

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](http://www.evansvillewi.gov/city_government/public_agendas_minutes/public_safety.php)

**Public Safety Committee**  
Regular Meeting  
Wednesday, April 2, 2025, 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 March 5, 2025, Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
  - A. **Discussion with possible action on revocation of Operator's License for:**

1) Hailey R. McIntyre

7. New Business.

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

- 1) Trudy Lynn Helley
- 2) Kacy M. Bott
- 3) Ariel Marie Hovland
- 4) Mary Catherine Rooney
- 5) Gregory Brandt Helgesen
- 6) Christal Riveria Helgesen
- 7) Jeanette Louise Gullledge

- B. **Discussion with possible motion to approve the Temporary Class "B" Retailer's License Application for:** (background check recommendation provided by Chief Jones, unless otherwise noted)

- 1) Evansville Home Talent Baseball Club Inc. (Evansville Jays) for the period beginning April 20, through September 30, 2025, with specific dates per Exhibit C at Lake Leota Park, Upper Diamond.

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

1) Creekside Place Cruise Night at 102 Maple Street, Evansville, WI 53536. From 5:00 p.m. to 8:00 p.m.

- Thursday, May 2, 2025
- Thursday, June 5, 2025
- Thursday, July 10, 2025
- Thursday, August 7, 2025
- Thursday, September 4, 2025

**D. Motion to approve the Temporary Class B Beer/Class B Liquor application for: (background check recommendation provided by Chief Reese, unless otherwise noted)**

1) Evansville Art Crawl (Evansville Area Chamber of Commerce for Friday May 9, 2025, from 5:30 p.m. to 8:00 p.m.

- Ron's Glass Creations – Ron Bowen
- Salon KB Boutique & Botanicals – Kacy Bott
- Exit Realty – Robin St Clair
- The Cursing Hippies Tie Dye – Ariel Hovland
- Amanda Salon – Amanda Blosch Eaton

**E. Discussion on plans for the 4<sup>th</sup> of July with Evansville Community Partnership president Jim Brooks**

**F. Swearing in of Police Chief Christopher Jones.**

8. Evansville Police Department Report.

9. Evansville Emergency Medical Services Report.

10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 7, 2025, at 6:00 p.m.

11. Adjourn.

*Erika Stuart, Chairperson*

**Public Safety Committee**  
 Regular Meeting  
 Wednesday, March 5, 2025, 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**

**Present/Absent**

**Others Present**

Alderson Erika Stuart, Chair	P	Patrick Reese, Chief
Alderson Gene Lewis	P	Christopher Jones, Lt.
Alderson Joe Geoffrion	A	Carolyn Kleisch, EMS Chief
		Jolene Klitzman, Deputy Clerk
		Morgan Katzenmeyer, Asst. EMS Chief
		Bill Hurtley, Citizen
		Karen Hurtley, Citizen

3. **Motion to approve the Agenda.** by Stuart, Seconded by Lewis, Motion carried 2-0.
4. **Motion to approve February 5, 2025, Public Safety regular meeting minutes.** by Stuart, Seconded by Lewis, Motion carried 2-0.  
*Correction made by Lt. Jones - The Police Commission accepted the resignation of Chief Reese and appointed Lt. Jones as Chief effective April 2<sup>nd</sup>, 2005 2025.*
5. **Citizen appearances other than agenda items listed.** *N/A*
6. **Old Business.** *N/A*
7. **New Business.**
  - A. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(non-recommended by Evansville Police Department unless otherwise noted).*
    - 1) Hailey R. McIntyre by Stuart, Seconded by Lewis, Motion carried 2-0.
8. **Evansville Police Department Report.** *Officer Tway is attending a 5-day ALERT (Advanced Law Enforcement Rapid Response) training course for instructors. All sworn staff attended training for UTV/ATV enforcement within the city hosted by the WI DNR. The 4 new radios are being utilized by staff thanks to the Evansville Fund.*
9. **Evansville Emergency Medical Services Report.** *EMS has started to staff the secondary ambulance as crew are able to cover. EMS received Pediatric specific bags from WEMSA and the Cars Curing Kids organization. Ambulance 641 is back from getting paint redone and is back in service.*
10. **Meeting Reminder: Next regular meeting scheduled for Wednesday, April 2, 2025, at 6:00 p.m.**
11. **Adjourn.** Stuart Adjured the meeting at 6:30 p.m.

Jolene Klitzman, Deputy Clerk

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







# APPLICATION FOR OPERATOR'S LICENSE

6A-1

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: <b>HAILEY</b> <b>R</b> <b>McINTYRE</b>		DATE OF BIRTH:	
First Middle Last			
ADDRESS:		PHONE:	
CITY: <b>EVANSVILLE</b>	STATE: <b>WI</b>	ZIP: <b>53536</b>	GENDER: Male Female <input checked="" type="checkbox"/>
Driver's License No.:		Issuing State: <b>WI</b>	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <b>8 YRS</b>		Former Name(s):	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip From To

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

2. Have you ever been cited and/or convicted of a felony?	Yes	<input checked="" type="checkbox"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	<input checked="" type="checkbox"/> 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
possession of alcohol	2007-2008	Evansville	WI
shoplifting	2011-2012	Janesville	WI

