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, May 7, 2025, 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

#### **AGENDA - REVISED**

- 1. Call to Order.
- 2. Roll Call.
- **3.** Motion to approve the Agenda.
- **4.** Motion to approve the April 2, 2025, Public Safety regular meeting Minutes.
- 5. Citizen appearances other than agenda items listed.
- **6.** Old Business.
- 7. New Business.
  - A. Discussion with Possible Motion to Approve the following Appealed Solicitor's License Applications for: (Non-recommended by Evansville Police Department).
    - 1) Pablo Frias A. F. C. Exteriors, LLC
    - 2) Steve Staley Pink Roofing
    - 3) Emilio Brito New Standard Restoration
  - B. Discussion on Evansville 4th of July Run with Steve Eager.
  - **C. Motion to Approve the Operator's License Application(s)** for: (Recommended by Evansville Police Department).
    - 1) Randy David Carlson
    - 2) Mallory Elizabeth Passer
    - 3) Karen Joyce Reese
    - 4) Dennis E. Reese
    - 5) Joshua Michael Blosser
    - 6) Debra L Tomlin
    - 7) Mason Cooper Braunschweig
    - 8) Lisa A. Sonnentag
    - 9) Brittany Lee Long
    - 10) David Duane Powers
    - 11) Debra Jeanne Carlson
    - 12) Allen Lee Hurst
    - 13) John Leigh Schneider
    - **14)** Michelle Lee Thompson
    - 15) Tanya Marie McGaw
    - 16) Candace Lee Andrews
    - 17) Lydna Marie Laursen
    - 18) Johnny Paul Petterson
    - 19) Johnnie Mae Washington
    - 20) Kevin James Watt
    - 21) Sukhpal Singh
    - 22) Anmopreet Singh
    - 23) Sarah Ann Helin

- 24) Teresa Ann Madsen
- 25) Julie Kae Paton
- 26) Gail M. Henry
- 27) Dulcie Gwen Bergsma
- 28) Sallie Jo Perkins
- **29)** Jaqueline Marie Tomlin
- 30) Denise Ann Halvensleben
- 31) John Thomas Meredith
- D. Discussion with Possible Motion to Approve the Operator's License Application(s) for: (non-recommended by

Evansville Police Department).

- 1) Stephen John Selgrat
- 2) Marco A. Lugo
- 3) Brandi Katelyn Van Fossen
- 4) Jed Kjornes
- 5) Hunter Pauley
- E. 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 Jones, unless otherwise noted)
  - 1) <u>Casey's Marketing Company</u>, Melissa A. Frank, Agent, 28 W. St. Mary St., Milton, WI 53563 d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
  - 2) <u>Consumers Cooperative Oil Company</u>, Jessica Golz, Agent, 6909 N. County Rd. M, #65 d/b/a Consumer Coop Oil Company, 9 John Lindemann Dr., Evansville, WI 53536
  - 3) 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.
  - **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. 10<sup>th</sup> Street, Brodhead, WI 53520, d/b/a SD Evansville Minimart, Inc., 350 Union Street, Evansville, WI 53536.
- F. 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 Jones, unless otherwise noted)
  - 1) <u>139 E. Main Street LLC</u>, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
  - 2) 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) <u>Creekside Place Inc.</u>, Shawn Lynn, Agent, 5101 N. Coon Island Rd., 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)** Totally Elegant, LLC. Johnnie Washington, Agent, 326 East Bluff, Madison, WI 53521, 7 E. Main Street, Evansville, WI 53536.
- **11)** <u>Trappers Bar & Grill LLC</u>, Travis Schuh, Agent, 3942 State Road 213, Orfordville, WI 53576, d/b/a Trappers Bar & Grill, 50 Union Street, Evansville WI 53536.
- G. Review and discussion of Solicitor's License Applications and Chapter 90 City of Evansville Municipal Code Solicitors
- H. Discussion with possible motion on moving Wednesday, July 2, 2025, Public Safety Meeting at 6 p.m. to Tuesday July 1, 2025, at 6 p.m.
- I. Discussion with possible motion to approve the Temporary <u>Class "B"/ "Class B" Retailer License</u>

  Application for:
  - 1) Evansville Community Partnership Lake Leota 4<sup>th</sup> of July, Lake Leota, Evansville, WI 53536, Agent James Brooks 310 S. Sixth Street, Evansville, WI 53536
    - 1. For the five consecutive dates from Wednesday, July 2, 2025 Sunday, July 6, 2025
      - Wednesday, July 2, 2025, Setup (No Consumption)
      - Thursday, July 3, 2025, 6:00 p.m. 12:00 a.m.
      - Friday, July 4, 2025, 12:00 p.m. 12:00 a.m.
      - Saturday, July 5, 2025, 12:00 p.m. 12:00 a.m.
      - Sunday, July 6, 2025, 10:00 a.m. (at Horse Barn), and
      - Sunday, July 6, 2025, 10:00 a.m. 12:00 p.m. (Tent)
- 8. Evansville Police Department Report.
  9. Evansville Emergency Medical Services Report.
  10. Meeting Reminder:

  A. Public Safety Regular Meeting: Wednesday, June 4, 2025, at 6:00 p.m.
  B. Public Safety Regular Meeting: \_\_\_\_\_\_ July \_\_\_\_\_\_, 2025, at \_\_\_\_\_\_.

Erika Stuart, Chairperson

11. Adjourn.

#### **Public Safety Committee**

Regular Meeting Wednesday, April 2, 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.

<u>Members</u>	Present/Absent	Others Present
Alderperson Erika Stuart, Chair	P	Christopher Jones, Chief
Alderperson Gene Lewis	P	Carolyn Kleisch, EMS Chief
Alderperson Joe Geoffrion	P	Jolene Klitzman, Deputy Clerk
		Leah Hurtley, City Clerk
		Hailey McIntyre, Citizen
		Bill Hurtley, Citizen
		Quinn Heinzer, Citizen
		Jim Brooks, Citizen
		John Frey, Jay's Baseball
		Ben Corridon, Citizen
		Bill Lathrop, Citizen
		Patrick Reese, Citizen
		Amy Jones, Citizen
		Sarah Kilps, Citizen
		Thomas Alisankus, Judge

3. Motion to approve the Agenda. by Stuart, Seconded by Geoffrion, Motion carried 2-0.

Motion made to move 7F before number 4 motion carried 3-0

\*\*\*Tornado siren when off at 6:05 p.m. and the Public Saftey Meeting was halted and resumed at 6:12 p.m.

- **4.** Motion to approve March 5, 2025, Public Safety regular meeting minutes. by Stuart, Seconded by Lewis, Motion carried 3-0.
- 5. Citizen appearances other than agenda items listed. N/A
- 6. Old Business.
  - A. Discussion with possible action on revocation of Operator's License for:
    - 1) Hailey R. McIntyre by Stuart, Seconded by Lewis, Motion carried 3-0

Hailey was at the meeting and explained why she omitted the reason on the application that qualified her application for rejection. The owner Sarah Kilps from Slice where Hailey works was in attendance in support for Hailey. The committee agreed to approve her operator's license.

#### 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 by Stuart, Seconded by Lewis, Motion carried 3-0
- 5) Gregory Brandt Helgesen
- 6) Christal Riveria Helgesen
- 7) Jeanette Louise Gulledge
- B. Discussion with possible motion to approve the <u>Temporary Class "B" Retailer's License</u>

  <u>Application for</u>: (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.

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

- C. Discussion with possible motion to approve the **Short-Term Street Use License Application(s) for:** 
  - 1) <u>Creekside Place Cruise Night</u> 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

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

- **D.** Motion to approve the <u>Temporary Class B Beer/Class B Liquor application for</u>: (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

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

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

Jim Brooks discussed the plans for the  $4^{th}$  of July celebration with dates, times and events that will be happening.

Stuart questioned if they really needed 5 days for the celebration and if alcohol really needs to be served every day.

Lewis questioned serving liquor on Sunday during the car show.

Chief Jones will be meeting/emailing with Jim Brooks to discuss staffing issues with the police department for the 5 days of festivities and having Evansville Community Partnership investigate maybe using private security to fill gaps.

The committee made a motion to have Jim Brooks speak at the Common Council meeting on April 8, 2025.

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

Judge Thomas Alisankus swore Mr. Jones in as the new Chief of Police of Evansville.

- 8. Evansville Police Department Report. The New Chief Jones reported to the committee. Officer Hanson & Schwark are moving onto Phase 2 of the academy, Lieutenant interviews have been conducted and are accepting application to fill patrol positions. Staff will be participating in the Drug Take Back event at Creekside Place.
- **9.** Evansville Emergency Medical Services Report. Morgan, Scott & Carolyn delivered a baby on March 19 in the back of ambulance 641! Keri will be attending the base meeting and will be going to Nashville for the Prescription & illicit drug conference. Ambulance yearly maintenance was done and issues found on 642 have been repaired.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 7, 2025, at 6:00 p.m.

Stuart wanted to mention how great it has been working with Gene Lewis on the committee as this will be his last meeting with them.

11. Adjourn. Stuart Adjured the meeting at 7:10 p.m.

Jolene Klitzman, Deputy Clerk



#### APPLICATION FOR Solicitor's License

(Section 90 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:

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

\$150.00 per Year Required: Two (2) ID size photos of applicants head and Shoulders. LICENSE TO EXPIRE ON DECEMBER 315T Phone: 608.571.0713 Extenions Company Name: Company address: 6709 If applicant's primary residence is not within Rock County or the Company's primary place of business in outside the State of Wisconsin, attach copy of \$500 surety bond. Fries-Valdeurma Applicant's Name: Applicant's Permanent Home Address: State: 53764 Phone No: Date of Birth: Social Security No: **Email Address:** Physical Description: Gender: Male O Female Height Weight Hair Color Eye Color Driver's License No.: Issuing State: Vehicle Information: License Plate No. & Issuing State: Local address from which business will be conducted: Nature of business and articles or services to be sold: Current supply of articles to be sold: Warehouse location (if applicable): ABC The proposed method of delivery: Have you ever been convicted of a violation of a Federal, State or local law other than a traffic offense? Oyes ONo If Yes, state when and where convicted and the violation: Name of the last three cities or villages in which you conducted business:

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Name and address of at least two Rock County prope	erty owners as re	ference:		21	
1) Johnson	. 1	53545	111	nı	
. Santa					
Beloff WI	53511	, ,	,6		
Chapter 90 of the Evansville Code of General Ordina erned by and with which you must comply. You must Clerk's office will provide you a copy of this ordinance and submitted to the City Clerk's office at 31 S Madis tographs. Omissions or false statements constitute grown at the ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE TO THE QUESTIONS MYSELF, that my answers are true and coall the laws which regulate the activities I plan to engine that I am familiar with or have	t know the law a se if you desire a son St, Evansville bunds for denial VICE OF PROCESS g duly sworn on a complete to the b gage in.	and comply with copy. This app WI 53536, with or revocation Soath, affirm the pest of my known	th the requirement oblication must be the above requirement of license applied at I read this applied twiedge and the	ents. The Cit e fully comp uired fee ar ed for or issu plication, ar	y bleted, ad pho- ued.
O Jolene Klitzman Z	Sworn to and	d appointed th	12.	of April	
Jalene Khtyman Notary Public	day of april	2025	+		
My Commission Expires: 3-5-27  FOR MUNICIPA	ALITY USE ONLY BELO	W THIS LINE			
Copy of Surety Bond Required: Yes No		Date Provid	led:		
Police Chief Recommendation and Comments:	/ /	/		21(152(	
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Pablo is interested in t	enail!		afc exterio		2.7.4

#### Jolene Klitzman

From: Pablo Frias <pablo@afcexteriors.com>

**Sent:** Wednesday, April 23, 2025 12:47 PM

To: Leah Hurtley
Cc: Jolene Klitzman

Subject: Re: Solicitor's License Denial - City of Evansville

You don't often get email from pablo@afcexteriors.com. Learn why this is important

To Whom It May Concern,

I am writing to formally appeal the denial of my soliciting permit and to clarify the circumstances surrounding the incident in question.

First and foremost, I would like to sincerely apologize for the miscommunication that occurred between myself and the officer on the day of the event. Upon reflection, I understand that the misunderstanding was primarily a result of my own lack of clarity regarding the officer's initial comments.

Here is my account of the events:

On the day in question, I was visiting potential clients who had contacted me regarding damage to their properties. Accompanied by one of my sales representatives, I briefly left him to canvass (solicit) the area for clients while I solicited 2 houses on the same block and then left to attend to other business matters (my roofers putting tarp on a roof). After about 15 minutes, I returned to pick up my sales representative (got on the street and was asking him how it went) when an officer approached us.

The officer informed me that I had been observed soliciting, which I thought was a misunderstanding, as I was not soliciting at that exact moment. I believed that he might have been referencing my sales representative or any of the **numerous** other individuals who were actively soliciting in the vicinity. This may have contributed to the confusion.

When the officer requested my ID, I was caught off guard but promptly complied. I went to retrieve my ID from my vehicle, but the officer stopped me to prevent any potential issues, which I understand from his perspective. We then engaged in a constructive conversation where I was able to clarify the situation. I provided my ID without further issue, and I appreciated the officer's professionalism.

It is surprising to me that this matter has escalated, and the notes reflect a different interpretation of events. As the owner of my company, I take pride in maintaining a positive reputation and rely heavily on word-of-mouth referrals. I invite you to visit my website to see numerous testimonials that attest to my professionalism and commitment to ethical practices.

As a resident of Dane county, father and the husband of a nurse in Madison, I deeply value strong community relationships. I wanted to ensure that my perspective is represented accurately in relation to this incident. Regardless of whether my appeal is accepted, I believe it is important to clarify what transpired.

I look forward to your response and hope you can appreciate that this was a matter of miscommunication that was resolved amicably with the officer involved.

Best regards,

Pablo Frias 630.973.6260

On Wed, Apr 23, 2025 at 10:53 AM Leah Hurtley <<u>l.hurtley@evansvillewi.gov</u>> wrote: Hello Pablo,

This email is a follow up to the phone call we had earlier today for the non-recommendation/denial of your Solicitor's License Denial. Attached you will find a copy of your application as well as notes for the non-recommendation. Per <u>City of Evansville Municipal Code</u> the appeal process, if interested, is as follows:

Sec. 90-6 Appeal (a) Any person denied approval of a Solicitor's License may appeal such decision to the Public Safety Committee at one of its regularly scheduled meetings but submitting a written request with the City Clerk's office within five days of receiving notice of denial and permit non-issuance. (b) The Public Safety Committee will review the appeal request and any recommendations from the Police Chief. The Public Safety Committee shall decide by majority of those voting whether to grant or deny a Solicitor's License to the applicant.

