: dazy1987@hotmail.com

Date(s) of Event(s):

August 17, 2024

Hours of Operation:

3:30 — 12:00 AM?

Location of Event:

554 STONEWOOD CT
EVANSVILLE, WI 53536

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

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

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

For Long Term Street Closures Only

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

Signature of Applicant

7-26-24
Date

Police Chief Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions X

Be over by 10pm

Signs "no Alcohol on streets or Public Sidewalks"

[Handwritten Signature]

Police Chief's Signature

7/29/24

Date

Municipal Services Recommendation and Comments:

Recommend _____ Non-Recommend _____ Recommend with conditions _____

Municipal Services Signature

Date

City Clerk's Office:

Public Safety Meeting required? Yes No If Yes, Meeting Date:

Date License Issued:

Clerks Notes and Receipt Information:

Paid for
City of Evansville

Receipt: 1.157391 25.00
ZOLA YANN
Jul 26, 2024 2:04 PM

Attached Petition

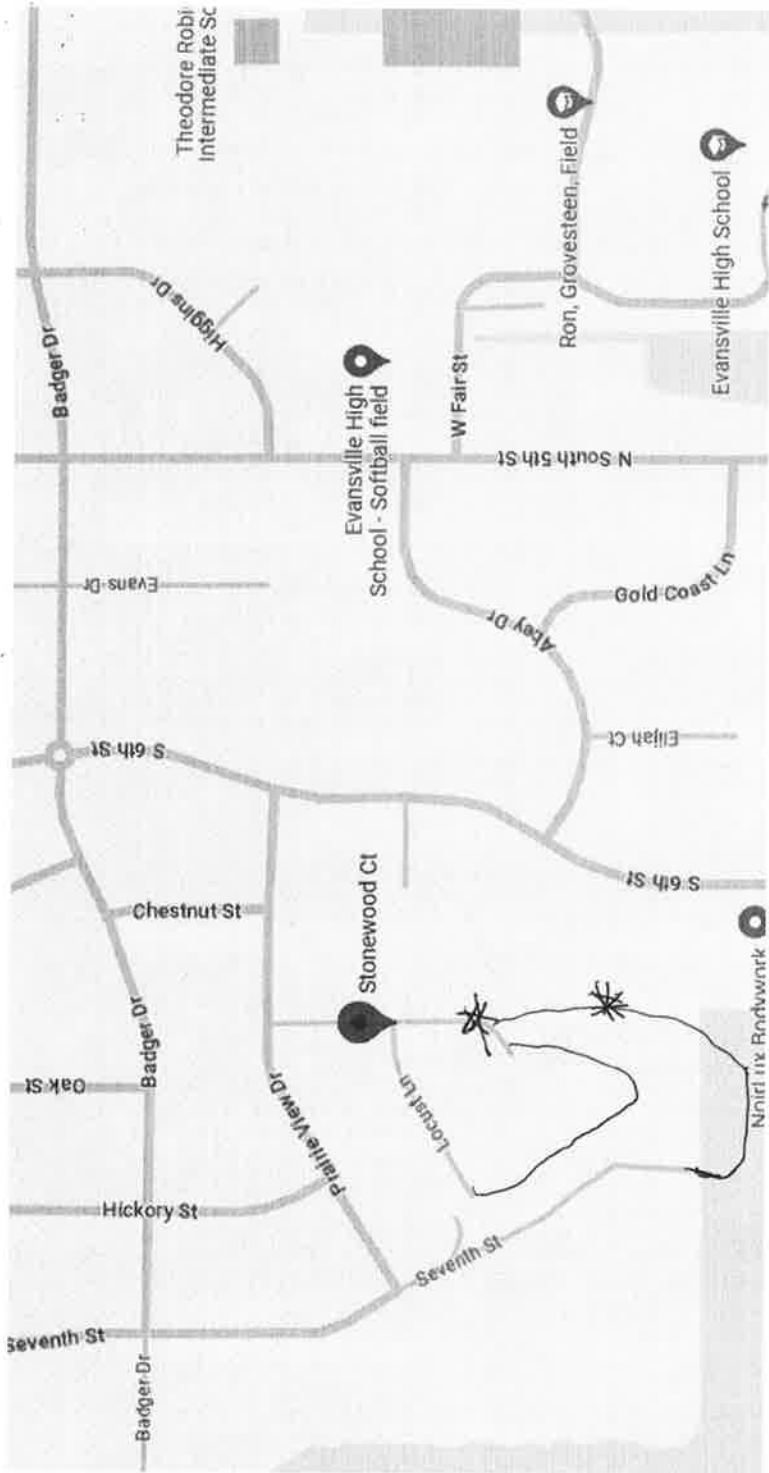
This petition contains the signature of two thirds (2/3) of at least one resident or business owner of the addresses on the portion of the street to be used as allowed under 106-163(f). No additional fee is required if completed correctly.