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

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

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

Signature: *Hailey McIntyre*    Email: \_\_\_\_\_  
Printed Name: **HAILEY McINTYRE**    Date: **02/04/2025**

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <b>09/13/2017 - Arrested for DU is battery JKPO</b>	Public Safety Committee: Approved: _____ Denied: _____ <i>J. K. Johnson</i> Clerk's Office Signature	Paid to: City of Evansville Date: <b>3-6-27</b>
Approved: _____ <i>L. C. Jones</i> Police Chief's Signature	Denied: <input checked="" type="checkbox"/> _____ Date: <b>02/05/2025</b>	Receipt # _____ Receipt: 1.158072    50.00 MCINTYRE, HAILEY Feb 4, 2025 3:14 PM







# APPLICATION FOR OPERATOR'S LICENSE

7A-1

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: TRUDY LYNN HELLEY DATE OF BIRTH: 11-11-1973  
First Middle Last

ADDRESS: 11111 1st St PHONE: 715-833-1111

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 YRS Former Name(s): CLO-1

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

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

2. Have you ever been cited and/or convicted of a felony?	Yes	<input type="radio"/> No
3. Have you ever been cited and/or convicted of a misdemeanor?	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 type="radio"/> No
b) Operating a motor vehicle while intoxicated?	Yes	<input type="radio"/> No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	<input type="radio"/> No
d) Permitting underage person on licensed premises?	Yes	<input type="radio"/> No
e) Allowing persons on licensed premises after closing?	Yes	<input type="radio"/> No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	<input 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 type="radio"/> No
h) Fighting, disorderly conduct, assault, or battery?	Yes	<input type="radio"/> No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	<input type="radio"/> No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	<input type="radio"/> No

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

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

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

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

Signature: Trudy Helley Email: trudyhelley111@gmail.com  
 Printed Name: TRUDY HELLEY Date: 3-18-2025

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: <u>Paid To:</u>
Approved: <u>[Signature]</u>	Approved: _____ Denied: <u>City of Evansville</u> Date: _____
Denied: _____	Clerk's Office Signature: _____ Date: _____
Police Chief's Signature: <u>[Signature]</u>	Receipt # _____
Date: <u>3/26/25</u>	Receipt: 1.158276 35.00 TRUDY HELLEY Mar 21, 2025 12:21 PM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7A-2

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: Kacy M BotH  
 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? 8yr 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? See Below Yes  No

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

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

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

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>Dwi</u>	<u>2004 ish</u>	<u>Oregon</u>	<u>WI</u>

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

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

Signature: K. BotH Email: \_\_\_\_\_  
 Printed Name: Kacy Bott Date: 3/21/25

### 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	Date: <u>3/26/25</u> Receipt # _____ Receipt: 1.158278 35.00 KACY BOTT Mar 21, 2025 1:41 PM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7A-3

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

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

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

**1. LEGAL NAME:** Ariel Marie Houland      **DATE OF BIRTH:** \_\_\_\_\_  
First                          Middle                          Last

**ADDRESS:** \_\_\_\_\_      **PHONE:** \_\_\_\_\_

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

**Driver's License No.:** \_\_\_\_\_      **Issuing State:** WI

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

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

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

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

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

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

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

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

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

**Signature:** [Signature]      **Email:** \_\_\_\_\_  
**Printed Name:** Ariel Houland      **Date:** 03-24-2025

#### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

<b>Police Department Recommendation and Comments:</b>  	<b>Public Safety Committee:</b> City of Evansville <b>Approved:</b> _____ <b>Denied:</b> _____ <b>Date:</b> _____  
<b>Approved:</b> <u>[Signature]</u>  	<b>Clerk's Office Signature</b> _____ <b>Date</b> _____ 
<b>Police Chief's Signature</b> _____ 	<b>Receipt #</b> <u>1.158283</u> <u>35.00</u> <u>HOULAND, ARIEL</u> <u>Mar 24, 2025 11:23 AM</u> 
<b>Date</b> <u>3/26/25</u>	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7A-4

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: <u>Mary</u> <u>Catherine</u> <u>Rooney</u>			DATE OF BIRTH: <u>1-1</u>		
First Middle Last			PHONE: _____		
ADDRESS: _____		CITY: <u>Evansville</u> STATE: <u>WI</u> ZIP: <u>53536</u>			
Driver's License No.: _____			Issuing State: <u>WI</u>		
GENDER: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>					

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? <u>31 yrs</u>						Former Name(s): _____					
Prior Street Address if Above Address is Less Than 5 Years		State		Zip		From		To			

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

2. Have you ever been cited and/or convicted of a felony?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3. Have you ever been cited and/or convicted of a misdemeanor?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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:		Attach certificate of completion for Responsible Alcohol Servers Course	
<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license	<input type="checkbox"/> The sole proprietor of retail alcohol license	
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin			

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

Signature: <u>M. Catherine Rooney</u>	Email: _____
Printed Name: <u>M. Catherine Rooney</u>	Date: <u>3/22/25</u>

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:		Public Safety Committee: <u>Paid To: _____</u>	
		Approved: _____ Denied: <u>City of Evansville</u> Date: _____	
		Clerk's Office Signature _____ Date _____	
Approved: <input checked="" type="checkbox"/>	Denied: _____	Receipt # _____	
<u>[Signature]</u>	<u>3/26/25</u>	Receipt: 1.158291 35.00 MARY CATYHERINE ROONEY Mar 24, 2025 1:10 PM	
Police Chief's Signature	Date		