#### Leah Hurtley, WCMC

City of Evansville Clerk 31 S Madison St, PO Box 529 Evansville, WI 53536 (Population 5,833)



**AFC Exteriors** 



#### **APPLICATION FOR** Solicitor's License

(Section 90 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:

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

7A-2

\$150.00 per Year	Required: One IC	size photos of app	licants head and Sh	oulders and copy of I	Driver License.
	LICENSI	TO EXPIRE ON DECE	MBER 31 <sup>ST</sup>		e
Company Name: Kink F	reofing			Phone: E	
Company address:			- 0		
If applicant's primary residence	e is not within Ro	ck County or the C	Company's primary	place of business in	n outside the
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F	irst	M	iddle		Last
Applicant's Permanent Home A	ddress: .				
City Mchenry	State: J	EC.	Zip:	60050	11.
Phone No:	Date of Bi	rth:	Last 4 of S	ocial Security No: -	37. 7.
Email Address:	oofing. Co	m		aung Top	9 1
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Local address from which busine	ess will be condu				7
DZD			``		
Nature of business and articles	or services to be	sold:			
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Current supply of articles to be	sold:				11
NA					-
Warehouse location (if applicat	ole):				
ABC, B	caton				
The proposed method of deliver					
Truck					
Have you ever been convicted	of a violation of c	Federal, State or	local law other tha	in a traffic offense?	Yes No
If Yes, state when and where co	nvicted and the	violation: Old	drug Charac	s. Thoft.	
underage drinking,	DUI -7:80	opped b zee	10-200g	2007	
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Name of the last three cities or v		<b>~</b>	siness:	F	
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Name and address of at least two Rock County property owners as reference:	
1) Henri NA	
2)	
Chapter 90 of the Evansville Code of General Ordinances specifies all the laws and requirements which you are erned by and with which you must comply. You must know the law and comply with the requirements. The City Clerk's office will provide you a copy of this ordinance if you desire a copy. This application must be fully compand submitted to the City Clerk's office at 31 S Madison St, Evansville WI 53536, with the above required fee and tographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issue.	v eleted, d pho-
ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS	
being duly sworn on oath, affirm that I read this application, and the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to all the laws which regulate the activities I plan to engage in.	swered obey
I further acknowledge that I am familiar with or have asked for copies of such ordinances.	
Sworn to and appointed this 34 day of April	75.
Signature of Applicant	
Signature in applicant	
STATE OF WISCONSIN, Rock County	
Subscribed and sworn to before me this A day of April, JOAS    January Huttle   Joan Strong Public   Joan Strong P	
FOR MUNICIPALITY USE ONLY BELOW THIS LINE	
Copy of Surety Bond Required: Ves No Date Provided: 4 22/25	
Police Chief Recommendation and Comments:	
Omitted: Residential Delivery to underage (Alcoho) ~ (ONV. 2007	
(1 ming) TVCSP945 - CONV- 2004 Line indicator solar offender / threst to LE)	
Wallatt for Failure to Affert in Askanasa (Denies 90-5 (1)(2)(1))	
(1:min91 TV15P945 - CONV. 2004  Wastern in a stranger Convertion in a stranger (Notice of the text to LE)  Wastern T For Failure to A Prease in Assegness (Notation in a stranger) (Denical 90-5 (C)(D(h))  Recommend (Non-Recommend (N	
4/24/25	
Police Chief's Signature Date	-
Date License Issued: DENTED Designate Francoulle	
Clerks Notes and Receipt Information:  4/25/25-Spoke to Steve & Will  email. Par mit application. May want  Receipts 1.158554  STALEY STEVE	
email Per mit application. May want Receipts 1.158554  STALEY STEVE April 24, 2885 2645 PM	150

#### Jolene Klitzman

From:

Steve Staley <steve@pinkroofing.com>

Sent:

Friday, April 25, 2025 3:44 PM

To: Cc: Leah Hurtley Jolene Klitzman

Subject:

Re: Solicitor's License Denial - City of Evansville

You don't often get email from steve@pinkroofing.com. Learn why this is important

Leah,

Thank you for forwarding this to me. The writing by Arkansas crime is hard to read and something about threat to life/ violence, could this be clairifed. I was 17 years old and it was driving on suspended/ driving without a license. I've contacted everyone in Arkansas on the matter as I cannot find the town who issued the ticket. But state police and other places have no records of this at all.

For my own sake any info on the Arkansas matter your chief has could he send over?

Also, I would very much like to go forward with the appeals process.

On Fri, Apr 25, 2025 at 2:54 PM Leah Hurtley <<u>l.hurtley@evansvillewi.gov</u>> wrote: Hello Steve,

This email is a follow up to the phone call we had earlier today for the non-recommendation/denial of your Solicitor's License Denial. Attached you will find a copy of your application as well as notes for the non-recommendation. Per <u>City of Evansville Municipal Code</u> the appeal process, if interested, is as follows:

Sec. 90-6 Appeal (a) Any person denied approval of a Solicitor's License may appeal such decision to the Public Safety Committee at one of its regularly scheduled meetings but submitting a written request with the City Clerk's office within five days of receiving notice of denial and permit non-issuance. (b) The Public Safety Committee will review the appeal request and any recommendations from the Police Chief. The Public Safety Committee shall decide by majority of those voting whether to grant or deny a Solicitor's License to the applicant.

Leah Hurtley, WCMC
City of Evansville Clerk
31 S Madison St, PO Box 529
Evansville, WI 53536
(Population 5,833)



# APPLICATION FOR Solicitor's License

7A-3

(Section 90 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: \$150.00 per Year	APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN Required: Two (2) ID size photos of applicants head and Shoulders.					
	LICENSE TO EXPIRE ON DECEMBE	ER 31 <sup>57</sup>				
Company Name: New Stan	adard Restoration	Phone:				
Company address: 4675	Bluestem Road, Ros	scoe 16 61073				
If applicant's primary residence is	s not within Rock County or the Com tate of Wisconsin, attach copy of \$5	pany's primary place of busine	ess in outside the			
C 1	rate of Wisconsin, dilucit copy of \$5	O sorely bond.	1			
Applicant's Name: Cmilio	Middle	. Br	Last			
Applicant's Permanent Home Add	reec.					
city Rockford	State: Illinois	Zip: 61108				
Phone No:	ate of Birth:	scial Security No:				
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Driver's License No.:	w. wy	Issuing State:	16			
Vehicle Information: Grey S	GMC Acaida Model	7018 (	DIEU			
License Plate No. & Issuing State:	Model	Year	Color			
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Local address from which business	will be conducted: 1\/10					
Natura of business and additional	R-F-					
Nature of business and articles or s	ervices to be sold: \\notities \					
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waterious location (il applicable)	- 17/1					
The proposed method of delivery:	Dark to Don't					
	Jan 100 Block					
Have you ever been convicted of	a violation of a Federal, State or loca	al law other than a traffic offens	se?Oyes ONo			
If Yes, state when and where convi			o ici Oito			
Name of the last three cities or villa	ges in which you conducted busine	ss: Rocktord, Ros	COE			
Janesville						

Name and address of at least tw	o Rock County pro	operty owners as ref	erence:			
1) Curt Genuna	(140)	TWI THE	Jane	sville	WIS	3545
U			, -			
2) Amy Kletzein		LAN WORLD	39, Jan	esville	WI 5	3545
J						
Chapter 90 of the Evansville Coderned by and with which you must clerk's office will provide you as and submitted to the City Clerk's tographs. Omissions or false state ATTESTATION AND APPOINTMENT	ust comply. You m copy of this ordina s office at 31 S Ma ements constitute	oust know the law an ince if you desire a c idison St, Evansville V grounds for denial o	d comply with copy. This applic VI 53536, with th	the requirement to the cation must be above rec	nents. The be fully co quired fee	City mpleted, and pho-
the questions myself, that my and all the laws which regulate the a	swers are true and	ing duly sworn on od I complete to the be ingage in.	ath, affirm that I est of my knowle	read this ap edge and th	plication, at I agree	answered to obey
I further acknowledge that I, gm	familiar with or ha	ve asked for copies	of such ordinar	ices.		
AR TE OF THOMAN	O UBLICA	Sworn to and o	appointed this Confine	AZZW dan	1	) .
STATE OF WISCOMS IN GOLD STATE	oty 22	day of april	2 En	ate But		
Subscribed and sworn to before  Jalan Lly  Notary Public  Wy Commission Expires: 3-5	ma -27	,				
Copy of Surety Bond Required:		PALITY USE ONLY BELOW T				THE STREET
Police Chief Recommendation an			Date Provided:			
		7 2018 (mild		4 2000		
Pending rugras- manua	ETCTY/e/sellve	r cannalis coo	-2000 aran	(Reloni	7	
Denles per Ors. 90.			100091111		)	
Recommend	Non-Recommen	. /	Recommend	with condition	ons	
		15 M		uha	1-1	
	-	Police Chief's Signature		1731	P) Date	
Date License Issued: DENTS	-	Designee			Date	
Dure License issued.		111	, 0	Paid To:		
4/25/25-Spoke to	s Emilio.	Will en	all	City of Evans	wille	
options for api	E. Ded	M				
P				Receipt: 1.15 EMILIO BRITO Apr 22, 2025		150.00



7C-1

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 Renewal Operator's License: \$35.00 New Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). Levin DATE OF BIRTH 1. LEGAL NAME: Middle PHONE: ADDRESS: GENDER: Female CITY **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 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? No 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated? Yes Ne c) Selling or furnishing alcoholic beverages to underage person? d) Permitting underage person on licensed premises? Yes No Yes e) Allowing persons on licensed premises after closing 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 No Yes medications not prescribed to you? No h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR STATE Attach certificate of completion for Responsible Alcohol Servers Course Within the last two (2) years, did you have and/or complete one of the following: An alcohol agent for a retail alcohol license Successfully completed a Responsible Alcohol Servers Course The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. Police Department Recommendation and Comments: Paid To: **Public Safety Committee:** Denied: City of Evan Date: Approved:

Clerk's Office Signature Date Receipt # Denied: Receipt: 1.158323 5.00 Approved

64-15-2025

Police Chief's Signature

ALL N ONE

Mar 28, 2025 9:57 AM



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-2

New Operator's License: \$35.00 Renewal C	Operator's	Licens	e: \$35.00		rovision	al License:	\$15.00
NOTE: APPLICATION FEE WILL NO	T BE REFUN	DED IF D	ENIED OR WIT	HDRAWN.			
A Police check will be completed. Please read carefully and answer honestly. Facannot reapply for a 6 month period from date of denial. If you have any doubt as information. If you are unsure about how to respond to any questions on this for and conviction record from the police department and/or the court <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP may not provide comprehend	s to whether to m, check with with which	the City of you in	the facts of a spo Clerk for clarifica Interacted, or t	ecific incider	t it is recomi	mended that you	u disclose the
1. LEGAL NAME: Mallory Elizabeth	P	21 SS	er	DATE	OF BIRTH:		~~M
ADDRESS: , Middle		Last		PHON	E: (		A
CITY: EVANSVILLE STATE: WI		ZIP: 5	3536	GEND	ER: Mai	le Fen	nale X
Driver's License No.:		Issuing		scon	-		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 9 MONTHS		Former	Name(s):	atton	1 IS	bell	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State	7	Zip	From	То
	Evansy	ile	WI	535	36	, <u>j</u>	1
ARREST AN	D CONVICTION	ON RECO	ORD	19 20			
(Anywhere within			The state of the s				
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 summo	ons to appear	in court	for, or forfeited	bond for a	ny of the fol	lowing:	_
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		
e) Allowing persons on licensed premises after closing?  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 prescript	ion	Tes		NO
medications not prescribed to you?			1011	Yes		No	
h) Fighting, disorderly conduct, assault, or battery?					Yes		(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?					Yes		(Na)
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 a	additional she	ets if nec	essary or contin	ue on the ba	ck of this ap	oplication.	9
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			MONTH/YEAR		CIT	ГУ	STATE
Within the last two (2) years, did you have and/or complete one of the follo	owing:	Attach	certificate of cor	mpletion for	Responsible	Alcohol Server	s Course
Successfully completed a Responsible Alcohol Servers Course			An alcohol a	gent for a re	tail alcohol l	license	
Held an Operator's License issued in Wisconsin			The sole pro	prietor of re	tail alcohol l	license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the statements herein are complete, true and correct. I further understand a full back ation of this application. Additionally, I understand that this application may be do further agree to comply with all laws, resolutions, ordinances, and regulations	kground invest denied if it con s, federal, state	tigation r tains any e or local	may be conducted falsification-and	d by the Eva that I will n	nsville Police ot be able to	e Department properties of the	rior to consider- month period. I
Signature: VIIII POSSIC	Em	ail:					
Printed Name: Mallury Passer  Date: 3/28/25					-		
FOR MUNICIPALI	TY USE ONLY	BELOW T	HIS LINE				
Police Department Recommendation and Comments:		ic Safety roved:	Committee:	Denied:		Date:	
	_	Clari	de Office Ciana	-		Date:	
<b>√</b>			's Office Signatu	16		Date	
Approved:	Rece	ipt#					
04-15-202	5						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-3

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

New Operator's License: \$	35.00 Renewal Ope	erator's	License: \$35.00		Provisiona	al License: \$	15.00
N	IOTE: APPLICATION FEE WILL NOT B	E REFUND	ED IF DENIED OR W	ITHDRAWN			
A Police check will be completed. Please re cannot reapply for a 6 month period from di information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	ate of denial. If you have any doubt as to o respond to any questions on this form, o e department and/or the court wi	whether to check with t ith which	include the facts of a s he City Clerk for clarific you interacted, or	pecific incide cation. You ca	nt it is recomm n obtain infor	mended that you mation regarding	disclose the g your arrest
1. LEGAL NAME: Karen	Joyce	F	Reese	DATE	OF BIRTH:		-
First	Middle	- 1	Last	DAIL	Or bikin.	1	,
ADDRESS:				PHO	IF-		
			0-0-			7 1	
att: Evansville	STATE: WI		ZIP: 53530	GENE	ER: Mal	e Fem	ale
Driver's License No.:			Issuing State:	Wisco	onsin	)	
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? 16 Years		Former Name(s):	Sarns	10/10	1 015	en
Prior Street Address if Above Address is Les		City	State	uinsi	Zip	From	To
		,				77011	10
	ARREST AND C			Talle?	FIN		
	(Anywhere within the	e United St	ates of America).				
2. Have you ever been cited and/or convict	ed of a felony?				Yes		(No)
3. Have you ever been cited and/or convict	ed of a misdemeanor?				Yes		No
4. Within the past ten (10) years, have you	been arrested for, received a summons	to appear i	n court for, or forfeiter	d a bond for a	any of the foll	lowing:	
a) Any underage alcohol violation?					Yes		(No)
b) Operating a motor vehicle while intoxica					Yes		(No.)
c) Selling or furnishing alcoholic beverages					Yes		(No)
<ul> <li>d) Permitting underage person on licensed</li> <li>e) Allowing persons on licensed premises a</li> </ul>					Yes Yes	_	(No
f) Any alcohol related violation other than				-	Yes		(No)
g) Sale of legal or illegal drugs to include pr		any illegal o	rugs to include prescri	ption	163		110
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 liste	ed above other than traffic or parking tick	kets?	- molecu		Yes		(No)
5. For each YES response above, you must	dentify all violations below. Attach add	litional shee	ets if necessary or cont	inue on the b	ack of this ap	plication.	SERVICE OF SERVICE
TYPE OF ARREST, SUMMONS,	VIOLATION OR CHARGE		MONTH/YEA	AR	CIT	TY	STATE
Within the last two (2) years, did you ha	ave and/or complete one of the following	ng:	Attach certificate of c	ompletion fo	r Responsible	Alcohol Servers	Course
Successfully completed a Respon			An alcoho			Total Control of the	
Held an Operator's License issued					etail alcohol li		
6. CERTIFICATION: I do hereby swear, under		son who m	ade and signed the for	regoing applic	ation for an	operator's licens	se, and that all
statements herein are complete, true and co			The second secon			A COLOR OF THE PARTY OF THE PAR	
ation of this application. Additionally, I unde							
do further agree to comply with all laws, res	olutions, ordinances, and regulations, re	derai, state	or local affecting the s	ale or rermen	ted mait beve	erages and intoxi	cating liquors.
Signature: Kalen J. Kel	el	Ema	il:	D 17	- July		
Karas T	Reese		2/15/5	75	0		
Printed Name: 7 4 PED J.	TECSE	Dat	= 2/12/0	- )			9
	FOR MUNICIPALITY	USE ONLY	BELOW THIS LINE				
Police Department Recommendation and Co	mments:	Publi	c Safety Committee:	Pa	id To:		
			oved:	Denied: 01	ty of Evan	Date:	
			Clerk's Office Signa	ture		Date	
X	Danied:	Recei	pt #	-		pages	75 75
Approved:	Denied:				ceipt: 1.1		35.00
11/					AREN REESE		
118.//	04-17-2025	_		Ap	r 1, 2025	Pill AM	
Police Chief's Signature	Date	_					
		-					