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

Event Location: 554 ~~650~~ Stonewood Ct - Evansville WI

Event Date(s): Aug 17, 2024 53536

Name	Address	Signature	Date
Chris Anding	523 Stonewood Ct.	Chris Anding	7/24/24
Talia Hunt	522 Stonewood Ct	Talia Hunt	7/24/24
Ryan Gilles	524 Stonewood Ct	Ryan Gilles	7/24/24
Elizabeth Palmer	530 " "	Elizabeth Palmer	7-24-24
Aaron Caspary	532 Stonewood Ct	Aaron Caspary	7-24-2024
Dan Morrath	538 Stonewood Ct.	Dan Morrath	7-24-24
BARBARA KLUESNER	546 Stonewood Ct	Barbara Kluesner	7/24/2024
Anthony Wurtz	548 Stonewood	Anthony Wurtz	7/24/24
James Hornow	554 Stonewood	James Hornow	7/24/24
Lisa Eckel	562 Stonewood Ct	Lisa Eckel	7-24-24
2/4 2 =	564 Stonewood Ct.	Hunter Lisko	7-24-24
Dave & Sallie Perkins	570 Stonewood Ct	Dave Perkins	7-24-24
Donna Hutchinson	572 Stonewood Ct	Donna Hutchinson	7-24-24
Diane E New	578 Stonewood Ct	Diane E New	7-24-24
Pam Blumer	580 Stonewood	Pam Blumer	7-24-24
Carol Shew	588 Stonewood	Carol Shew	7-24-24
Nancy Hayey	593 Stonewood	Nancy Hayey	7-24-24
Beth Werner	565 Stonewood	Beth Werner	7-24-24
Tess + Sam Fredrickson	563 Stonewood	Tess + Sam Fredrickson	7-24-24



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 14th at Larson Acres Park

EPD will take part in celebrating the Evansville Community Fire District's 150th anniversary

PD was invited to Evansville Fords annual corn festival to recognize 1st responders

- **Calls for service:** 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 3rd shift to second shift this month.

- **Accreditation:**

Policy review is being conducted

- **Notable calls:**

No notable incidents occurred during the 4th 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 an excellent job negotiating with the suspect for a peaceful resolution



August 7th 2024

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

Agency: EVPD

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

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

Incident Type Description	# of Incidents	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

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

CAD Incidents By Type

Agency: EVPD

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

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

Incident Type Description	# of Incidents	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	BOOM
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

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

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

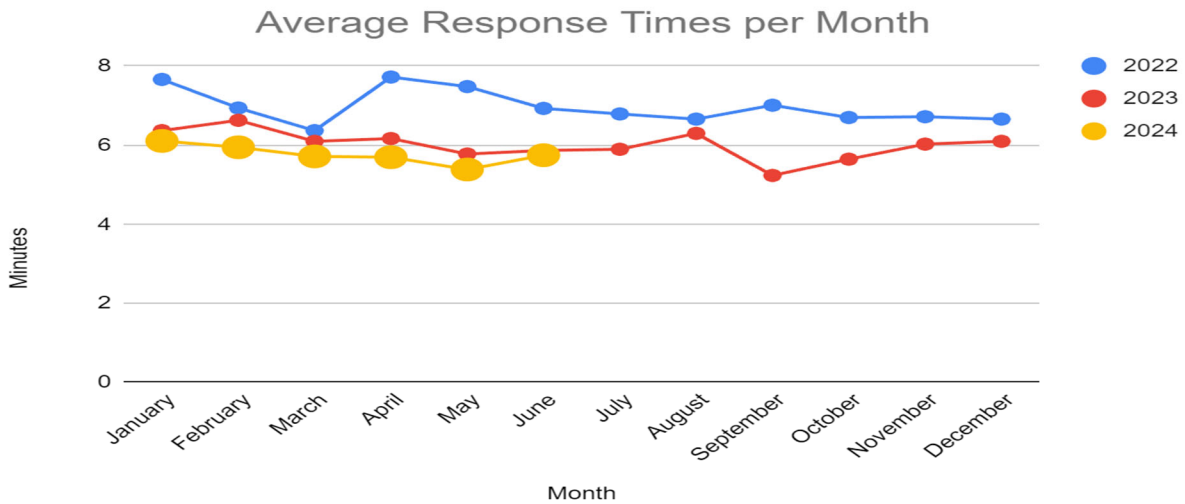
1. Calls for Service:

- 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 7th, 2024

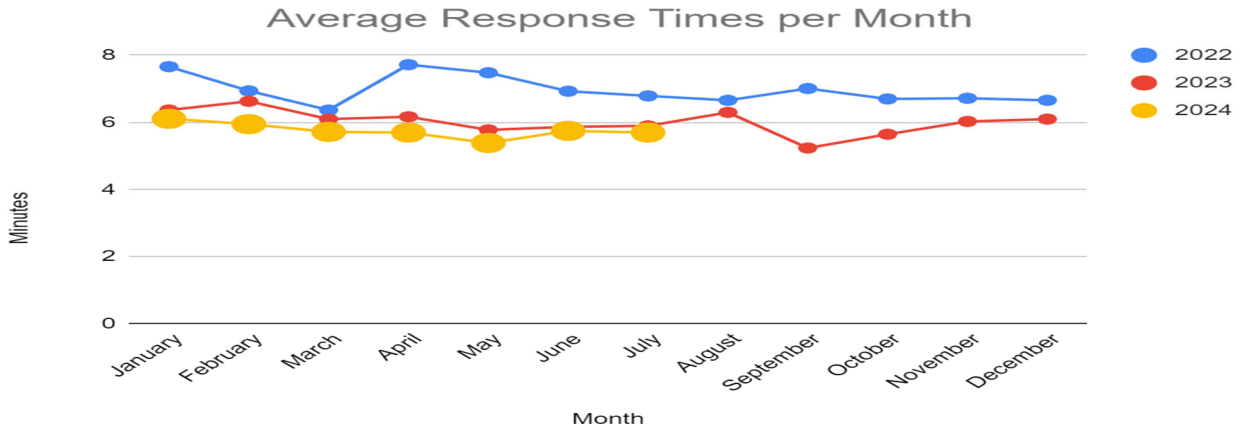
1. Calls for Service:

- 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 14th
- 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	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
5.70	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%