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7A-5

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: Gregory Brandt Helgesen  
First Middle Last

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 26 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 type="checkbox"/> No <input checked="" type="checkbox"/>
b) Operating a motor vehicle while intoxicated?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c) Selling or furnishing alcoholic beverages to underage person?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d) Permitting underage person on licensed premises?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e) Allowing persons on licensed premises after closing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
f) Any alcohol related violation other than a, b, c, d, and e?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
h) Fighting, disorderly conduct, assault, or battery?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Attach certificate of completion for Responsible Alcohol Servers Course
<input 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: Gregory B. Helgesen Email: \_\_\_\_\_

Printed Name: Gregory B. Helgesen Date: March 19, 2025

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Approved: _____ Denied: _____	Paid To: _____ Date: _____
	Clerk's Office Signature: _____ Date: _____	
Approved: <u>[Signature]</u> Denied: _____	Receipt # _____	Receipt: 1.158292 35.00 GREG & CHRIS HELGESEN Mar 24, 2025 1:26 PM
Police Chief's Signature: _____	Date: <u>3/26/25</u>	





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7A-6

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: Christal Riveria Helgesen      DATE OF BIRTH: \_\_\_\_\_  
First      Middle      Last  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CITY: Evansville      STATE: Wisc.      ZIP: 53536      GENDER: Male  Female   
Driver's License No.: \_\_\_\_\_      Issuing State: Wisc.

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 26 years      Former Name(s): \_\_\_\_\_  
Prior Street Address if Above Address is Less Than 5 Years State Zip From To      City      State      Zip      From      To

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

2. Have you ever been cited and/or convicted of a felony?      Yes      No   
3. Have you ever been cited and/or convicted of a misdemeanor?      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:      Attach certificate of completion for Responsible Alcohol Servers Course  
 Successfully completed a Responsible Alcohol Servers Course       An alcohol agent for a retail alcohol license  
 Held an Operator's License issued in Wisconsin       The sole proprietor of retail alcohol license

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

Signature: Christal R. Helgesen      Email: \_\_\_\_\_  
Printed Name: Christal R. Helgesen      Date: March 19, 2025

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee:      Paid To: _____ Approved: _____      Denied: City of Evansville      Date: _____
Approved: _____      Denied: _____	Clerk's Office Signature: _____      Date: _____
Police Chief's Signature: _____	Receipt #      Date: _____ Receipt: 1.158292      35.00 GREG & CHRIS HELGESEN Mar 24, 2025 1:26 PM





# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

7A-7

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

1. LEGAL NAME: Jeanette Louise Gullledge  
First Middle Last

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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

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

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

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

Signature: Jeanette L Gullledge Email: \_\_\_\_\_  
Printed Name: Jeanette L Gullledge Date: 03-23-2025

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments:	Public Safety Committee: Paid To: _____
	Approved: _____ Denied: <u>City of Evans</u> Date: _____
	Clerk's Office Signature _____ Date _____

Approved: <input checked="" type="checkbox"/> _____ <u>[Signature]</u> Police Chief's Signature	Denied: _____ <u>3/27/25</u> Date	Receipt # _____ Receipt: 1.158318 35.00 JEANETTE GULLEDGE Mar 27, 2025 8:21 AM
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**Evansville Home Talent Baseball**

13816 W. Northridge Drive  
Evansville, Wisconsin 53536  
Tel: 608-882-4626  
www.evansvillehometalent.org

March 8, 2025

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

Dear Public Safety Committee:

The Evansville Home Talent Baseball Club, Inc. (aka Jays) is applying for a Temporary Class "B" Retailer's License. This application is the same as previous applications submitted since the 2011 season.

Please find enclosed:

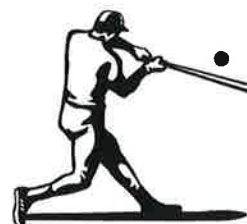
- Application Form AT-315 dated March 8, 2025
- Exhibit A – Officer/Manager/Operator Information
- Exhibit B – Location of Premises
- Exhibit C – Name and Dates of Event

I will plan on attending the Public Safety Committee meeting on April 2, 2025.

If there are any questions regarding this application before the April meeting, please feel free to contact me at 608-575-4359 or email [jonfrey17@gmail.com](mailto:jonfrey17@gmail.com).

Sincerely,

Jon Frey  
General Manager



APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

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

FEE \$ 10.00 per date

Application Date: March 8, 2025

Town Village City of Evansville County of Rock

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

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning April 20, 2025 and ending Sept 30, 2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Evansville Home Talent Baseball Club, Inc (aka Jays)

(b) Address 13816 W Northridge Drive, Evansville, WI 53536 (Street)

(c) Date organized January 12, 2005 Town Village City

(d) If corporation, give date of incorporation April 9, 2012

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

(f) Names and addresses of all officers:

President See Exhibit A

Vice President

Secretary

Treasurer

(g) Name and address of manager or person in charge of affair: See Exhibit A

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number See Exhibit B

(b) Lot Block

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event See Exhibit C

(b) Dates of event

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer [Signature] March 8, 2025 (Signature/date)

Officer (Signature/date)

Date Filed with Clerk

Date Granted by Council

Evansville Home Talent Baseball Club, Inc (aka Jays) (Name of Organization)

Officer [Signature] Paid To: (Signature/date)

Officer [Signature] City of Evansville (Signature/date)

Date Reported to Council or Board

Receipt: 1.158215 100.00

License No. EVANSVILLE HOME TALENT

Mar 13, 2025 9:51 AM Wisconsin Department of Revenue

## EXHIBIT A

Application Date: March 8, 2025

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application

Form AT-315

**Item 1f Name and address of officer:**

Jon M Frey, President/General Manager  
13816 W Northridge Drive  
Evansville, WI 53536  
City of Evansville Operator's License No. 23/25-69  
Birth Date: 12/30/1976

**Item 1g Name and address of managers or person in charge of affair:**

Same as above.