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-4

New Operator's License: \$			License: \$35.00		rovisional Li	cense: \$	15.00
	IOTE: APPLICATION FEE WILL NOT B	CHARLES HAVE SEEN WITH COLUMN		The state of the s			
A Police check will be completed. Please re	ad carefully and answer honestly. Falsif	fication and	/or misrepresentation ma	y be groun	ds for denial of lie	cense/perm	it. Applicant
cannot reapply for a 6 month period from di	ate of denial. If you have any doubt as to	whether to	include the facts of a spec	cific inciden	t it is recommend	led 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 clarificati	on. You can	obtain information	on regarding	your arrest
and conviction record from the police				e Wiscons	in Circuit Cour	t Access	website at:
https://www.wicourts.gov/casesearch.htm	(CCAP may not provide comprehensive	e list of all a	errests/convictions).			//	
1. LEGAL NAME: DENNIS	E.		REESE	DATE	OF BIRTH:		
First	Middle		Last	DAIL	/	1	-
ADDRESS.			(0.000)	DUON	-	,	
ADDRESS:				PHON	E;		
CITY: EVANSVILLE	STATE: W/		ZIP: 53536	GEND	ER: Male	Fema	ale
Driver's License No.:			Issuing State: WIS	CONSI	t N		
	70 600		Land and the same				
HOW LONG HAVE YOU LIVED AT ABOVE AD			Former Name(s):				
Prior Street Address if Above Address is Les	is Than 5 Years State Zip From To	City	State		Zip	from	To
White the second	ARREST AND	CONVICTIO	ON RECORD	AL STATE	AND DESIGNATION OF THE PERSON		27
	(Anywhere within th	ne United St	tates of America).		EL MILLS		See 1
2. Have you ever been cited and/or convict	ed of a felony?				Yes		No
					Vac		
3. Have you ever been cited and/or convict		- III			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 a	ny of the followin	ig:	_
a) Any underage alcohol violation?					Yes		(No
<ul> <li>b) Operating a motor vehicle while intoxical</li> </ul>	ated?				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 a	ifter closing?				Yes		No
f) Any alcohol related violation other than					Yes		(No)
g) Sale of legal or illegal drugs to include pr	rescription medications or possession of	any illegal	drugs to include prescription	on			
medications not prescribed to you?				Yes		No	
h) Fighting, disorderly conduct, assault, or					Yes Yes		(No)
i) Resisting arrest, interfering with a police			The same of the sa				
j) Any crime or ordinance violation not liste	ed above other than traffic or parking tic	kets?		Yes		(No)	
5. For each YES response above, you must	identify all violations below. Attach add	ditional she	ets if necessary or continu	e on the ba	ack of this applica	tion.	Y E A
TYPE OF ARREST, SUMMONS,	VIOLATION OR CHARGE		MONTH/YEAR		CITY		STATE
Within the last two (2) years, did you ha	ave and/or complete one of the following	ing:	Attach certificate of com	pletion for	Responsible Alco	hol Servers	Course
Successfully completed a Respon			An alcohol agent for a retail alcohol license				
					etail alcohol licens		
Held an Operator's License issue							7.1
6. CERTIFICATION: I do hereby swear, und							
statements herein are complete, true and c ation of this application. Additionally, I unde							
do further agree to comply with all laws, re-	solutions ordinances and regulations for	ederal stati	e or local affecting the sale	of ferment	red malt heverage	s and intoxi	cating liquors
		cucial, stat	,	OI ICITICITY	The state of the s	J dild littoxi	cating ilquois.
Signature: DENNIS E.	rese	Em	ail:	***			
N=1111 = =	Deret		2/1/-1	-	(/'		
Printed Name: OENNIS E.	KEESE	Dat	te: 3/16/25		•		
	FOR SALINICIDALITY	LICE ONLY	DELOW THIS LINE				
	FOR MUNICIPALITY	USE UNLY	BELOW THIS LINE				
Police Department Recommendation and Co	omments:		lic Safety Committee:				
		App	roved:D	enied:	Date	2:	
			Clerk's Office Signatur	e		Date	
	1	-					
Approved:	Denied:	Rece	ipt #				
10, 11							
( ( / /	04-15-202						
Police Chier's Signature	Date	-					
roned chief a signature	Dave						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

OTE: APPI	LICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHD	RAWN
35.00	Renewal Operator's License: \$35.00	Provisional License: \$15.00
313.	Maaison St, PO Box 529, Evansville, WI 5	3536

7C-5

New Operator's License: \$ 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: Michae DATE OF BIRTH: Last ADDRESS: PHONE: GENDER: Female Driver's License No.: **Issuing State**: **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City 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? No Yes 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? No b) Operating a motor vehicle while intoxicated? No Yes c) Selling or furnishing alcoholic beverages to underage person? No Nd d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes 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 h) Fighting, disorderly conduct, assault, or battery? 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 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 An alcohol agent for a retail alcohol license Successfully completed a Responsible Alcohol Servers Course The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. **Printed Name:** Date: FOR MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Clerk's Office Signature Approve 04-15-2025



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-6

New Operator's License: \$35.00	Renewal Ope	erator's	License: \$	35.00	Provisiona	al License:	\$15.00
	PLICATION FEE WILL NOT B						
A Police check will be completed. Please read carefu							
cannot reapply for a 6 month period from date of de- information. If you are unsure about how to respond							
and conviction record from the police depar	A STATE OF THE PARTY OF THE PAR						
https://www.wicourts.gov/casesearch.htm (CCAP)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Dehen	1	Ton	1:0		0.475.05.010711	- 1	- •
1. LEGAL NAME: DEDY OC.	Middle	1011	last		DATE OF BIRTH:		_
- First	TAHOOLE		Last				Ĺ
ADDRESS:	-				PHONE:		
ary: Evansville	STATE: N		ZIP: 53	536	GENDER: Mal	e Fen	nale 🗶
				MIT			
Driver's License No.:	_		Issuing State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	Byc.		Former Name	e(s): De	bro. Hor	ne	
Prior Street Address if Above Address is Less Than 5	Years State Zip From To	City		State	Zip	From	To
	ARREST AND C	ONVICTIO	N RECORD		THE RESERVE		
	(Anywhere within th		ACCUMANTAL MARKET AND ACCUMANTAL PROPERTY.	ca).			- ind- i
2. Have you ever been cited and/or convicted of a fe	elony?				Yes		No
3. Have you ever been cited and/or convicted of a m	nisdemeanor?				Yes		(No)
4. Within the past ten (10) years, have you been arr		to annear	in court for a	forfeited a b			
Any underage alcohol violation?	ested for, received a summons	to appear	in court for, or	riorieitea a bi	Yes		No
b) Operating a motor vehicle while intoxicated?					Yes		No
c) Selling or furnishing alcoholic beverages to under	age person?				Yes		No
d) Permitting underage person on licensed premise					Yes	_	No
e) Allowing persons on licensed premises after closi	ng?				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	n medications or possession of	any illegal o	drugs to includ	le prescription			
medications not prescribed to you?					Yes	_	No
h) Fighting, disorderly conduct, assault, or battery?					Yes		No
<ul> <li>i) Resisting arrest, interfering with a police officer o</li> <li>j) Any crime or ordinance violation not listed above</li> </ul>		kate?	m parts		Yes		SNO
5. For each YES response above, you must identify a					Yes		No
		itional sne					
TYPE OF ARREST, SUMMONS, VIOLATIC	IN OR CHARGE		MU	NTH/YEAR	CIT	4	STATE
Within the last two (2) years, did you have and/	or complete one of the followin	ng:	Attach certifi	icate of compl	letion for Responsible	Alcohol Server	rs Course
Successfully completed a Responsible Alco				An alcohol age	nt for a retail alcohol I	icense	
Held an Operator's License issued in Wisco				he sole propri	etor of retail alcohol l	icense	
6. CERTIFICATION: I do hereby swear, under penalt	y of periury, that I am the per	son who m	_				nse, and that all
statements herein are complete, true and correct. I f							
ation of this application. Additionally, I understand the							
do further agree to comply with all laws, resolutions,	ordinances, and regulations, re	derai, state	or local affect	ting the sale o	f fermented mait beve	erages and into	xicating liquors.
Signature: Debra Iomlin		Ema	ail:	-			~
Dohon Fort			517	· I · c		5	
Printed Name: Debra Tomli		Dat	e: 01a				-
	FOR MUNICIPALITY	USE ONLY	BELOW THIS L	INE			
Police Department Recommendation and Comments					Paid To:		
		200	ic Safety Comr oved:	Den	ied: City of Evans	Date:	
		_	Clarks Off	ien Cianata		Data	
				fice Signature		Date	
Approved: Denied		Recei	pt#		Receipt: 1.15	58364	35.00
					DEBRA TOMLIN		30.000
11/1							
	74-15-2025	-			Apr 2, 2025	465UT TA	
Police Chief's Signature	Date						



### **APPLICATION FOR**

	1. 2025
for	Dine Soss

315.	Madison St, PO Box	x 529,	Evansville, WI	53536	,	700	
× New Operator's License: \$35.00	Renewal Operat				ovisional Lic	ense: \$15.	.00
	PLICATION FEE WILL NOT BE RE		The second secon				
A Police check will be completed. Please read careful		120 70 779 179	The second secon			The second second	1
cannot reapply for a 6 month period from date of deni							
information. If you are unsure about how to respond t							
and conviction record from the police departr	nent and/or the court with	which y	ou interacted, or the	Wisconsin	Circuit Court	Access web	site at:
https://www.wicourts.gov/casesearch.htm (CCAP m							
1. LEGAL NAME: Mason	Cooper	Braur	schweig	DATE O	BIRTH:		
Firet	Middle		Last				
ADDRESS:				PHONE			
Evansville	STATE: WI		53536		Υ	The second second	
CITY: EVALISATIO	STATE: VVI	ZI	P:	GENDE	R: XMale	Female	
Driver's License No.:		Iso	suing State: WI				
	January 2014						
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	odildary 2014	Fo	ormer Name(s):	a			
Prior Street Address if Above Address is Less Than 5 Y	ears State Zip From To	City	State	Zi	Р	From	To
			+				
	ARREST AND CON (Anywhere within the Un						
2. Have you ever been cited and/or convicted of a fel-			T		Yes	χN	lo.
Have you ever been cited and/or convicted of a mis					Yes		
Lawrence Committee Committ		55.00				XN	0
4. Within the past ten (10) years, have you been arres	ited for, received a summons to a	ippear in c	ourt for, or forfeited a b	ond for any			
a) Any underage alcohol violation?					Yes	XN	
b) Operating a motor vehicle while intoxicated?					Yes	χN	
c) Selling or furnishing alcoholic beverages to underag				_	Yes		o X
<ul> <li>d) Permitting underage person on licensed premises?</li> <li>e) Allowing persons on licensed premises after closing</li> </ul>				-	Yes	X N	
f) Any alcohol related violation other than a, b, c, d, a					Yes		0 X
		illogal dru	es to include prescription	n	Yes	X N	0
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?						N	X
h) Fighting, disorderly conduct, assault, or battery?					Yes	X N	
i) Resisting arrest, interfering with a police officer or of	obstructing an officer?				Yes	N	
j) Any crime or ordinance violation not listed above or		?			Yes	X N	
5. For each YES response above, you must identify all	violations below. Attach addition	nal sheets	if necessary or continue	on the back	k of this application	_	-3-16
TYPE OF ARREST, SUMMONS, VIOLATION			MONTH/YEAR		CITY		ATE
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			31.	
		_		_		_	
		_				_	
Within the last two (2) years, did you have and/or	complete one of the following:	At	tach certificate of comp	eletion for R	esponsible Alcoho	ol Servers Cour	rse
Successfully completed a Responsible Alcoh	ol Servers Course		An alcohol age	ent for a reta	il alcohol license		
<ul> <li>Held an Operator's License issued in Wiscon</li> </ul>	isin		The sole propr	rietor of reta	il alcohol license		
6. CERTIFICATION: I do hereby swear, under penalty	of perjury, that I am the person v	who made	and signed the forego	ing applicati	on for an operati	or's license, an	nd that all
statements herein are complete, true and correct. I fur	rther understand a full background	d investiga	tion may be conducted i	by the Evans	ville Police Depar	tment prior to	consider-
ation of this application. Additionally, I understand tha	t this application may be denied if	f it contain	s any falsification-and th	nat I will not	be able to reappl	y for a 6 month	period. I
do further agree to comply with all laws, resolutions, o	rdinances, and regulations, redera	al, state or	local affecting the sale of	of fermented	mait beverages	and intoxicatin	g liquors.
signature: /s/Mason C. Braunschweig		Email:					
Mason C Braunschweig			4/1/2025				
Printed Name: Mason C Braunschweig		Date:	4/1/2020				
	FOR MUNICIPALITY USE O	ONLY REL	OW THIS LINE				
Police Department Recommendation and Comments:				Paid	To:		
	Paid To: Fity of Evansyille		afety Committee:		nf EvarDatel	е	
	GALLY OF CHARACTER						
		1	Clark's Office Stand			Data	
		-	Clerk's Office Signature			Date	
Approved: Denied:		Receipt		~			15 00
	Receipt: 1.158365		15		elpt: 1.158365		15.30
/ 1// //	EVANSVILLE HOME T	TALENT			ANSVILLE HOME		
1 X1 6	-15-2023 714T	Alt		Apr	3, 2025 4	" IM	
Police Chief's Signature	Date						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-8

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

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

New Operator's Electise: \$	OTE: APPLICATION FEE WILL NOT BE R		and the second second		Towns and the last				
A Police check will be completed. Please rea	the state of the s	Contract the Contract of the C	Assessment of the Control of			s for denial o	of license/p	ermit.	Applicant
cannot reapply for a 6 month period from da									
information. If you are unsure about how to									
and conviction record from the police					Wisconsi	n Circuit C	ourt Acce	ss web	osite at:
https://www.wicourts.gov/casesearch.htm	(CCAP may not provide comprehensive lis	st of all arr	ests/conv	victions).	_		_		_
1. LEGAL NAME: LIST	A	Soi	inent	709	DATE O	F BIRTH:	., .		-
Circ	Middle		Last	- J			11	/	
ADDRESS:	n				PHONE				
- 11	1.17		7ID. 5	3536			0.1		
CITY: EVANSULITE	STATE: W 3_	- 1	ZIP: 3	0000	GENDE	R: Male	4	Female	
Driver's License No.:		1	ssuing Sta	te: ( ) T					
Diver 3 License No	1 1		Journ B otto		Λ	1	11.		
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? 140515455		Former Na	ame(s): 415	a H	Lue	oke		
<b>Prior Street Address if Above Address is Les</b>	s Than 5 Years State Zip From To	City		State	Z	ip	From		To
					_			-	
	ARREST AND COM								
	(Anywhere within the U	United Stat	tes of Am	erica).	307500		AT ASSESSED	200	
2. Have you ever been cited and/or convict	ed of a felony?					Yes	>		No
3. Have you ever been cited and/or convicto					Yes		- 3	<b>1</b>	
4. Within the past ten (10) years, have you	been arrested for, received a summons to	appear in	court for	, or forfeited a bo	nd for an	y of the follo	wing:		•
a) Any underage alcohol violation?						Yes		(	100
b) Operating a motor vehicle while intoxica	ited?					Yes			Ne
c) Selling or furnishing alcoholic beverages						Yes			MQ
d) Permitting underage person on licensed	premises?					Yes			No
e) Allowing persons on licensed premises a						Yes			No
f) Any alcohol related violation other than						Yes		•	Ne
g) Sale of legal or illegal drugs to include pr	escription medications or possession of an	y illegal dr	ugs to inc	lude prescription					
medications not prescribed to you?						Yes		_	NBO
h) Fighting, disorderly conduct, assault, or						Yes			No
i) Resisting arrest, interfering with a police	officer or obstructing an officer?					Yes			No
j) Any crime or ordinance violation not liste						Yes		(	No
5. For each YES response above, you must i	dentify all violations below. Attach addition	onal sheet	ts if neces	sary or continue of	n the ba	ck of this app	dication.	F-Stea	
TYPE OF ARREST, SUMMONS, 1	VIOLATION OR CHARGE		141	MONTH/YEAR		CITY			TATE
Ozankee County	Don't region bet		wes	25 415 9	66	Portly	ushing	ton	WI
C + 50 \	ascia almosec			7,-			7		
Can't remember spe	are chages.								
The second of th						n	Alb-16-		
	ave and/or complete one of the following:			rtificate of comple				rvers Co	urse
Successfully completed a Respon				An alcohol agen					
Held an Operator's License issued	in Wisconsin			The sole proprie					
6. CERTIFICATION: I do hereby swear, und	er penalty of perjury, that I am the person	n who ma	de and si	gned the foregoin	g applica	tion for an o	perator's l	icense,	and that all
statements herein are complete, true and contains application. Additionally, I under	orrect. I further understand a full backgrou	ind investi	gation ma	y be conducted by	the Evan	nsville Police	Departmen	a 6 mor	to consider-
do further agree to comply with all laws, res	solutions, ordinances, and regulations, fede	eral, state	or local af	fecting the sale of	fermente	ed malt beve	rages and i	ntoxicat	ing liquors.
1 D - O. O									
Signature:	nnerelete	Emai	il:						
Lica A Sa	nentas		4-1	4-25					
Printed Name: LISA 17. JCX	mencial	Date	-1-	100					
	FOR MUNICIPALITY US	SE ONLY B	ELOW TH	IS LINE					
Police Department Recommendation and Co				Maria Cita de la Companio	Paid	To:			
Toller Department Head The State of the Stat		Appro		ommittee: Deni	ed: City	of Evans	Date:		
1 0 100									
		-	<b>a</b> l 1:	000-01-					
			Clerk's	Office Signature			Date		
Approved: X	Denied:	Receip	ot#		Deve	eipt: 1.15	0371		35.00
Approved:	Jemes.	-							UU y UU
					-	WHENTAG LI			
1 / ( / /	04-15-2025				Apr	4, 2025	AETA UU		
	- Contraction of the contraction	-							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-9