# EXHIBIT B

Application Date: March 8, 2025  
Evansville Home Talent Baseball Club, Inc. (aka Jays)  
Temporary Class "B" malt beverages Retailer's License Application

**Form AT-315 Item 2 - Location of premises where beer will be sold:**

Lake Leota Park Upper Diamond Area

Address: Burr W Jones Circle, Evansville, WI 53536

Premises defined by white dashed line noted below in Figure 1



Figure 1

# EXHIBIT C

Application Date: March 8, 2025

Evansville Home Talent Baseball Club, Inc. (aka Jays)

Temporary Class "B" malt beverages Retailer's License Application

Form AT-315

**Item 3a Name of the event:**

Evansville Jays Home Talent Baseball Games and Events

**Item 3b Dates of event:**

List of possible home games with **red bold dates** are known home games as of this application

4/20/2025	5/1/2025	6/1/2025	7/1/2025	8/1/2025	9/1/2025
4/21/2025	5/2/2025	6/2/2025	ECP	8/2/2025	9/2/2025
4/22/2025	5/3/2025	6/3/2025	ECP	8/3/2025	9/3/2025
4/23/2025	5/4/2025	6/4/2025	ECP	8/4/2025	9/4/2025
4/24/2025	5/5/2025	<b>6/5/2025</b>	ECP	8/5/2025	9/5/2025
4/25/2025	5/6/2025	6/6/2025	ECP	8/6/2025	9/6/2025
4/26/2025	5/7/2025	6/7/2025	7/7/2025	8/7/2025	9/7/2025
4/27/2025	5/8/2025	6/8/2025	7/8/2025	8/8/2025	9/8/2025
4/28/2025	5/9/2025	6/9/2025	7/9/2025	8/9/2025	9/9/2025
4/29/2025	<b>5/10/2025</b>	6/10/2025	7/10/2025	8/10/2025	9/10/2025
4/30/2025	5/11/2025	6/11/2025	7/11/2025	8/11/2025	9/11/2025
	5/12/2025	6/12/2025	7/12/2025	8/12/2025	9/12/2025
	5/13/2025	6/13/2025	<b>7/13/2025</b>	8/13/2025	9/13/2025
	5/14/2025	6/14/2025	7/14/2025	8/14/2025	9/14/2025
	5/15/2025	<b>6/15/2025</b>	7/15/2025	8/15/2025	9/15/2025
	5/16/2025	6/16/2025	7/16/2025	8/16/2025	9/16/2025
	5/17/2025	6/17/2025	<b>7/17/2025</b>	8/17/2025	9/17/2025
	5/18/2025	6/18/2025	7/18/2025	8/18/2025	9/18/2025
	5/19/2025	6/19/2025	7/19/2025	8/19/2025	9/19/2025
	5/20/2025	6/20/2025	<b>7/20/2025</b>	8/20/2025	9/20/2025
	5/21/2025	6/21/2025	7/21/2025	8/21/2025	9/21/2025
	5/22/2025	6/22/2025	7/22/2025	8/22/2025	9/22/2025
	5/23/2025	6/23/2025	7/23/2025	8/23/2025	9/23/2025
	5/24/2025	6/24/2025	7/24/2025	8/24/2025	9/24/2025
	5/25/2025	6/25/2025	7/25/2025	8/25/2025	9/25/2025
	<b>5/26/2025</b>	<b>6/26/2025</b>	7/26/2025	8/26/2025	9/26/2025
	5/27/2025	6/27/2025	7/27/2025	8/27/2025	9/27/2025
	5/28/2025	6/28/2025	7/28/2025	8/28/2025	9/28/2025
	5/29/2025	<b>6/29/2025</b>	7/29/2025	8/29/2025	9/29/2025
	5/30/2025	6/30/2025	7/30/2025	8/30/2025	9/30/2025
	5/31/2025		<b>7/31/2025</b>	8/31/2025	







# APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

7C

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 WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN**

**\$25.00 Short Term (4 hours or less) Street Closure**       **\$25.00 Long Term (More than 4 hours) Street Closure**  
(Plus Applicable Notification Fees or Petition with 2/3 applicable signatures)

*This permit shall license the closing, obstruction, encroachment, occupation or physical encumbrance of any street, highway, alley, and sidewalk, except federal or state highways for a period that would require the full or partial closure.*

Name of Applicant/Organization: Creekside Place, Inc      Phone: 608-882-0407

Applicant/Organization Address: 102 Maple Street

Responsible Person: Grace      Lynn      Marshall  
First      Middle      Last

Home Address: 512 Abey Dr

City Evansville      State: WI      Zip: 53536

Phone No: 608-852-2445      Email Address: grace@creeksideplace.org

Date(s) of Event(s): 5/2, 6/5, 7/10, 8/7, 9/4      Anticipated Attendance Number: 300

Hours of Operation: 5p-8p (street closure 4p-8p)

Other Permits Applied For:

- Mobile Vendor
- Temporary Class B License (beer or wine)
- Other:

**Location of Event Description:** *Application must include a copy of map, showing areas that are intended to be blocked off.*

Blocking off the block of Church + Maple for Cruise Nights.  
**Applications must be submitted 35 days in advance**

**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.

**Conclusion:** Following the conclusion of the closure, any traffic control materials provided by the Municipal Services Department, shall be placed in the Right of Way, so as not to obstruct pedestrian or vehicle traffic, by the responsible party.

Grace Marshall      2/19/25  
Signature of Applicant      Date

**\*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 the best of their ability in following the instructions on the attached petition.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

• FOR MUNICIPALITY USE ONLY BELOW THIS LINE

**City Clerk's Office:**

Public Works Manager:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-Recommend/conditions <i>See E-mail</i>
Chief of Police:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions <i>See E-mail</i>
Community Development:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions <i>No comments</i>
City Clerk:	Recommend <input checked="" type="checkbox"/> Non-recommend _____ Recommend with conditions _____	Reason for Non-recommend/conditions <i>[Signature]</i>

Public Safety Meeting required?  Yes    No    If Yes, Meeting Date: *4-2-25*

Date License Issued: \_\_\_\_\_

Clerks Notes and Receipt Information:

Paid To:  
City of Evansville

-----  
Receipt: 1.158304    125.00  
CREEKSIDE PLACE INC  
Mar 26, 2025 7:41 AM

## Jolene Klitzman

---

**From:** Dale Roberts  
**Sent:** Monday, March 31, 2025 6:02 AM  
**To:** Jolene Klitzman; Christopher Jones; Patrick Reese; Colette Spranger  
**Subject:** Re: Cruise Nights application

Looks good to me.

*Dale Roberts*  
City of Evansville  
Public Works Foreman  
608-516-2680

---

**From:** Jolene Klitzman <j.klitzman@evansvillewi.gov>  
**Sent:** Friday, March 28, 2025 4:56 PM  
**To:** Dale Roberts <d.roberts@evansvillewi.gov>; Christopher Jones <c.jones@evansvillewi.gov>; Patrick Reese <p.reese@evansvillewi.gov>; Colette Spranger <c.spranger@evansvillewi.gov>  
**Subject:** Cruise Nights application

Please let me know ASAP

*Jolene Klitzman*  
Deputy Clerk, City of Evansville  
31 S. Madison St./PO Box 529  
Evansville, WI 53536  
Phone: 608-882-2266 Option 2

**Upcoming Elections:**

\*April 1, 2025 – Spring Election

[www.myvote.wi.gov](http://www.myvote.wi.gov) – Register to Vote, Request an absentee ballot, and more.

## Jolene Klitzman

---

**From:** Patrick Reese  
**Sent:** Monday, March 31, 2025 11:28 AM  
**To:** Jolene Klitzman; erikastuart@rocketmail.com; Erika Stuart; Joe Geoffrion; Gene Lewis; Christopher Jones; Carolyn Kleisch  
**Subject:** RE: PSC Packet

We are fine w/ Cruise night.

---

**From:** Jolene Klitzman <j.klitzman@evansvillewi.gov>  
**Sent:** Monday, March 31, 2025 9:28 AM  
**To:** erikastuart@rocketmail.com; Erika Stuart <e.stuart@evansvillewi.gov>; Joe Geoffrion <j.geoffrion@evansvillewi.gov>; Gene Lewis <g.lewis@evansvillewi.gov>; Patrick Reese <p.reese@evansvillewi.gov>; Christopher Jones <c.jones@evansvillewi.gov>; Carolyn Kleisch <c.kleisch@evansvillewi.gov>  
**Subject:** PSC Packet

Please see the attached packet for the PSC meeting on 4/2/25.

I needed to finish the packet today as I will be out of the office most of today and all day on Tuesday for the election. For the Cruise night application, I am still waiting to hear back for the Police and will let you know before the meeting if it is not approved.