New Operator's License: \$35.00	Renewal Op	erator's	License: \$35.00	Provision	nal License: \$	15.00		
NOTE: API	PLICATION FEE WILL NOT	BE REFUN	DED IF DENIED OR WITH	DRAWN.				
A Police check will be completed. Please read careful cannot reapply for a 6 month period from date of deninformation. If you are unsure about how to respond and conviction record from the police departments.	al. If you have any doubt as to to any questions on this form, ment and/or the court w	whether to check with with which	o include the facts of a speci the City Clerk for clarificatio you interacted, or the	fic incident it is recor on. You can obtain inf	mmended that you formation regarding	disclose the your arrest		
1. LEGAL NAME: Brittany	Lee Middle		Long	DATE OF BIRTH:				
ADDRESS:	Middle		Last	PHONE	-	4		
any: Evansville	CITY: EVONSVILLE STATE: WI				lale Femi	ale		
Driver's License No.:	- t		Issuing State: Wisc	onsin				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?			Former Name(s): Or	ittany f	orrett			
Prior Street Address if Above Address is Less Than 5 \	Years State Zip From To	City	The second of th	Zip	From	To		
VIII AND DEP	ARREST AND ( (Anywhere within th		Control of the Contro		100			
2. Have you ever been cited and/or convicted of a fel				Y	es	No		
3. Have you ever been cited and/or convicted of a mi	sdemeanor?			Y	es	No		
4. Within the past ten (10) years, have you been arre	7.7.12	to appear	in court for, or forfeited a h					
a) Any underage alcohol violation?		то приси	in court to you to the ties a s		es es	(Na)		
b) Operating a motor vehicle while intoxicated?				Y	es	No		
c) Selling or furnishing alcoholic beverages to undera	ge person?			Y	es	400		
d) Permitting underage person on licensed premises?				Y	es	(No		
e) Allowing persons on licensed premises after closin	g?			Y	es	(No.)		
f) Any alcohol related violation other than a, b, c, d, a					es	(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?				es				
h) Fighting, disorderly conduct, assault, or battery?	obstructing an officer?				es	(No.		
<ul> <li>i) Resisting arrest, interfering with a police officer or</li> <li>j) Any crime or ordinance violation not listed above o</li> </ul>		kate?			es	(No.		
5. For each YES response above, you must identify all			* 1			No		
TYPE OF ARREST, SUMMONS, VIOLATION	Market Committee	ntional sne	and the second second second					
TTPE OF ARREST, SUMMONS, VIOLATION	V OR CHARGE		MONTH/YEAR		CITY	STATE		
				-				
Within the last two (2) years, did you have and/or	complete one of the followi	ng:	Attach certificate of comp	letion for Responsib	ole Alcohol Servers	Course		
Successfully completed a Responsible Alcoh	nol Servers Course		An alcohol agent for a retail alcohol license					
Held an Operator's License issued in Wiscon				rietor of retail alcoho				
6. CERTIFICATION: I do hereby swear, under penalty	of periury, that I am the per	son who n				e and that all		
statements herein are complete, true and correct. I fu								
ation of this application. Additionally, I understand that	at this application may be den	ied if it con	tains any falsification-and th	nat I will not be able	to reapply for a 6 n	nonth period. I		
do further agree to comply with all laws, resolutions, or	ordinances, and regulations, fe	ederal, stat	e or local affecting the sale of	of fermented malt be	verages and intoxi	cating liquors.		
Signature:		Fm	ail:					
1 Ibase I I am		2	te: 3-25-25	0.,.	-	-		
Printed Name: Drittary Lor	19	Da	te: 5 25-25					
	FOR MUNICIPALITY	USE ONLY	BELOW THIS LINE					
Police Department Recommendation and Comments:				Paid To:				
			lic Safety Committee: roved: Der	nied: City of Eva	Date!			
			Clerk's Office Signature		Date			
Approved: Denied:		Rece	eipt #	Receipts 1.	158770	35.00		
1						00100		
110 //	1				MEMORIAL POS			
1111	4-5-2025			Apr 7, 2025	2 277 AM			
Police Chief's Signature	Date							
Tonce will a signature								



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-10

New Operator's License: \$35.00	X Renewal Op	erator's	License: \$35.00	Provisio	Provisional License: \$15.00			
	PPLICATION FEE WILL NOT B			Committee of the Commit				
A Police check will be completed. Please read care cannot reapply for a 6 month period from date of dinformation. If you are unsure about how to respon and conviction record from the police departments.	enial. If you have any doubt as to d to any questions on this form, rtment and/or the court w	whether to check with with which	o include the facts of a spe the City Clerk for clarificat you interacted, or the	cific incident it is reco	mmended that you formation regarding	disclose the g your arrest		
1. LEGAL NAME: DAVID	DUANE		POWERS	DATE OF BIRTH:				
ADDRESS:	Middle		Last	PHONE:				
CITY: EVANSUELLE	STATE: WI		ZIP: 53536	GENDER:	fale Fema	ale		
Driver's License No.:	-		Issuing State:	11				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	22 YEARS		Former Name(s):					
Prior Street Address if Above Address is Less Than	5 Years State Zip From To	City	State	Zip	From	То		
	ARREST AND	CONVICTION	ON RECORD		1			
	(Anywhere within th	e United St	tates of America).					
2. Have you ever been cited and/or convicted of a					es	(No)		
3. Have you ever been cited and/or convicted of a					es	No		
4. Within the past ten (10) years, have you been an a) Any underage alcohol violation?	rested for, received a summons	to appear	in court for, or forfeited a			6		
b) Operating a motor vehicle while intoxicated?					es	(No)		
c) Selling or furnishing alcoholic beverages to under	rage person?				es	No		
d) Permitting underage person on licensed premise					es	No		
e) Allowing persons on licensed premises after clos					es	(No)		
f) Any alcohol related violation other than a, b, c, c	, and e?			Y	es	(No)		
g) Sale of legal or illegal drugs to include prescripti	on medications or possession of	any illegal	drugs to include prescription	on				
medications not prescribed to you?				Y	es	(No)		
h) Fighting, disorderly conduct, assault, or battery?		Y	es	No				
i) Resisting arrest, interfering with a police officer of	or obstructing an officer?			Y	es	No		
j) Any crime or ordinance violation not listed above	other than traffic or parking tic	kets?		Y	es	(No)		
5. For each YES response above, you must identify	all violations below. Attach add	ditional she	ets if necessary or continu	e on the back of this	application.			
TYPE OF ARREST, SUMMONS, VIOLATI	ON OR CHARGE		MONTH/YEAR		CITY	STATE		
Within the last true (2) was a did you have and	for complete one of the following		Associations of any	alatics (a. Danson)	to Alexander			
Within the last two (2) years, did you have and		ng:	Attach certificate of com	gent for a retail alcoho		Course		
- Succession Completed a Responsible All		-		prietor of retail alcoho	The state of the s			
Held an Operator's License issued in Wis								
6. CERTIFICATION: I do hereby swear, under pena statements herein are complete, true and correct. I ation of this application. Additionally, I understand do further agree to comply with all laws, resolution:	further understand a full backgr that this application may be den	ound investied if it con	tigation may be conducted tains any falsification-and	by the Evansville Pol that I will not be able	ice Department pric to reapply for a 6 n	or to consider- nonth period. I		
Signature: David Down	ers	Em	ail:		,	~		
Printed Name: DAVID D Pol	WERS	Dat	te: MARCH 2	6 2025				
	FOR MUNICIPALITY	USE ONLY	BELOW THIS LINE					
Police Department Recommendation and Comment	5:		ic Safety Committee:	Paid To: enied: City of Ev	acinal la			
		- App	oved	emed. alty at at	Date:			
			Clerk's Office Signatur	re	Date			
X		Rece				75 50		
Approved: Denied				Receipt: 1		35.00		
("(, ()	64-15-7025			21-11-11-1	E MEMORIAL POS 5 8:37 AM			
Police Chief's Signature	Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-11

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

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

New Operator's License: \$35.00 Kenewai O					sional License.	313.00
NOTE: APPLICATION FEE WILL NOT					denial of license/no	emit Applicant
A Police check will be completed. Please read carefully and answer honestly. Fal- cannot reapply for a 6 month period from date of denial. If you have any doubt as	sification and	/or misre	he facts of a spec	ific incident it is r	ecommended that w	ou disclose the
information. If you are unsure about how to respond to any questions on this form	check with	the City Cl	erk for clarification	on. You can obtain	n information regard	ling your arrest
and conviction record from the police department and/or the court	with which	you int	eracted, or the	e Wisconsin Cir	rcuit Court Acces	s website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensi	ive list of all a	rrests/cor	victions).			
D 1-1 1-1-00A	1	Ar	Son	DATE OF BUR	***	, /
1. LEGAL NAME: DEDPOL SCHOOL		last	12011	DATE OF BIR	IH:	1
First Middle		Last		,		^
ADDRESS:				PHONE:		0
CITY: Evansuille STATE: WI		ZIP:	3536	GENDER:	Male Fe	emale X
un. Courselle						
Driver's License No.:		Issuing S	tate: WI	-		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 24465		Former !	Name(s):			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	rottilet	State	Zip	From	То
Prior Street Address if Above Address is Less Than 3 Tears State 219 From 10		. ()				
· · · · · · · · · · · · · · · · · · ·	Evansi	VIIIC	WI	53530	P	- )
ARREST AND	CONVICTION	ON DECO	PD.	- In Proceedings		
(Anywhere within						-
2. Have you ever been cited and/or convicted of a felony?	the omice of	otes of the	incinca <sub>j</sub> .		Yes	(No)
3. Have you ever been cited and/or convicted of a misdemeanor?	71.11.7				Yes	(No)
4. Within the past ten (10) years, have you been arrested for, received a summo	ns to appear	in court fo	or, or forfeited a	bond for any of t		_
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?  f) Any alcohol related violation other than a, b, c, d, and e?					Yes	No No
g) Sale of legal or illegal drugs to include prescription medications or possession	of any illegal	drugs to in	clude prescriptio	on	163	(10)
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 a	dditional she	ets if nece	essary or continu	e on the back of	this application.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE			MONTH/YEAR		CITY	STATE
	196	E-10.75				
Within the last two (2) years, did you have and/or complete one of the follow	wing:	Attach o	ertificate of com	pletion for Respo	onsible Alcohol Serv	ers Course
Successfully completed a Responsible Alcohol Servers Course				ent for a retail al		
Held an Operator's License issued in Wisconsin			The sole prop	prietor of retail al	cohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the p						
statements herein are complete, true and correct. I further understand a full back	ground inves	tigation n	ay be conducted	by the Evansville	Police Department	prior to consider-
ation of this application. Additionally, I understand that this application may be do further agree to comply with all laws, resolutions, ordinances, and regulations,	federal state	e or local	affecting the sale	an farmented ma	able to reapply for a	oxicating liquors
do further agree to comply with all laws, resolutions, ordinances, and regulations,	, rederal, stat	e or local i	arrecting the sale	printed in	-	s industria
Signature: Signature: Carryon	Em	ail:		~ ~ ~	- ,	_ 3
Notes T Madeon			3/110/2	025	9	
Printed Name: 15010	Da	te:	11012			_
FOR MUNICIPALIT	TY USE ONLY	BELOW T	HIS LINE			
Police Department Recommendation and Comments:				Paid To:		
		roved:	Committee:	enled: City of		
		Clark	- Office Classet		Data	
			s Office Signatur		Date	****
Approved:	Rece	eipt#		0	+ +511770	75 ///
					1.158379	35.00
110 /1					LLE MEMORIAL PO	2
04-15-2020	-			Apr 7, 2	1025 S:38 Ah	
Police CKief's Signature Date	-					
Police Wilei's Signature						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-12

New Operator's License: \$3	Prov	isional Licen	se: \$15.00					
NC	TE: APPLICATION FEE WILL NOT BE	REFUND	DED IF	DENIED OR WITH	DRAWN.			
A Police check will be completed. Please rea cannot reapply for a 6 month period from dat information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	te of denial. If you have any doubt as to v respond to any questions on this form, of department and/or the court wit	whether to heck with th which	the City you	the facts of a specification Clerk for clarification interacted, or the	fic incident it is n. You can obta	recommended the	hat you disclose the egarding your arrest	
01111	LEE		1	1105+	DATE OF BII	рты.		
1. LEGAL NAME: First	Middle		Last	MAZI	DATE OF BII	KIN:		
ADDRESS:					PHONE:	HONE:		
En pleiling	\4/.			T9521	1	1	Edward .	
CITY: FUNNSVILLE	STATE: W		ZIP:	53536	GENDER:	Male	Female	
Driver's License No.:			Issuing	State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADD	DRESS? 50 YRS		Formo	r Name(s):				
Prior Street Address if Above Address is Less	Than 5 Years State 7 in From To	City	Forme	State	Zip	Fro	om To	
Prior Screet Address in Above Address is Less	Than 5 rears state Exp from 10	City		Sidio		- 110	10	
	ARREST AND CO	ONVICTIO	ON REC	ORD				
	(Anywhere within the	United St	tates of	America).				
2. Have you ever been cited and/or convicte	d of a felony?					Yes	(No)	
3. Have you ever been cited and/or convicte	d of a misdemeanor?					Yes	No	
4. Within the past ten (10) years, have you b	een arrested for, received a summons t	o appear	in court	for, or forfeited a b	ond for any of	the following:	_	
a) Any underage alcohol violation?						Yes	No	
b) Operating a motor vehicle while intoxicat	ed?					Yes	No	
<ul> <li>c) Selling or furnishing alcoholic beverages t</li> </ul>						Yes	No	
d) Permitting underage person on licensed p						Yes	No	
e) Allowing persons on licensed premises af						Yes	NO.	
f) Any alcohol related violation other than a, b, c, d, and e?				tank da anasalaka		Yes	(No)	
g) Sale of legal or illegal drugs to include pre	scription medications or possession of a	iny illegal	arugs to	include prescription	,	Yes	No	
medications not prescribed to you?  h) Fighting, disorderly conduct, assault, or battery?						Yes	(No)	
i) Resisting arrest, interfering with a police of						Yes	No	
j) Any crime or ordinance violation not listed		ets?				Yes	(No)	
5. For each YES response above, you must id	lentify all violations below. Attach additional	tional she	ets if ne	cessary or continue	on the back of	this application		
TYPE OF ARREST, SUMMONS, V	IOLATION OR CHARGE			MONTH/YEAR		CITY	STATE	
Within the last two (2) years, did you have		g:		certificate of comp			Servers Course	
Successfully completed a Respons	ible Alcohol Servers Course			The selection	ent for a retail a			
Held an Operator's License issued					ietor of retail a			
<ol><li>CERTIFICATION: I do hereby swear, unde statements herein are complete, true and co</li></ol>								
ation of this application. Additionally, I under	rstand that this application may be denie	ed if it con	tains an	v falsification-and th	nat I will not be	able to reapply f	for a 6 month period.	
do further agree to comply with all laws, reso	plutions, ordinances, and regulations, fed	deral, stati	e or loca	al affecting the sale of	of fermented m	alt beverages an	d intoxicating liquors.	
(000, 91	12.1							
Signature:	VIV.	Em	ail:	17	233	_		
Printed Name: AllAN Hus	PST	Dat	te: N	lar, 17	,400			
					,			
	FOR MUNICIPALITY L	JSE ONLY	REFOM	THIS LINE	Paid To	5		
Police Department Recommendation and Co	mments:			y Committee:	nied: City of			
		Арр	roved:_	Dei	nied: CLC) Cr	Date:		
			Cle	k's Office Signature		Da	ate	
Approved:	Denied:	Rece	ipt#		Receipt	: 1.158379	35.00	
$\sim 1$						ILLE MEMORIAL		
('V //	Aci .					2025 8:38 AF		
Mil	04-15-2025	)			4. 11			
Police Chief's Signature	Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-13