### *Jolene Klitzman*

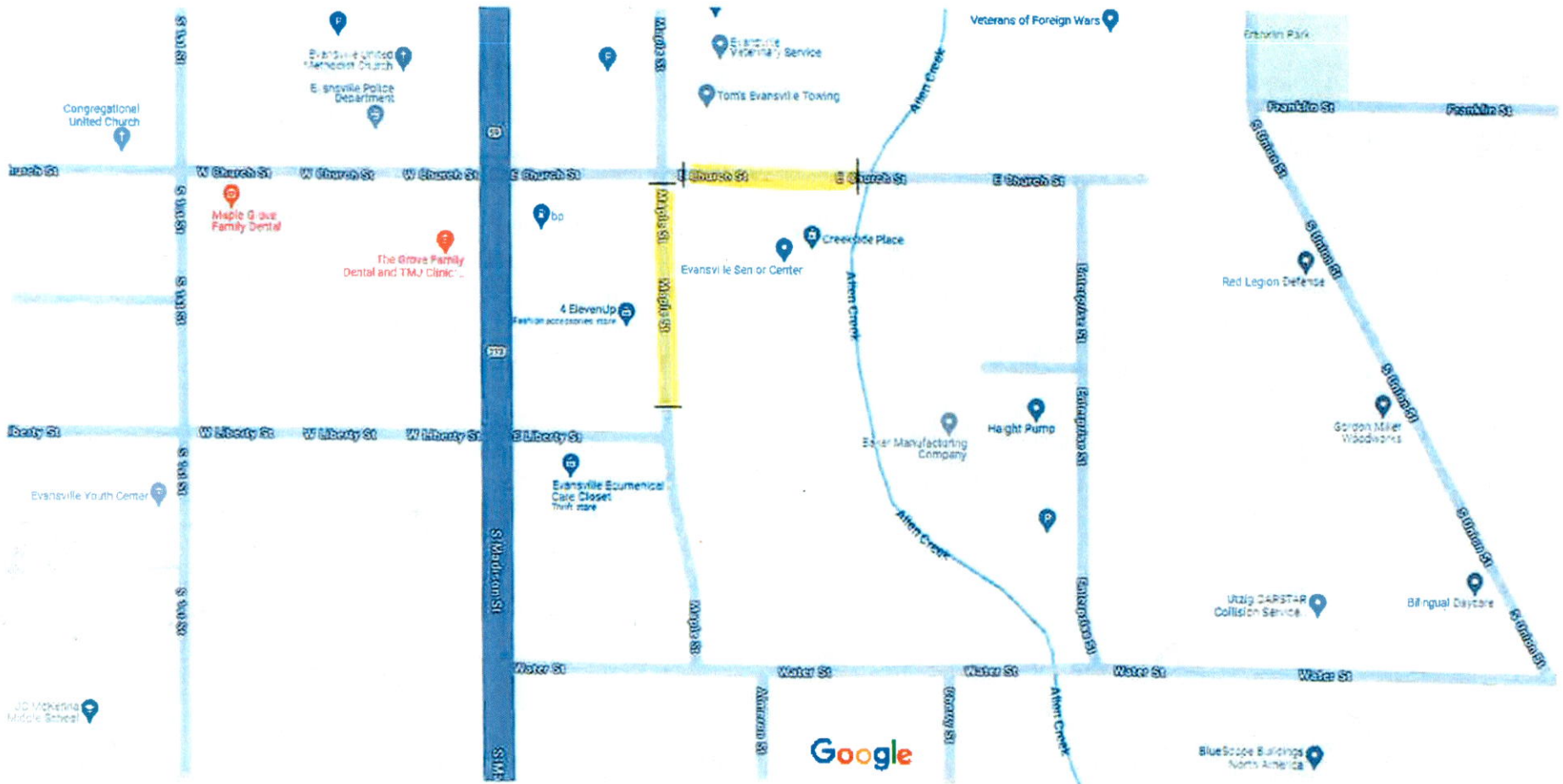
Deputy Clerk, City of Evansville  
31 S. Madison St./PO Box 529  
Evansville, WI 53536  
Phone: 608-882-2266 Option 2

**Upcoming Elections:**

*\*April 1, 2025 – Spring Election*

[www.myvote.wi.gov](http://www.myvote.wi.gov) – Register to Vote, Request an absentee ballot, and more.

# Google Maps Road Closures for 2024 Cruise Nights



Map data ©2024 Google 100 ft







## 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 Premise

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Number of Licensed Premise(s): 4 x \$10.00 = \$ 40.00 Total Due

License Type: (Check one)

Beer Only

Wine Only

Event Name: Evansville ART CRAWL

Event Date: May 9, 2025

Event Time: 5:30pm - 8:00pm

Name of Person in Charge of Event: Shawn Murphy

**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 Chamber of Commerce

Address: 25 W. Main Street, Evansville WI

Date Organized: 1970? 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 St Evansville  
Name Address City/State/Zip

Vice President: Denise Johnson 1 W. Main St Evansville  
Name Address City/State/Zip

Secretary: Nicole Rice 155 Union St Evansville  
Name Address City/State/Zip

Treasurer: n/a  
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: See locations - attached

Do premises occupy all or part of building?

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

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

Abbey Barnes 3/20/25  
(Officer Signature/Date)

Evansville Chamber of Commerce  
(Name of Organization)





# Temporary Class "B" / "Class B" Retailer's License AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

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

EVENT DATE: <u>May 9, 2025</u>	EVENT TIME: <u>530PM-800PM</u>
NAME: <u>Shawn Murphy</u>	DATE OF BIRTH: <u>8/5/69</u>
ADDRESS: <u>22 Montgomery Ct</u>	<u>Evansville WI 53536</u>
EMAIL: <u>dunphys91@gmail.com</u>	PHONE: <u>608-751-5363</u>

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

### ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

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

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License for the City of Evansville
- 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.

Shawn Murphy 3/20/25  
Signature of Manager/Person in Charge of event Date

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

#### Police Chief Recommendation and Comments:

Recommend X Non-Recommend \_\_\_\_\_ Recommend with conditions \_\_\_\_\_

[Signature] 3/26/25  
Police Chief's Signature Date

Date Filed with Clerk: <u>3-21-25</u>	Date License Issued:
Public Safety: <u>4-2-25</u>	Clerk's Signature: _____ Paid To: _____ City of Evansville


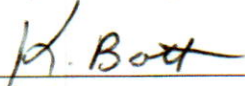


Notes & Receipt Information:

-----  
Receipt: 1.158277 40.00  
EVANSVILLE CHAMBER OF C  
Mar 21, 2025 12:43 PM



### Additional Licensee Information

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

Business Name: Ron's Glass Creations	Description of Premises: Retail Store
Business Address: 13 W. Main St.	
Business Owner: Ron Bowers	Signature: 
Business Name: Salon KB Boutique + Botanials	Description of Premises: Retail & Salon
Business Address: 11 E. Main St.	
Business Owner: Kacy Bott	Signature:
Business Name: Exit Realty	Description of Premises: Real Estate Office
Business Address: 21 E. Main St	
Business Owner: Robin St. Clair	Signature: 
Business Name: The Cursing Hippies Tie Dye	Description of Premises: Retail Store
Business Address: 18 W. Main St	
Business Owner: Ariel Howland	Signature: 
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:
Business Name:	Description of Premises:
Business Address:	
Business Owner:	Signature:

### Additional Licensee Information

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

Business Name: <i>Amada Salon</i>	Description of Premises: <i>Retail Location Salon</i>	
Business Address: <i>125 E. Main St</i>		
Business Owner: <i>Amanda Blasch Eaton</i>	Signature: <i>Amanda Eaton</i>	
Business Name:	Description of Premises:	
Business Address:		
Business Owner:	Signature:	
Business Name:	Description of Premises:	
Business Address:		
Business Owner:	Signature:	
Business Name:	Description of Premises:	
Business Address:		
Business Owner:	Signature:	
Business Name:	Description of Premises:	
Business Address:		
Business Owner:	Signature:	
Business Name:	Description of Premises:	
Business Address:		
Business Owner:	Signature:	Paid To: City of Evansville
Business Name:	Description of Premises:	
Business Address:		
Business Owner:	Signature:	----- Receipt: 1.158280                      10.00 EVANSVILLE CHAMBER OF C Mar 24, 2025 10:01 AM



April 2<sup>nd</sup> 2025

Evansville Police Department

Public Safety Report

8

- **Training:**

Remaining staff that did not complete CPR training will do so on April 3<sup>rd</sup>

Sgt. Reilly will be attending accreditation manager and assessor training in April.

Officer Nankee will be attending the Law Enforcement Training Officers Association conference in Neenah in April

- **Community Outreach:**

PD staff will be participating in the Drug Take Back event at Creekside Place

- **Calls for service:** As of 03/26/25 9:44AM March 2024: 931 March 2025: 854

- **Police Commission/Staffing:**

Lt. Jones will be sworn in as Police Chief on April 2<sup>nd</sup> 2025. Congratulations to him.

Officer Hanson and Schwark are doing well in their academy course work

Lieutenant interviews were conducted and a written assignment is out for the applicants for consideration

We are accepting applications to fill positions in patrol

- **Accreditation:**

Policy review is being conducted

Lt. Jones reached out to the WILEAG board to get approval for a 6 month extension for our onsite because of the transition of leadership

- **Notable calls – Chief Reese:**

Patrol staff was able to identify three juveniles and make an arrest after they were caught wearing masks, vandalizing homes and stealing mail

Ofc. Nankee investigated a sexual assault

- **Admin update:**

Chief Reese has been assisting soon to be Chief Jones in his transition

Chief Reese has been helping get background checks done on two applicants

# CAD Incidents By Type

Agency: EVPD

Printed:3/26/2025 9:45:25 AM

Covering Incidents From: 03/01/2025 00:00:00 To: 03/26/2025 00:00:00

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	7	911
ALARM	3	ALARM
ANIMAL COMPLAINT	13	ANM
ASSIST CITIZEN	24	ACIT
ASSIST FIRE OR EMS	27	FAST
ASSIST OTHER JURISDICTION	22	OJUR
BUSINESS CHECK	47	BCK
CHILD OFFENSE	3	CHILD
CIVIL DISPUTE	3	CD
CODE ENFORCEMENT	3	CODE
DEATH INVESTIGATION	2	DOA
DISORDERLY CONDUCT	1	DC
DISTURBANCE	1	DIST
DRUG OFFENSE	1	DRUG
FOLLOWUP	45	FOL
FOOT PATROL	25	FOOT
HAZARDOUS CONDITION	6	HAZC
HIT & RUN	2	HR
LOUD NOISE	3	LOUD
OPEN DOOR/WINDOW	2	OPEN
ORDINANCE VIOLATION	2	ORD
OUT WITH SUBJECT	3	OWS
PARKING COMPLAINT	2	PARK
PHONE MESSAGE FOR OFFICER	1	PHONE
PROPERTY	2	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU
SCHOOL PATROL	30	SCHOOL
SECURITY CHECK	465	SECK
SEX OFFENSE	1	SEX
SPECIAL ASSIGNMENT	16	SPAS
STALLED VEHICLE	1	STALLD
STATE OFFENSE	10	SO
SUSPICIOUS	7	SUSP