		icense: \$35.00		al License:	\$15.00		
NOTE: APPLICATION FEE WILL NOT B	E REFUND	ED IF DENIED OR WITHD	RAWN.				
A Police check will be completed. Please read carefully and answer honestly. Falsifi	ication and/	or misrepresentation may b	e grounds for denia	of license/perr	mit. 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 specifi	c incident it is recom	imended that yo	u disclose the		
information. If you are unsure about how to respond to any questions on this form, of	check with th	ne City Clerk for clarification	You can obtain info	rmation regarding	ng your arrest		
and conviction record from the police department and/or the court wi	ith 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 ar	rests/convictions).					
1. LEGAL NAME: John Leigh S	chne	ider	DATE OF BIRTH:				
First Middle	Cine	Last	DATE OF BIRTH.		1 10		
ADDRESS: 15542 W. Francis Rd		Lust	PHONE				
ADDRESS: 0372W TOWERS			PHONE:	, ,	10.0		
CITY: E VOWS VILLE STATE: WI		ZIP: 53536	GENDER: Ma	ele Fer	nale		
dir root of the	_	1.17	Joensen.	10.			
Driver's License No.:	1	Issuing State:	-				
		Λ1	10				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 30 YES		Former Name(s):	111				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	То		
ARREST AND C	ONVICTIO	N PECOPD		-	-		
(Anywhere within the	The second second						
	e officed Sta	ites of America).			(5)		
2. Have you ever been cited and/or convicted of a felony?			Ye	S	(NO		
3. Have you ever been cited and/or convicted of a misdemeanor?			Ye	S	(N)		
4. Within the past ten (10) years, have you been arrested for, received a summons	to appear in	court for, or forfeited a bo	and for any of the fo	llowing:			
a) Any underage alcohol violation?	to appear in	reduction, or torrence a pe	Ye		63		
b) Operating a motor vehicle while intoxicated?			Ye	_	(N)		
c) Selling or furnishing alcoholic beverages to underage person?			Ye		(N <sub>0</sub>		
d) Permitting underage person on licensed premises?			Ye		(No		
e) Allowing persons on licensed premises after closing?			Ye				
					No No		
f) Any alcohol related violation other than a, b, c, d, and e?	M1 d		Ye	5	No.		
g) Sale of legal or illegal drugs to include prescription medications or possession of	any illegal di	rugs to include prescription			6		
medications not prescribed to you?			Ye		(E)		
h) Fighting, disorderly conduct, assault, or battery?			Ye		Wo		
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Ye		No				
<ol> <li>Any crime or ordinance violation not listed above other than traffic or parking tick</li> </ol>	kets?		Ye	·S	(NO)		
5. For each YES response above, you must identify all violations below. Attach add	litional shee	ts if necessary or continue	on the back of this a	pplication.			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR	C	ITY	STATE		
				-			
Within the last two (2) years, did you have and/or complete one of the following	ng:	Attach certificate of compl	etion for Responsib	e Alcohol Serve	rs Course		
Successfully completed a Responsible Alcohol Servers Course		Attach certificate of completion for Responsible Alcohol Servers Course  An alcohol agent for a retail alcohol license					
3			etor of retail alcohol				
Held an Operator's License issued in Wisconsin							
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the personal transfer of the personal transfer o							
statements herein are complete, true and correct. I further understand a full background							
ation of this application. Additionally, I understand that this application may be deni do further agree to comply with all-laws, resolutions, ordinances, and regulations, fe							
do further agree to comply with all-laws, resolutions, ordinances, and regulations, re	derai, state	or local affecting the sale of	- I I I I I I I I I I I I I I I I I I I	verages and into	Alcating ilquois.		
Signature: John d. 1 church	Ema	il:					
			2020		-		
Printed Name: John C. Johneider	Date	Mar. 17	20 25		_		
FOR MUNICIPALITY	USE ONLY B	ELOW THIS LINE					
Police Department Recommendation and Comments:	Public	Safety Committee:	Paid To:				
	Appro		ed: City of Evan	Date:			
		Clerk's Office Signature		Date			
V	Receip	pt #					
Approved:   Denied:			Receipt: 1.	59379	35.00		
			EVANSVILLE	MEMORIAL POS			
1 1			Apr 7, 2025				
04.15.2025			tiles of mores	3,30			
Police Chref's Signature Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-14

New Operator's License: \$3					nai License:	\$15.00		
A Police check will be completed. Please rea	TE: APPLICATION FEE WILL NOT BI				nial of license/per	mit Applicant		
A Police check will be completed. Please rea cannot reapply for a 6 month period from dat	d carefully and answer nonestry. Faising	whether to	include the facts of a spec	ific incident it is reco	mmended that vo	u disclose the		
information. If you are unsure about how to	respond to any questions on this form.	heck with	the City Clerk for clarification	on. You can obtain in	formation regardi	ng your arrest		
and conviction record from the police	department and/or the court with	th which	you interacted, or the	Wisconsin Circu	it Court Access	website at:		
https://www.wicourts.gov/casesearch.htm	(CCAP may not provide comprehensive	list of all a	arrests/convictions).					
00 )	1	-		DATE OF BIRTH				
1. LEGAL NAME: MICHELE	Middle		rompson	DATE OF BIRTH				
First	Middle		Last					
ADDRESS:				PHONE:				
ary: Evansville	STATE: WI		ZIP: 53536	GENDER:	Male Fer	nale		
CIT: EVGI BVINE	STATE: W		21r. 32336	GENDER.	viale (re	naic)		
Driver's License No.:			Issuing State:					
	9		Former Name(s): KU	cva la	LAND			
HOW LONG HAVE YOU LIVED AT ABOVE ADD								
Prior Street Address if Above Address is Less	Than 5 Years State Zip From To	City	State	Zip	From	То		
STATE OF THE PARTY	ARREST AND C							
	(Anywhere within the	e United S	tates of America).		the state of the s			
2. Have you ever been cited and/or convicte	ed of a felony?				Yes	No		
3. Have you ever been cited and/or convicte	d of a misdemeanor?				Yes	No		
4. Within the past ten (10) years, have you b	een 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 intoxicat	ted?				Yes	(No)		
c) Selling or furnishing alcoholic beverages t					Yes	(No)		
d) Permitting underage person on licensed p					Yes	No		
e) Allowing persons on licensed premises af					Yes	(No)		
f) Any alcohol related violation other than a					Yes	(No)		
g) Sale of legal or illegal drugs to include pre		any illegal	drugs to include prescription	n				
medications not prescribed to you?					Yes	No		
h) Fighting, disorderly conduct, assault, or b	attery?				Yes	No		
i) Resisting arrest, interfering with a police of	officer or obstructing an officer?				Yes	No		
j) Any crime or ordinance violation not listed	d above other than traffic or parking tick	kets?			Yes	No		
5. For each YES response above, you must ic	dentify all violations below. Attach add	itional she	ets if necessary or continu	e on the back of thi	s application.			
TYPE OF ARREST, SUMMONS, V	IOLATION OR CHARGE		MONTH/YEAR		CITY	STATE		
		_			-			
Within the last two (2) years, did you have	ve and/or complete one of the following	ng:	Attach certificate of completion for Responsible Alcohol Servers Course					
Successfully completed a Respons	ible Alcohol Servers Course		An alcohol ag	ent for a retail alcoh	nol license			
Held an Operator's License issued	in Wisconsin		The sole prop	prietor of retail alcoh	ol license			
6. CERTIFICATION: I do hereby swear, unde		son who n	nade and signed the forego	oing application for	an operator's lice	nse, and that all		
statements herein are complete, true and co								
ation of this application. Additionally, I under								
do further agree to comply with all laws, reso	biutions, ordinances, and regulations, re	derai, stat	e or local affecting the sale	or rermented mait t	beverages and into	xicating liquors.		
Signature: Thelelle Thou	wind	Em	ail:			1		
			00 1 10	- 1170				
Printed Name: Michelle 1h	moson)	Da	te: March 19	2,0072		_		
	CONTRACTOR AND	USE CAUSE	BELOW THE LINE					
	FOR MUNICIPALITY	USE ONLY	BELOW THIS TIME	Onid Tox				
Police Department Recommendation and Co	mments:		lic Safety Committee:	Paid To:				
		Арр	roved: De	enied: City of Ex	/an Datet			
			Clerk's Office Signatur	e	Date			
$\checkmark$		Rece	eipt#					
Approved:	Denied:			Receipt:	1.158379	35.34		
$\bigcap D$				EVANSVILI	E MEMORIAL PO	S		
					25 8:39 AM			
	04-15-2025			opi il zu	2001			
Police Chief's Signature	Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-15

New Operator's License: \$3		Renewal O					nal License: \$	15.00
		ION FEE WILL NOT						TEV END
A Police check will be completed. Please rea								
cannot reapply for a 6 month period from dat information. If you are unsure about how to								
and conviction record from the police								
https://www.wicourts.gov/casesearch.htm								
1. LEGAL NAME: Tanua		arie		M16		DATE OF BIRTH:		_
First		liddle		Last		DATE OF BIRTH.		10
ADDRESS:						PHONE:		
		110		-	2001		_	
ary: Evansulle	STAT	E: \( \( \) \( \)		ZIP:	5556	GENDER: M	ale Fem	ale
Driver's License No.:				Issuing St	ate: \A/I			
	201	1		issuing st				
HOW LONG HAVE YOU LIVED AT ABOVE ADD		4		Former N	-			1
Prior Street Address if Above Address is Less	Than 5 Years 5	tate Zip From To	City		State	Zip	From	То
		ARREST AND	CONVICTI	ON PECOE	00		1	
		(Anywhere within						
2. Have you ever been cited and/or convicte	d of a felony?					Ye	es	No
3. Have you ever been cited and/or convicte		anor?				Ye		No
					forfolded a bar			(NO)
4. Within the past ten (10) years, have you b	een arrested to	r, received a summor	ns to appear	in court for	r, or forfeited a boi	nd for any of the fo		No
a) Any underage alcohol violation?     b) Operating a motor vehicle while intoxicat	ed?					Ye		No No
c) Selling or furnishing alcoholic beverages t		son?				Ye		(No)
d) Permitting underage person on licensed p						Ye		No
e) Allowing persons on licensed premises af						Ye	es	No
f) Any alcohol related violation other than a						Ye	es	(No)
g) Sale of legal or illegal drugs to include pre	scription medic	ations or possession	of any illegal	drugs to inc	clude prescription			
medications not prescribed to you?					Ye		(No	
<ul> <li>h) Fighting, disorderly conduct, assault, or b</li> <li>i) Resisting arrest, interfering with a police of</li> </ul>		cting an officer?				Ye		No
j) Any crime or ordinance violation not listed			tickets?			Ye		(No)
5. For each YES response above, you must id				ets if neces	ssary or continue o			
TYPE OF ARREST, SUMMONS, V	And the last of th				MONTH/YEAR		TTY	STATE
THE OF ARREST, SOMMERS, V								
						_		
Within the last two (2) years, did you have			wing:		ertificate of comple			Course
Successfully completed a Respons	ible Alcohol Ser	vers Course				t for a retail alcoho		
Held an Operator's License issued						tor of retail alcoho		
<ol><li>CERTIFICATION: I do hereby swear, unde statements herein are complete, true and co</li></ol>								
ation of this application. Additionally, I under								
do further agree to comply with all laws reso	ofutions, ordina	ces, and regulations,	federal, sta	e or local at	ffecting the sale of	fermented malt be	verages and intox	icating liquors.
	M						1 1 A	
Signature:	Com	1	En	nail:	10	101-110		-
Printed Name:	nenal	N	Da	te:	0 5.10.	15		
	(				14	-0		
Delice Description of December 1 Co.	am autr	FOR MUNICIPALIT		ALC: UNITED BY		Paid Tox		
Police Department Recommendation and Co	minents:		100	olic Safety C		Paid To: ed: City of Eva	os Datas	
			Ар	oroved:	Deni	CA. DITA OF EAS	- Vale:	
. A				Clerk's	Office Signature		Date	
Approved	Denied:		Rec	eipt #		Barret	150790	th po
1	Jenieu.					Receipt: 1.		35.00
1'////							MEMORIAL FOS	
1 8 ./-/	04	-15-202	5			Apr 7, 2025	SELY AM	
Police Chief's Signature		Date						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-16

	or's License: \$35.00	Provisional Licen	ise: \$15.00		
NOTE: APPLICATION FEE WILL NOT BE RE	FUNDED IF DENIED OR WITHD	RAWN.			
A Police check will be completed. Please read carefully and answer honestly. Falsification	on and/or misrepresentation may l	be grounds for denial of licens	e/permit. Applicant		
cannot reapply for a 6 month period from date of denial. If you have any doubt as to whe	ther to include the facts of a specifi	ic incident it is recommended to	hat 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	Wisconsin Circuit Court A	egarding your arrest		
and conviction record from the police department and/or the court with	of all arrests (convictions)	Wisconsin Circuit Court A	ccess website at.		
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list	of all arrests/convictions/.				
1. LEGAL NAME: Candace Lee	DATE OF BIRTH:	ATE OF BIRTH:			
First 11 A. Middle A	-				
ADDRESS:	<b>-</b>	PHONE:	, -		
CITY: Footville STATE: WI	ZIP: 53537	GENDER: Male	Female		
CITY: Footville STATE: WI					
Driver's License No.:	Issuing State: Wisc	onsin			
74 10005					
The state of the s	Former Name(s):				
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City State	Zip Fro	From To		
ARREST AND CON					
(Anywhere within the Un	ited 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 a	ppear in court for, or forfeited a be	ond 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 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	Yes	(D)			
medications not prescribed to you?			(NO)		
h) Fighting, disorderly conduct, assault, or battery?					
<ul> <li>i) Resisting arrest, interfering with a police officer or obstructing an officer?</li> <li>j) Any crime or ordinance violation not listed above other than traffic or parking tickets?</li> </ul>	Yes	(No)			
5. For each YES response above, you must identify all violations below. Attach addition					
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE		
TIPE OF ARREST, SUMMINIS, VIOLATION ON CHARGE	WOITIN/ TEAN	CITT	JIAIL		
Within the last two (2) years, did you have and/or complete one of the following:  Attach certificate of completion for Responsible Alcohol Servers (					
Successfully completed a Responsible Alcohol Servers Course	nt for a retail alcohol license				
Held an Operator's License issued in Wisconsin	An alcohol age The sole propri	ietor of retail alcohol license			
Heid an Operator's License issued in Wisconsin     CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person			's license and that all		
statements herein are complete, true and correct. I further understand a full background					
ation of this application. Additionally, I understand that this application may be denied if					
do further agree to comply with all laws, resolutions, ordinances, and regulations, federa	al, state or local affecting the sale of	f fermented malt beverages an	nd intoxicating liquors.		
Condan I Andrew	Email:		m		
Signature: MACOCO & MACOCO	7/2.10	7			
Printed Name: Landace L. Hudsews	Date: 3/2//25				
FOR MUNICIPALITY USE	ONLY BELOW THIS LINE	2			
Police Department Recommendation and Comments:	Public Safety Committee:	Paid To:			
	Approved: Der	nied: City of EvansDates			
	Clerk's Office Signature	D	Date		
	Receipt #	***********			
Approved:	The state of the s	Receipt: 1.158379	35.00		
110 1	EVANSVILLE MEMORIAL POS				
X //		Apr 7, 2025 8:39 A			
04-15-2025		THE IT COLD WATER			
Police Chief's Signature Date					