THEFT	2	THFT
THREAT	2	THREAT
TRAFFIC ACCIDENT	4	TA
TRAFFIC COMPLAINT	8	TC
TRAFFIC STOP	24	T
TRESPASSING	1	TRES
TRUANCY	12	TRU
UNWANTED PERSON	1	NOWN
VANDALISM	6	VAND
VEHICLE UNLOCK	3	UNLK
WELFARE CHECK	10	WELF
<b>Number of CAD Complaints During Period</b>	<b>854</b>	





City of Evansville EMS  
 11 W. Church St.  
 Evansville, WI 53536  
 (608) 882-2269  
 Chief Carolyn Kleisch  
 Public Safety Meeting  
 April 2nd, 2025

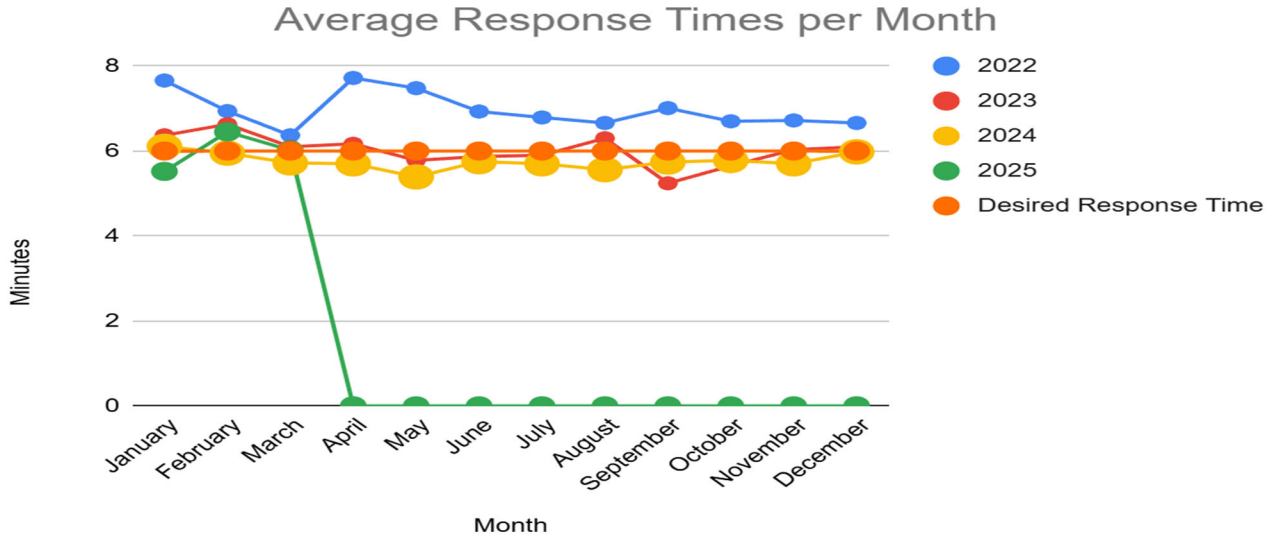
**1. Calls for Service:**

- a. 60 Calls during the month of March 2025 (641-57/642-3) (through 3/26)
- b. 48 Calls during the month of March 2024. (641-46/642-2)
- c. To date call volume 2025-168 (through 3/26)
- d. To date call volume 2024-165

**Updates:**

- 1- Refresher was held with Mercy on Cardiovascular emergencies and care after ROSC (return of spontaneous circulation). Also covered some respiratory emergencies and Skills for those that had not completed them
- 2- Morgan, Scott and Carolyn delivered a baby on March 10 in the back of 641. Big thanks to EVPD and RCSD for their assistance and “blocking” of patient while moving her from her vehicle to the cot and into the ambulance. Kyle Kramer, who is a member of the Fire Department and currently in the EMR class, was also on scene and assisted as it was his wife and baby.
- 3- Keri attended the Base meeting and will be going to the Nashville Prescription and Illicit drug conference in April, supported by Base.
- 4- 100 percent of the schedule and calls were covered by at least 1 AEMT on shift.
- 5- Federal Assistance Program money for 2025 has been distributed.
- 6- We ordered blanket warmers for the ambulance. They will hold 4-6 blankets and keep them warm for exposure patients but also for those patients who are always cold. 😊
- 7- Ambulance yearly maintenance was done, issues found on 642, repairs have been done, waiting on compressor for air ride system. It is still operational as is but needs replaced.

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
6.02	4.73	22.44	25.83	41.46	60



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	15	25.00%
Unconscious/Fainting/Near-Fainting	7	11.67%
Breathing Problem	6	10.00%
Chest Pain (Non-Traumatic)	3	5.00%
Stroke/CVA	3	5.00%
Fire	3	5.00%
Traffic/Transportation Incident/MVA	3	5.00%
Chronic Illness/Medical Condition	3	5.00%
Convulsions/Seizure	2	3.33%
Traumatic Injury	2	3.33%
Invalid Assist/Lifting Assist	2	3.33%
Pregnancy/Childbirth/Miscarriage	2	3.33%
Medical Alarm	2	3.33%
Altered Mental Status	1	1.67%
Assist Other Agency	1	1.67%
Sick Person	1	1.67%
Overdose/Poisoning/Ingestion	1	1.67%
Motor Vehicle Crash	1	1.67%
Bleeding	1	1.67%
Cardiac Arrest/Death	1	1.67%
<b>Total:</b>	<b>60</b>	<b>100.00</b>