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-17

New Operator's License: \$35.00 X Renewal Operator's License: \$35.00 Provisional						Provisional L	icense: \$	15.00	
NOTE: APPLICA	VTION FEE WILL NOT BE	REFUND	ED IF DE	NIED OR WITH	DRAWN.				
A Police check will be completed. Please read carefully an cannot reapply for a 6 month period from date of denial. If information. If you are unsure about how to respond to an and conviction record from the police department <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP may no	you have any doubt as to w y questions on this form, ch and/or the court with at provide comprehensive li	hether to eck with the which st of all ar	include the he City Cle you inte rests/conv	e facts of a spec rk for clarification racted, or the victions).	ific inciden on. You car	nt it is recommen n obtain informat	ded that you tion regarding	disclose the your arrest	
1. LEGAL NAME: LYNda MO	rrie	Lo	urs	en	DATE	OF BIRTH:	-11-11		
ADDRESS: Middle lact			lact		PHONE:				
Francille WI			ZIP: 53536 GEND			NDER: Male Female			
CITY: LY UNION I I C	ATE: VV I		ZIP: UC	- 1	1	*	rem	ale	
Oriver's License No.: :g State: : : :g State: : : : : : : : : : : : : : : : : : :			SCO	nsin					
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?									
Prior Street Address if Above Address is Less Than 5 Years	Prior Street Address if Above Address is Less Than 5 Years State Zip From To			State		Zip	From	То	
	ARREST AND CO	NVICTIO	N PECOE	n .					
	(Anywhere within the								
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 misden	neanor?					Yes		No	
4. Within the past ten (10) years, have you been arrested	for, received a summons to	appear i	n court fo	r, or forfeited a	bond for a	ny of the follow	ing:		
a) Any underage alcohol violation?						Yes		КР	
b) Operating a motor vehicle while intoxicated?	b) Operating a motor vehicle while intoxicated?					Yes		N	
c) Selling or furnishing alcoholic beverages to underage pe	erson?					Yes		<b>M</b>	
d) Permitting underage person on licensed premises?						Yes		(No)	
e) Allowing persons on licensed premises after closing?						Yes		NO NO	
f) Any alcohol related violation other than a, b, c, d, and e		u illagal d	runs to inc	sluda asassintia		Yes		No	
g) Sale of legal or illegal drugs to include prescription med	lications or possession of ar	iy illegal o	rugs to inc	ciude prescriptio	m	Yes		NO	
medications not prescribed to you?  h) Fighting, disorderly conduct, assault, or battery?						Yes		NO	
i) Resisting arrest, interfering with a police officer or obstr	ructing 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 viol			ts if neces	ssary or continu	e on the b	ack of this appli	cation.	2 2 1027	
TYPE OF ARREST, SUMMONS, VIOLATION OR				MONTH/YEAR		CITY		STATE	
THE OF PARTIES , SOUTH OF STREET									
							-		
		-					_		
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			ent for a r	retail alcohol license					
Held an Operator's License issued in Wisconsin									
6. CERTIFICATION: I do hereby swear, under penalty of p	erjury, that I am the perso	on who ma	ade and s	igned the forego	oing applic	cation for an ope	erator's licens	se, and that all	
statements herein are complete, true and correct. I further	r understand a full backgrou	und invest	igation ma	ay be conducted	by the Eva	ansville Police De	epartment pr	or to consider-	
ation of this application. Additionally, I understand that the do further agree to comply with all laws, resolutions, ordin	s application may be denie	d if it cont	or local a	fecting the cale	of fermen	ted malt bevera	apply for a b i	month period.	
do further agree to comply with an aws, resolutions, or un	arices, and regulations, red	erai, state	or local a	recting the sale	Of Termen	iced mair bevera	cs and micox	cating inquots.	
Signature: / 14 / Vell / Leu John	_	Ema	il:		VL: -			_	
Printed Name: Lynda Laursen		-	03	121/2021	5	J			
Printed Name: Nyman Rull SCFT	_	Date	e:,	121/202					
	FOR MUNICIPALITY U	SE ONLY E	ELOW TH	IS LINE					
Police Department Recommendation and Comments:		Publi	c Safety C	ommittee:	Pat	id To:			
		The second second	oved:		enied: [1	ty of Evansoa	te:		
			Clark's	Office Signatur	0	_	Date		
				Office Signatur	-		Jace		
Approved: Denied:		Recei	pt#		Re	ceipt: 1.1583	779	35.00	
						VANSVILLE MEN		39,100	
/ / //									
1/1/1/10	1-15-2027				HD	r 7, 2025 8	37 HI		
Police Chief's Signature	Date								



Police Chief's Signature

#### APPLICATION FOR **OPERATOR'S LICENSE**

CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-18

Apr 7, 3025 8:39 AM

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) DATE OF BIRTH: 1. LEGAL NAME: PHONE ADDRESS: GENDER Male **Issuing State** Driver's License No. **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To To ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to underage person? Yes d) Permitting underage person on licensed premises? e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? 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 An alcohol agent for a retail alcohol license Successfully completed a Responsible Alcohol Servers Course The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. Email: Date: ONLY BELOW THIS LINE **Public Safety Committee:** Police Department Recommendation and Comments: Paid To: Approved: Denied: Date: Clerk's Office Signature Receipt # Receipt: 1.158379 Denied: EVANSVILLE MEMORIAL POS 84-15-Zo25



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-19

New Operator's License: \$35.00	Renewal Opera	ator's Li	cense: \$35.00	Provisi	ional License: \$	15.00
NOTE: AP	PLICATION FEE WILL NOT BE R	REFUNDE	IF DENIED OR WITH	DRAWN.		
A Police check will be completed. Please read careful cannot reapply for a 6 month period from date of deninformation. If you are unsure about how to respond and conviction record from the police depart <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP no	ial. If you have any doubt as to wh to any questions on this form, che ment and/or the court with	eck with the which y	clude the facts of a spec City Clerk for clarificati ou interacted, or th	cific incident it is re- on. You can obtain	commended that you information regardin	disclose the gyour arrest
1. LEGAL NAME: Johnnie	Mge	Was	hinst	DATE OF BIRT	H:	
First	Middle		Last			
ADDRESS:				PHONE:		
ary: madison	STATE: WI	Z	P: 53704	GENDER:	Male Fem	ale X
Driver's License No.:		Is	suing State: W I			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	16+ years	F	ormer Name(s):			
Prior Street Address if Above Address is Less Than 5	Years State Zip From To	City	State	Zip	From	То
						1
	ARREST AND COM (Anywhere within the U	10.000	CONTROL OF THE PARTY OF THE PAR			
2. Have you ever been cited and/or convicted of a fe		Jineed State	es of Patterney,		Yes	No
					Yes	No
3. Have you ever been cited and/or convicted of a m			and for a forfalted a	hand for any of th		140
4. Within the past ten (10) years, have you been arro	ested for, received a summons to	appear in	court for, or forfeited a	bond for any or th	Yes Yes	No
a) Any underage alcohol violation?     b) Operating a motor vehicle while intoxicated?					Yes	No
c) Selling or furnishing alcoholic beverages to under	age person?				Yes	No
d) Permitting underage person on licensed premises					Yes	No
e) Allowing persons on licensed premises after closi					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	n medications or possession of any	y illegal dru	igs to include prescription	on		00
medications not prescribed to you?					Yes	No
h) Fighting, disorderly conduct, assault, or battery?	-h-ttireaffice-2				Yes	No
<ul> <li>i) Resisting arrest, interfering with a police officer or</li> <li>j) Any crime or ordinance violation not listed above</li> </ul>	other than traffic or parking ticket	167			Yes	NO
5. For each YES response above, you must identify a			if necessary or continu	e on the back of t		THE WHOLE
TYPE OF ARREST, SUMMONS, VIOLATIO			MONTH/YEAR		CITY	STATE
TIPE OF ARREST, SOMMONS, VIOLATIC	on crimac					
		_				
			ST-10-10-10-10-10-10-10-10-10-10-10-10-10-			
Within the last two (2) years, did you have and/	or complete one of the following:		Attach certificate of con			s Course
Successfully completed a Responsible Alco	phol Servers Course			gent for a retail alc		
Held an Operator's License issued in Wisco	onsin			prietor of retail alo		
6. CERTIFICATION: I do hereby swear, under penalt	y of perjury, that I am the person	n who mad	de and signed the foreg	oing application fo	or an operator's licen	ise, and that all
statements herein are complete, true and correct. I fation of this application. Additionally, I understand to	nat this application may be denied	ind investig	ins any falsification-and	that I will not be a	ble to reapply for a 6	month period.
do further agree to comply with all laws, resolutions,	ordinances, and regulations, fede	eral, state o	or local affecting the sale	of fermented mal	t beverages and into	cicating liquors.
Signature:	-	Email	:			-
Printed Name: Johnnie M. Was	hinston	Date:				
Frinted Halle.						-
	FOR MUNICIPALITY US	E ONLY BE	LOW THIS LINE			
Police Department Recommendation and Comments			Safety Committee:	onlad:	Date	
		Appro	veu: D	enied:	Date:	
		_				
			Clerk's Office Signatu	re	Date	
A		Receip	t #			
Approved: Denied	·	-				
(4(1)	04-15-2025	-				
Police Chief's Signature	Date	-				



New Operator's License: \$35.00

### **OPERATOR'S LICENSE**

CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-20

Provisional License: \$15.00

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

Renewal Operator's License: \$35.00

	APPLICATION FEE WILL NOT BI						
A Police check will be completed. Please read ca cannot reapply for a 6 month period from date of information. If you are unsure about how to resp and conviction record from the police de	denial. If you have any doubt as to one ond to any questions on this form, on partment and/or the court with	whether the check with the which	o include the facts of a spe the City Clerk for clarificat you interacted, or the	cific incide	nt it is recom	nmended that y	ou disclose the
https://www.wicourts.gov/casesearch.htm (CC	AP may not provide comprehensive	list of all	arrests/convictions).				
1. LEGAL NAME: KEUN	James		Watt	DATE	OF BIRTH:		•
First	. Middle		Last				
ADDRESS:	_			PHOI	NE:	- 1 -	- 1 1
CITY: Evansuille	STATE: LAT		ZIP: 53536	GENI	DER: Ma	10 50	and a
	Ve -		12-	GLIVE	JER. IVIE	re re	male
Driver's License No.:			Issuing State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRES	s? 8 VIS 2017		Former Name(s):				
Prior Street Address if Above Address is Less Tha		City	State		Zip	From	То
						,,,,,,,,	
	ARREST AND CO				2201		
2 Have you grow have the day of	(Anywhere within the	United S	tates of America).				
2. Have you ever been cited and/or convicted of					Yes	77	No
3. Have you ever been cited and/or convicted of					Ye	/ '	No
4. Within the past ten (10) years, have you been	arrested for, received a summons t	o appear	in court for, or forfeited a	bond for a	ny of the fo	llowing:	
a) Any underage alcohol violation?					Yes	5	No
<ul><li>b) Operating a motor vehicle while intoxicated?</li><li>c) Selling or furnishing alcoholic beverages to uncertainty.</li></ul>	darage person?				Yes		No
d) Permitting underage person on licensed prem					Yes		No
e) Allowing persons on licensed premises after cl					Yes		No
f) Any alcohol related violation other than a, b, c,	d, and e?				Yes		No S
g) Sale of legal or illegal drugs to include prescrip	tion medications or possession of a	ny illegal	drugs to include prescription	on			
medications not prescribed to you?					Yes		No
<ul><li>h) Fighting, disorderly conduct, assault, or batter</li><li>i) Resisting arrest, interfering with a police office</li></ul>					Yes		(NO)
j) Any crime or ordinance violation not listed abo	or obstructing an officer?	ots?			Yes		No
5. For each YES response above, you must identif			ats if nacassan, or continu	o on the b	Yes		No
TYPE OF ARREST, SUMMONS, VIOLA	TION OR CHARGE	ional sile	MONTH/YEAR	e on the b	ack of this a	oplication.	CTATE
Possible Marijuana Posse	8001 - 2008 - 20XIS	22	2008-2015 Joh		M		STATE
1035 DE MAI JACION 105 X	5,00 2000 - 201)		201) 301	sure	11/Ctas	1620	WI
Miletan Land Co.	· ·						
Within the last two (2) years, did you have an	d/or complete one of the following	3:	Attach certificate of com				rs Course
Successfully completed a Responsible A			An alcohol ag			2000-00	
Held an Operator's License issued in Wi			☐ The sole prop				
6. CERTIFICATION: I do hereby swear, under pen statements herein are complete, true and correct. ation of this application. Additionally, I understand do further agree to comply with all laws, resolution	I further understand a full backgrou I that this application may be denied	und invest d if it cont	tigation may be conducted tains any falsification-and t	by the Eva	insville Police	Department p	prior to consider-
1 S. Just			,	-		-6-2 00 1110	, , ,
Signature:		Ema	oil: \	~		· 4 4 -	_
Printed Name: Kevin James	Watt	Dat	e: 4/16/25				
				Pai	d To:		
olice Department Recommendation and Commer	FOR MUNICIPALITY US	SE ONLY E	BELOW THIS LINE	-	1	J.	
once beparement recommendation and commen	<b>13.</b>		c Safety Committee:	9.1			
		Appr	oved: De	nied:		Date:	
				and her had			
			Clerk's Office Signature	e Rec	eipt: 1.15	Date	50.00
pproved: Denie	d:	Recei	pt #		TT KEVIN		
				Apr	16, 2025	9:58 AM	
CK ()	04-16-25						
Police Chief's Signature	Date	1					



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-21

New Operator's License. \$35.00 Renewar Opera		AND RESIDENCE OF THE PARTY OF T	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	ional License.	\$13.00
NOTE: APPLICATION FEE WILL NOT BE R	CONTRACTOR OF THE PARTY OF THE	AND DESCRIPTION OF THE PERSON	AND DESCRIPTION OF THE PERSON		The state of the s
A Police check will be completed. Please read carefully and answer honestly. Falsificat					
cannot reapply for a 6 month period from date of denial. If you have any doubt as to wh					
information. If you are unsure about how to respond to any questions on this form, che					•
and conviction record from the police department and/or the court with			Wisconsin Cir	cuit Court Access	website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list					<del>-</del>
1. LEGAL NAME: SUK HPA STIME	Sing	h	DATE OF BIRT	TH: , - 116	LVV
First . Middle	Last			H:	1
ADDRESS:			PHONE:	_	
Test Short	-	2000		1	
CITY: GOODINGO STATE: WIT	ZIP:	3520	GENDER:	Male Fe	male
Driver's License No :	terrine (	tata:		_	
Driver's License No.:	Issuing S	otate:			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 MONTHS	Former	Name(s):			
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City	State	Zip	From	То
					10
ARREST AND CON	WACTION DECC	100			
(Anywhere within the U					
	inted States of A	mencaj.			
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 a	appear in court f	or, or forfeited a bo	nd for any of th	ne 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	-110
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	rillegal drugs to it	nclude 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	s?			Yes	No
5. For each YES response above, you must identify all violations below. Attach addition	nal sheets if nec	essary or continue of	on the back of t	his 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 o	certificate of comple	tion for Respon	nsible Alcohol Serve	ers Course
Successfully completed a Responsible Alcohol Servers Course		An alcohol agen	t for a retail alc	ohol license	
		The sole proprie			
Held an Operator's License issued in Wisconsin					d sb-s 11
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person statements herein are complete, true and correct. I further understand a full backgroun					
ation of this application. Additionally, I understand that this application may be denied in	if it contains any	falsification-and tha	t I will not be al	ble to reapply for a	month period
do further agree to comply with all laws, resolutions, ordinances, and regulations, feder	al, state or local	affecting the sale of	fermented mal	t beverages and into	exicating liquors.
Signature:	Email:				
and Cinch	Date	4116125			
Printed Name: Suppac Singh	Date:	1110100			-
FOR MUNICIPALITY USE	ONLY BELOW T	HIS LINE			
Police Department Recommendation and Comments:			Paid To:		
	Public Safety Approved:	Deni	ed: City at 1	Van Date	
				- Date:	
,					
	Clerk	s Office Signature		Date	
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Approved: Denied:			Receipt:	1.158458	35.00
			SD EVAN	SVILLE HINI HAFT	
11/10/1				2025 12:40 PM	
04-23-25			190 AV11	200	
Police Chief's Signature Date					



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-2231 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). DATE OF BIRTH: Middle PHONE: GENDER Female Driver's License No.: Issuing State: year and HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To State From To MI 4909 י שוועוטוייש וווטעו ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? Yes No 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following. a) Any underage alcohol violation? No b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to underage person? Yes No Yes d) Permitting underage person on licensed premises? No e) Allowing persons on licensed premises after closing? Yes No Yes f) Any alcohol related violation other than a, b, c, d, and e? 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? No h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No j) Any crime or ordinance violation not listed above other than traffic or parking tickets? No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Successfully completed a Responsible Alcohol Servers Course The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. Printed Name: Anmolecet Paid To: Police Department Recommendation and Comments: **Public Safety Committee:** Denied: C10 Approved: Clerk's Office Signature Date Receipt # Denied: Approved SD EVANSVILLE MINI MART Apr 14, 2025 12:40 PM 04-23-25 Chief's Signature



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-23

New Operator's License: \$35.00	Renewal Ope	erator's l	icense: \$35.00		Provisional Lice	ense: \$15.00	)	
	PLICATION FEE WILL NOT B							
A Police check will be completed. Please read carefi						The second secon		
cannot reapply for a 6 month period from date of de- information. If you are unsure about how to respond						The same of the sa		
and conviction record from the police depar								
https://www.wicourts.gov/casesearch.htm (CCAP)			A CONTRACTOR OF THE PROPERTY O	ne wiscon	Sill Circuit Court	ACCESS WEDSILE	at.	
LIEGAL NAME SAO ALL	Notal		Delni	2475	OF BIRTH	_		
1. LEGAL NAME: DAKAH	1. LEGAL NAME: DATE OF BIRTH:  First Middle Last							
ADDRESS:	madic		-	PHON	IE.			
ADDRESS:	1.0		C06211	rnon				
CITY: Calgertar	STATE: WI		ZIP: DOOT	GEND	ER: Male	Female /		
Driver's License No.:			ssuing State: W					
	10			1. 2.	to Samala	0		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	12473		Former Name(s):	an Di		Shumwa	y	
Prior Street Address if Above Address is Less Than 5	Years State Zip From To	City	State		Zip	From	To	
	ARREST AND C	CANALCTIC	N DECORD					
	(Anywhere within th	Service Physical Services						
2. Have you ever been cited and/or convicted of a fo					Yes	No	)	
3. Have you ever been cited and/or convicted of a n					(See)	No		
		to	sauce for as forfaited	hand for a				
4. Within the past ten (10) years, have you been arr a) Any underage alcohol violation?	ested for, received a summons	to appear ir	court for, or forfeited	a bond for a	Yes	No		
b) Operating a motor vehicle while intoxicated?					Yes	No	,	
c) Selling or furnishing alcoholic beverages to under	age person?				Yes	(No)	,	
d) Permitting underage person on licensed premise	s?				Yes	(NO)		
e) Allowing persons on licensed premises after closi	ng?				Yes	No	)	
f) Any alcohol related violation other than a, b, c, d,					Yes	(No	)	
g) Sale of legal or illegal drugs to include prescription	n medications or possession of	any illegal di	rugs to include prescript	ion				
medications not prescribed to you?					Yes	900		
<ul> <li>h) Fighting, disorderly conduct, assault, or battery?</li> <li>i) Resisting arrest, interfering with a police officer o</li> </ul>	obstructing an officer?		Viv	4 Recor	Yes	No No	-	
j) Any crime or ordinance violation not listed above		kets?	Juv	y lucco	Yes	(No)		
5. For each YES response above, you must identify a			ts if necessary or contin	ue on the b			733	
TYPE OF ARREST, SUMMONS, VIOLATIC			MONTH/YEAR		CITY	STATI	E	
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Thurs at the service of the	THE WAR				Cayeria	W		
Animal Atlanta			DINI		Gana A. a	1.0		
pruna a larg			aur		ZOYUTU	WI		
Within the last two (2) years, did you have and/		ng:	Attach certificate of co			ol Servers Course		
Successfully completed a Responsible Alco				0	etail alcohol license			
Held an Operator's License issued in Wisc					etail alcohol license			
6. CERTIFICATION: I do hereby swear, under penalt statements herein are complete, true and correct. I								
ation of this application. Additionally, I understand to								
do further agree to comply with all laws, resolutions	ordinances, and regulations, fe	ederal, state	or local affecting the sal	e of fermen	ted malt beverages	and intoxicating li	quors.	
Stalls.		F						
Signature:		Ema	217 0	2	11.00			
Printed Name: Strain Hour								
FOR MUNICIPALITY USE ONLY BELOW THIS LINE								
Police Department Recommendation and Comments				Pa	id To:			
Tonce Department necommendation and comments		Appro	Safety Committee:		ty of Evan Date			
		прри	, veu	Jemeu.	Dates			
			Clerk's Office Signatu	ire		Date		
Approved: Denied		Receip	ot #	Pa	celot: 1.15345	35.	.ne	
					AMTLY DOLLAR SI			
( ) ( )					r 17, 2025 3:3			
1	04-23-25			760	Ery could say			
Police Chief's Signature	Date							



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-24

New Operator's License: \$35.00 Nenewal O		the same of the sa		iai License.	\$15.00
NOTE: APPLICATION FEE WILL NOT					
A Police check will be completed. Please read carefully and answer honestly. Fals					
cannot reapply for a 6 month period from date of denial. If you have any doubt as					
information. If you are unsure about how to respond to any questions on this form					
and conviction record from the police department and/or the court			e Wisconsin Circuit	Court Access	website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehens	ive list of all a	rrests/convictions).			
1. LEGAL NAME: TEXESO AND		Modsen	DATE OF BIRTH:		
, First Middle		Last			
ADDRESS:			PHONE:		
			11101111		7
CITY: EVANSVILLE STATE: WI		ZIP: 535360	GENDER: M	ale (Fen	nale )
		1 17	1 22 11		
Driver's License No.:		Issuing State:	100 M	1	
HOW I ON O HAVE NOW AND AT ABOUT ADDRESS?		Former Name/eli			
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	City	Former Name(s): State	71	From	To
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	-		Zip	1	1
	tvansu	IL WI	53536	2017	2021
J		•			
ARREST AND	The second secon				
(Anywhere within	the United St	ates of America).	-		~
2. Have you ever been cited and/or convicted of a felony?			Y	es	(No)
3. Have you ever been cited and/or convicted of a misdemeanor?			Y	es	(No)
Within the past ten (10) years, have you been arrested for, received a summor	ns to annoar	in court for or forfaited -			
	ns to appear	in court for, or forfeited a		es es	No
a) Any underage alcohol violation?     b) Operating a motor vehicle while intoxicated?				es	(No
c) Selling or furnishing alcoholic beverages to underage person?				es	(No)
d) Permitting underage person on licensed premises?				es	(No)
e) Allowing persons on licensed premises after closing?				es	(No)
f) Any alcohol related violation other than a, b, c, d, and e?				es	(No)
g) Sale of legal or illegal drugs to include prescription medications or possession	of any illegal r	trugs to include prescriptio		c3	(NO)
medications not prescribed to you?	or any megar c	arags to include prescription		es	(No)
h) Fighting, disorderly conduct, assault, or battery?				es	(No)
i) Resisting arrest, interfering with a police officer or obstructing an officer?				es	(No)
i) Any crime or ordinance violation not listed above other than traffic or parking to the company of the c	tickets?			es	(No
5. For each YES response above, you must identify all violations below. Attach a		ate if nacaccami or continu			
	dutional site	And the second section is a little of the second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the second section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in			CTATE
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR		CITY	STATE
				1 11 1 12	
Within the last two (2) years, did you have and/or complete one of the follow	wing:	Attach certificate of com			's Course
Successfully completed a Responsible Alcohol Servers Course			ent for a retail alcoho		
Held an Operator's License issued in Wisconsin		The sole prop	prietor of retail alcoho	license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the p	person who m		oing application for a	n operator's licer	se, and that all
statements herein are complete, true and correct. I further understand a full back					
ation of this application. Additionally, I understand that this application may be de					
do further agree to comply with all laws, resolutions, ordinances, and regulations,	, federal, state	or local affecting the sale	of fermented mait be	everages and into	cicating liquors.
Signature: Januara a madren	Em	ail· i			
			2		_
Printed Name: Teresa A. Madsen	Dat	e: mar 17.	2025		_
FOR MUNICIPALIT	TY USE ONLY	BELOW THIS LINE	K31 J 4		
Police Department Recommendation and Comments:	Publ	ic Safety Committee:	Paid To:		
	Аррі	roved:De	enied: City of Ev	Date:	
		Clerk's Office Signatur	0	Date	_
V				Date	
Approved:	Rece	ipt#	Receipt: 1	150427	35.30
					90.000
/ 0// / /	_			LLAW STORE OF	
04-23-25			Apr 17. 30	THE PH	
Police Chief's Signature Date					



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-25

New Operator's License: \$	35.00 X Renewal Ope	erator's	License: \$35:00	Pr	ovisional Lic	ense: \$	15.00
	OTE: APPLICATION FEE WILL NOT B	EREFUNI	DED IF DENIED OR WITH	DRAWN.	3/2		
A Police check will be completed. Please re	ad carefully and answer honestly. Falsifi	cation and	/or misrepresentation may	be grounds	for denial of lic	ense/permi	t. Applicant
cannot reapply for a 6 month period from da							
information. If you are unsure about how to						-	
and conviction record from the police				Wisconsir	Lircuit Court	Access v	vebsite at:
https://www.wicourts.gov/casesearch.htm	1 (CCAP may not provide comprehensive	list of all i	arrests/convictions).				
1. LEGAL NAME: JULIC	Kae		ration	DATE OF	F BIRTH:		
First	Middle		Last		(4)		
ADDRESS:				PHONE:			0
Engine 110	(.) F		ZIP: 53536				. ~
CITY: Evansuille	STATE: WL		ZIP: JJJJJe	GENDER	R: Male	Fema	ile 🗡
Driver's License No.:	INV 1 W 1		Issuing State:	T			
100	2/						
HOW LONG HAVE YOU LIVED AT ABOVE AD	7.		Former Name(s):				
Prior Street Address if Above Address is Les	is Than 5 Years State Zip From to	City	State	Zi	р	From	To
(-10 m) (10 m) (10 m) (10 m) (10 m)	ARREST AND C				3		
	(Anywhere within the	e United S	ates of America)	-	-		
2. Have you ever been cited and/or convict	ed of a felony?				Yes		No
3. Have you ever been cited and/or convict	ed of a misdemeanor?				Yes		Na
4. Within the past ten (10) years, have you	hear arrested for received a summons	to annear	in court for or forfeited a h	and for any	u of the following	7.	
a) Any underage alcohol violation?	been arrested for, received a summons	to appear	in court for, or forfeited a b	Dira for any	Yes	5.	No
b) Operating a motor vehicle while intoxica	ated?				Yes		(No)
c) Selling or furnishing alcoholic beverages					Yes		CON
d) Permitting underage person on licensed					Yes		(No
e) Allowing persons on licensed premises a	The control of the co				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 pr	escription medications or possession of a	any illegal	drugs to include prescription				-
medications not prescribed to you?					Yes		No
h) Fighting, disorderly conduct, assault, or					Yes		(No)
i) Resisting arrest, interfering with a police					Yes		Oto
j) Any crime or ordinance violation not liste		CONTRACTOR OF THE PARTY.			Yes		(No
5. For each YES response above, you must		itional she		on the bac		ion.	
TYPE OF ARREST, SUMMONS,	VIOLATION OR CHARGE		MONTH/YEAR		CITY		STATE
tatiohin she tare our (7) upper all durants	and and/or considers into of the full mile		Attack confidence of some	Latinu Son D	acinomalkin Aleal	al Campana	Causes
	ave and/or complete one of the followin	lg:	Attach certificate of comp		and the same of th		Course
Successfully completed a Respon	Isible Alcohal Servers Course				ail alcohol license		
Held an Operator's License issued			home of		ail alcohol license		
<ol><li>CERTIFICATION: I do hereby swear, und</li></ol>							
statements herein are complete, true and c ation of this application. Additionally, I unde							
do further agree to comply with all laws, res							
Outra B P	aton						
Signature: Guller 10	CCIS	Em	ail:				A
Printed Name: Julie K	Katon	Da	3/24/29	5	3		
Finites Name.	TOTOL	De	10 110	-			
<b>《上名》。</b> 至于自他也从连续都推得	FOR MUNICIPALITY	USE ONLY	BELOW THIS LINE				
Police Department Recommendation and Co	omments:	Pub	ic Safety Committee:				
			roved: Der	wed Paid	To: Date		
The state of the s			The second secon	City	of Evansville	The second secon	the same of the sa
		_	Clark's Office Claration	-		Date	
		Ber	Clerk's Office Signature			Date	
		nece		-			
Approved	Denied:			Renetic	pt: 1,158467		35.00
					LY DOLLAR STOR	OF THE	25.65
11.61	04-23-25						
Police Chies's Signature	Date			HDT I	7, 2025 2:29	777	

7C-26



### APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

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

Renewal Operator's License: \$35.00 Provisional License: \$15.00 New Operator's License: \$35.00 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). Gail Henry DATE OF BIRTH: 1. LEGAL NAME: PHONE: ADDRESS: ary: Evansuille ZIP: 53536 STATE: WI GENDER: Issuing State: **Driver's License No.: HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Thar 5 Years State Zip From To Zip From To ARREST AND CONVICTION RECORD (Anywhere within the United States of America). 2. Have you ever been cited and/or convicted c a felony? Yes 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? No b) Operating a motor vehicle while intoxicated? Yes NO No c) Selling or furnishing alcoholic beverages to underage person? Yes Yes No d) Permitting underage person on licensed premises? 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 h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on t e 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 completio | for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing a plication 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 th. 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 fer nented malt beverages and intoxicating liquors. Printed Name: Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Date: Clerk's Office Signature Date Receipt # Approved: Denied:



7C-27

CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00 X Renewal Operat	or's License: \$35.00	Provisional Licens	se: \$15.00
NOTE: APPLICATION FEE WILL NOT BE RE			
A Police check will be completed. Please read carefully and answer honestly. Falsification	on and/or misrepresentation may b	e 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 whe	ther to include the facts of a specifi	c incident it is recommended th	at 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 re	garding your arrest
and conviction record from the police department and/or the court with		Wisconsin Circuit Court Ac	cess website at:
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list	~	-	-
1. LEGAL NAME: DUCLE GWEN	Berasma	DATE OF BIRTH:	
First Middle	Last		
ADDRESS:		PHONE:	5
	c 252/-		
ary: Evansville STATE: WI	zip: 53536	GENDER: Male	Female)
Driver's License No.:	Issuing State: WI		
			-1
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 27 YEARS	Former Name(s): DUI	CIE Gwen Car	rstens
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City State	Zip From	m To
ARREST AND CON	VICTION RECORD		9 10 5 12 5 17 12 12
(Anywhere within the Un	ited States of America).	(1) 11 (1) (1) (1) (1) (1) (1) (1) (1) (	
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
			(NO)
4. Within the past ten (10) years, have you been arrested for, received a summons to an	opear in court for, or forfeited a bo		
a) Any underage alcohol violation?     b) Operating a motor vehicle while intoxicated?		Yes	(No)
c) Selling or furnishing alcoholic beverages to underage person?		Yes 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 No
g) Sale of legal or illegal drugs to include prescription medications or possession of any i	llegal drugs to include prescription	res	( NO
medications not prescribed to you?	negar arags to include prescription	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 addition			
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
	indiring result	City	JIAIL
Within the last two (2) years, did you have and/or complete one of the following:	Attach certificate of comple	etion for Responsible Alcohol S	eners Course
☐ Successfully completed a Responsible Alcohol Servers Course		t for a retail alcohol license	
Held an Operator's License issued in Wisconsin		etor of retail alcohol license	
CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person v			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	ent prior to consider-
ation of this application. Additionally, I understand that this application may be denied if	it contains any falsification-and tha	t I will not be able to reapply for	r a 6 month period I
do further agree to comply with all laws, resolutions, ordinances, and regulations, federa	state or local affecting the sale of	fermented malt beverages and	intoxicating liquors.
Signature: DWW BUSM-	E-all.		
signature.	Email:	9-1100	1. 5 100
Printed Name: DUIME TSE rasmac	Date: 4/2/25		
7			
FOR MUNICIPALITY USE (	ONLY BELOW THIS LINE		4
Police Department Recommendation and Comments:	Public Safety Committee:		
	Approved: Deni	ed: Date:	
And the state of t	Clark's Office Sieses		
THE OF ABBECT SUBMERIAL VIOLATION OF CHARGE	Clerk's Office Signature	CITY Dat	E CTATE
Approved: Denied:	Receipt #		
	1		
1 5 04/30/2025	1		
01/50/2025			
Police Chief's Signature Date			



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-28

New Operator's License: \$35.00	Renewal C	perator's	Licens	e: \$35.00	P	rovisiona	al License:	\$15.00
NOTE: APP	LICATION FEE WILL NO	T BE REFUNE	DED IF D	ENIED OR WITH	DRAWN.			
A Police check will be completed. Please read careful cannot reapply for a 6 month period from date of deni information. If you are unsure about how to respond and conviction record from the police departs <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a> (CCAP m	ly and answer honestly. Fa al. If you have any doubt as to any questions on this for ment and/or the court	Isification and s to whether to m, check with with which	l/or misro include the City ( you in	epresentation man the facts of a spec Clerk for clarification teracted, or the	y be ground cific incident on. You can	it is recommobtain infor	mended that you mation regarding	disclose the ng your arrest
1. LEGAL NAME: Sallie	10		Perk	ins	DATE O	F BIRTH:		
ADDRESS:	Middle		Last		PHONE			- ,
	Late		-	-2521		1 400		Y
arr: Evansville	STATE: UU (			53536 State: # \	GENDE	R: Mal	e Fen	nale 🔨
Driver's License No.:			Issuing			. 1		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	3 415		Former	Name(s):	Sallie	10	male	
Prior Street Address if Above Address is Less Than 5	ears State Zip From To	City		State	Z	ip	From	То
1		Roches	ter	MN			1987	2022
	ARREST AN (Anywhere within	D CONVICTION THE United S			i in			
2. Have you ever been cited and/or convicted of a fel		the officed 3	otes of P	inched).		Yes		No
3. Have you ever been cited and/or convicted of a mi						Yes		No
4. Within the past ten (10) years, have you been arre	sted for, received a summe	ons to appear	in court	for, or forfeited a	bond for an			
a) Any underage alcohol violation?     b) Operating a motor vehicle while intoxicated?					-	Yes		(No
c) Selling or furnishing alcoholic beverages to undera	ge person?					Yes	_	No
d) Permitting underage person on licensed premises:						Yes	_	(No)
e) Allowing persons on licensed premises after closin						Yes		No
f) Any alcohol related violation other than a, b, c, d, a						Yes		No
g) Sale of legal or illegal drugs to include prescription	medications or possession	of any illegal	drugs to	include prescription	on			
medications not prescribed to you?						Yes		(Ne)
h) Fighting, disorderly conduct, assault, or battery?						Yes		No
<ul> <li>i) Resisting arrest, interfering with a police officer or</li> <li>j) Any crime or ordinance violation not listed above of</li> </ul>		ticketc?				Yes		No
5. For each YES response above, you must identify al								(No)
		additional She	ets ii nec		e on the ba			
TYPE OF ARREST, SUMMONS, VIOLATION	V OR CHARGE			MONTH/YEAR		CIT	14	STATE
Within the last two (2) years, did you have and/o	r complete one of the follo	wing:	Attach	certificate of com	pletion for	Responsible	Alcohol Server	s Course
Successfully completed a Responsible Alcol	nol Servers Course			An alcohol ag	gent for a rel	tail alcohol I	icense	
Held an Operator's License issued in Wisco	nsin			The sole prop	prietor of ret	tail alcohol I	icense	
6. CERTIFICATION: I do hereby swear, under penalty statements herein are complete, true and correct. I fu ation of this application. Additionally, I understand the do further agree to comply with all laws resolutions,	of perjury, that I am the orther understand a full bac at this application may be o	kground investigation	tigation tains any	may be conducted falsification-and t	by the Evar	nsville Police t be able to	Department por reapply for a 6	month period.
Signature: Salle yo fer	Kus 5	Em		13131	75	- ,	- 1	n
Printed Name: JUILE JO 121	1-11/13	Da	te:	21311				-
	FOR MUNICIPAL	TY USE ONLY	BELOW 1	THIS LINE				
Police Department Recommendation and Comments:		Pub	ic Safety	Committee:				
		Арр	roved:	De	enied:		Date:	
V			Clerk	s's Office Signatur	e		Date	
Approved: Denied:		Rece	ipt#					
Cla p	4/30/202							





CITY OF EVANSVILLE CITY CLERK'S OFFICE

3	13. Madisol131, FO						
New Operator's License: \$35.	00 X Renewal Op	perator's	License: \$35.00	F	Provisional I	icense:	\$15.00
NOTE	APPLICATION FEE WILL NOT	BE REFUN	DED IF DENIED OR WITH	DRAWN.			
A Police check will be completed. Please read of	arefully and answer honestly. Fals	ification an	d/or misrepresentation ma	y be groun	ds for denial of	license/perr	nit. Applicant
cannot reapply for a 6 month period from date of	of denial. If you have any doubt as t	to whether t	to include the facts of a spec	cific inciden	it it is recommen	ided that you	u disclose the
information. If you are unsure about how to res	pond to any questions on this form	, check with	the City Clerk for clarificati	on. You can	obtain informa	tion regardin	ng your arrest
and conviction record from the police d	The second secon		a lateral management and the same	e Wiscons	sin Circuit Cou	urt Access	website at:
https://www.wicourts.gov/casesearch.htm (C	CAP may not provide comprehension	ve list of all	arrests/convictions).				
1 LEGAL NAME: Jacque line	Marie	-	Tomlin	DATE	OF BIRTH:		>
First	Middle		Last	DAIL	OF BIRTH.		~
ADDRESS:			-	BUON	e.		
- VIII	11			PHON	E: U	110	~ 101
arr: Evansville	STATE: WI		ZIP: 53536	GEND	ER: Male	Ferr	nale
			1 11			-	
Driver's License No.:	LYLU		Issuing State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRE	ss 20 + years		Company Namedala				
Prior Street Address if Above Address is Less Th		-	Former Name(s):	1	-	_	_
FINA Succession II Above Aboutess is Less III	an 5 Years State Zip From 10	City	State	-	Zip	From	То
THE RESERVE AND ADDRESS OF THE PARTY OF THE							
	ARREST AND			是不是这			
	(Anywhere within t	me united 5	tates of America).	le transfer	<b>地位的 使是</b>	Mary .	
2. Have you ever been cited and/or convicted o	f a felony?				Yes		(No)
3. Have you ever been cited and/or convicted o	f a misdemeanor?				Yes		No
4. Within the past ten (10) years, have you been	arrested for, received a summon	s to appear	in court for or forfeited a	hand for a	ny of the follow	ina:	
a) Any underage alcohol violation?			in court for, or fortuned a	Dona ioi a	Yes	ing.	Bio
b) Operating a motor vehicle while intoxicated					Yes		CNE
c) Selling or furnishing alcoholic beverages to u	nderage person?		The second second		Yes		(No
d) Permitting underage person on licensed pre-					Yes	_	(No)
e) Allowing persons on licensed premises after	closing?				Yes		(No
f) Any alcohol related violation other than a, b,					Yes		(No
g) Sale of legal or illegal drugs to include prescri	iption medications or possession of	f any Illegal	drugs to include prescription	n			CE
medications not prescribed to you?					Yes		(No.
h) Fighting, disorderly conduct, assault, or batte					Yes		(No
i) Resisting arrest, interfering with a police office	er or obstructing an officer?				Yes		No
j) Any crime or ordinance violation not listed ab					Yes		(No)
5. For each YES response above, you must iden	lify all violations below. Attach ad	ditional she	ets if necessary or continu	e on the ba	ck of this applic	ation.	
TYPE OF ARREST, SUMMONS, VIOL	ATION OR CHARGE		MONTH/YEAR		CITY		STATE
Theft.			1982 ?		Green C	1	WI
0.			1700 -		Green U	nun ry	WI
						,	
Within the last two (2) years, did you have a	nd/or complete one of the follow	ing:	Attach certificate of com	pletion for	Responsible Alc	ohol Server	Course
Successfully completed a Responsible	Alcohol Servers Course				tail alcohol licen		
Held an Operator's License issued in V					tail alcohol licen		
6. CERTIFICATION: I do hereby swear, under pe	nalty of perjury, that I am the ne	rson who m	ade and signed the forest	ing seeling	*! f		
statements herein are complete, true and correct	t. I further understand a full backe	round inves	tigation may be conducted	hutha Euro	neutilla Dalia - D		
action of this application. Additionally, I understal	iu that this application may be den	nied if it con	tains any talsification and t	hat I will no	t ha abla to see		
do further agree to comply with all laws, resoluti	ons, ordinances, and regulations, for	ederal, state	e or local affecting the sale	of ferment	ed malt beverage	es and intoxi	icating liquors.
Signature: ago welve do	Ma Os -						
	+ 0	Em	ail:		7	7	_
Printed Name: acque line	lomlin	Dat	e: 4.15.2	075	9		
							i.
	FOR MUNICIPALITY	USE ONLY	BELOW THIS LINE		475		A CONTRACTOR
olice Department Recommendation and Comme	ents:	Pubi	ic Safety Committee:				
				nied:	Date	e:	
		_	51 - 14 - 545 - TI				
			Clerk's Office Signature			Date	
pproved: Den	ied:	Recei	pt#				
(X (/ /	04/30/2000						
Police Chief's Signature	Data	_					
, one of the parties	Date						



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-30

	or's License: \$35.00	Provisional License:	\$15.00
NOTE: APPLICATION FEE WILL NOT BE RE			
A Police check will be completed. Please read carefully and answer honestly. Falsification cannot reapply for a 6 month period from date of denial. If you have any doubt as to whet information. If you are unsure about how to respond to any questions on this form, check and conviction record from the police department and/or the court with whites://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list or	her to include the facts of a specific with the City Clerk for clarification. Verich you interacted, or the Verich you	incident it is recommended that y You can obtain information regard	ou disclose the ding your arrest
1. LEGAL NAME: Denise Ann First Middle	Halvensleben	DATE OF BIRTH:	
ADDRESS:		PHONE:	
CITY: Evansville STATE: WI	ZIP: 5.3536	GENDER: Male Fe	emale
Driver's License No.:	Issuing State: WI		
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 37 YEARS	Former Name(s): Denis	e Ann Decker	
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City State	Zip From	To
This street names is named a decision of the street of the	city State		- 10
ARREST AND CONV (Anywhere within the Unit		Walter Ed	ER -
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 ap	pear in court for, or forfeited a bon		(No.)
a) Any underage alcohol violation?		Yes	No
b) Operating a motor vehicle while intoxicated?  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 ill	egal drugs to include prescription	165	
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	al sheets if necessary or continue or	the back of this application.	
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
Cited FOR Sell Cigarretes to an underage	1/2023	Evansville	WI
person	1,4000	Evansyme	W. +
Within the last two (2) years, did you have and/or complete one of the following:	Attach certificate of complet	tion for Responsible Alcohol Serv	ers 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 propriet	or of retail alcohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person we statements herein are complete, true and correct. I further understand a full background ation of this application. Additionally, I understand that this application may be denied if do further agree to comply with all laws, resolutions, ordinances, and regulations, federal Signature:  Signature: Denise A. Halverslehen	investigation may be conducted by it contains any falsification-and that	the Evansville Police Department I will not be able to reapply for a	prior to consider- 6 month period. I
FOR MUNICIPALITY USE O	ONLY BELOW THIS LINE		
Police Department Recommendation and Comments:	Public Safety Committee:		
	Approved: Denie	d: Date:	
	Clerk's Office Signature	Date	
X	Receipt #		
Approved:  Denied:  O 4/30/2025  Police Chief's Signature  Date			



CITY OF EVANSVILLE CITY CLERK'S OFFICE

7C-31

New Operator's License: \$35.00 X Renewal Op	erator's L	icense: \$35.00	Provision	al License: \$	15.00
NOTE: APPLICATION FEE WILL NOT			A STATE OF THE PARTY OF THE PAR		
A Police check will be completed. Please read carefully and answer honestly. Falsi					
cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form,					
and conviction record from the police department and/or the court w					
https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensiv			VVISCOTISTI CITCUIT	Court Access 1	website at.
1. LEGAL NAME: JOHN THOMAS		MERED ITH	DATE OF BIRTH		
First A Middle	/	Last	DATE OF BIRTH:		
ADDRESS:			PHONE:		0
		ZIP: 53536	-	_	
CITY: EVANSVILLE STATE: W	- 1	ZIP: 33336	GENDER: Ma	le Fema	ale
Driver's License No.	1	ssuing State: \NIS	CONSIN		
22 4505					
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	N RECORD			_
(Anywhere within the	ALCOHOL: NO PERSONS ASSESSED.				
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	s to appear in	court for, or forfeited a bo			
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? g) Sale of legal or illegal drugs to include prescription medications or possession of	f any illogal de	uas ta includo acassistica	Yes		(No)
medications not prescribed to you?	arry megal ur	ugs to include prescription	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 tic			Yes		No
5. For each YES response above, you must identify all violations below. Attach add	ditional sheet	s if necessary or continue	on the back of this ap	plication.	The Park Labor
TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE		MONTH/YEAR	cn	Y	STATE
Within the last two (2) years, did you have and/or complete one of the followi	ing:	Attach certificate of comple	etion for Responsible	Alcohol Servers	Course
☐ Successfully completed a Responsible Alcohol Servers Course			t for a retail alcohol I		
Held an Operator's License issued in Wisconsin		The sole proprie	etor of retail alcohol l	icense	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the per	rson who ma	de and signed the foregoin	g application for an	operator's license	e, and that all
statements herein are complete, true and correct. I further understand a full backgr	round investig	gation may be conducted by	the Evansville Police	Department price	or to consider-
ation of this application. Additionally, I understand that this application may be den do further agree to comply with all laws, resolutions, ordinances, and regulations, fe	nied if it conta	ins any falsification and tha	it I will not be able to	reapply for a 6 m	onth period. I
do fulfiller agree to comply with an laws, resolutions, or unfainces, and regulations, le	ederal, state t	or local affecting the sale of	rermented mait beve	erages and intoxic	ating liquors.
Signature:	Email				
CHN TMEREDITH		3-16-20	75		
Printed Name:	Date:	5-10 200			
FOR MUNICIPALITY	USE ONLY BE	LOW THIS LINE			
Police Department Recommendation and Comments:	Public	Safety Committee:			
	Appro	ved: Deni	ed:	Date:	
		Clerk's Office Signature		Date	
X	Receip				
Approved:					
/ 0//					
1 /1/) 104/2010 -					
04/30/202	2_				



www.ci.evansville.wi.gov

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

April 15, 2025

Stephen Selgrat 606 Emmanuel Ct. Evansville WI 53536

#### Dear Stephen:

This letter is notification of the Police Departments' non-recommendation for issuance of your provisional/operator's license possibly due to misstatements and/or omissions on your application.

Final action will be taken by the Public Safety Committee at their next meeting on Wednesday, May 7, 2025, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

If you have any questions, please feel free to contact me at 608-882-2266.

Sincerely,

Yolene Klitzman Deputy Clerk

alene Klymon

cc:

Ericka Stuart, Public Safety Chairperson

Christopher Jones, Police Chief



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$	35.00 Renewal Ope	erator's Lie	cense: \$	35.00	Provision	al License:	\$15.00
	OTE: APPLICATION FEE WILL NOT B						
A Police check will be completed. Please recannot reapply for a 6 month period from dainformation. If you are unsure about how to and conviction record from the police <a href="https://www.wicourts.gov/casesearch.htm">https://www.wicourts.gov/casesearch.htm</a>	te of denial. If you have any doubt as to respond to any questions on this form, e department and/or the court w	whether to in check with the ith which ye	clude the fa City Clerk to ou interac	acts of a specific in for clarification. You ted, or the Wi	cident it is recom ou can obtain info	mended that your rmation regardi	ng your arrest
1. LEGAL NAME: Stephen	John	<	Solar	ct	ATE OF BIRTH:		
1. LEGAL NAME: Stephen	Middle		Jelgr Last J	41	ALE OF BIRTH:	-00	1.(1
ADDRESS:	( )			F	PHONE:		. ~
ary: Evansville	STATE: WI	71	P: 534	536	SENDER: Ma	la	male
Driver's License No.:	JIAIC.		uing State		SENDER. IMA	ie rei	пане
HOW LONG HAVE YOU LIVED AT ABOVE AD	DRESS? 5 years	E.	ormer Nam	ole).			
Prior Street Address if Above Address is Les		City	A THICK INGIN	State	Zip	From	То
Thoi street Address if Above Address is ces	Then I rears state Exprion 10	City		State	2.19	riom	10
	ARREST AND C (Anywhere within th	A SHEET WAS A SHEE	THE RESERVE OF THE PERSON NAMED IN	ca).			
2. Have you ever been cited and/or convicte	ed of a felony?				Yes	5	No
3. Have you ever been cited and/or convicto	ed of a misdemeanor?				Yes	6	No
4. Within the past ten (10) years, have you l	been arrested for, received a summons	to appear in o	ourt for, o	r forfeited a bond	for any of the fol	llowing:	
a) Any underage alcohol violation?					Yes		(No)
b) Operating a motor vehicle while intoxica	ted?				Yes	5	(No)
c) Selling or furnishing alcoholic beverages	to underage person?				Yes	5	
d) Permitting underage person on licensed	premises?				Yes	5	(No)
e) Allowing persons on licensed premises at	fter closing?				Yes	5	No
f) Any alcohol related violation other than a					Yes	s	No
g) Sale of legal or illegal drugs to include pro	escription medications or possession of	any illegal dru	gs to includ	le prescription			0
medications not prescribed to you?					Yes		No
h) Fighting, disorderly conduct, assault, or b					Yes		No
i) Resisting arrest, interfering with a police		hatel			Yes		(No)
j) Any crime or ordinance violation not liste			Table School	the section of the se	Yes		(No)
<ol> <li>For each YES response above, you must in TYPE OF ARREST, SUMMONS, N</li> </ol>		ittional sneets		NTH/YEAR	cire back of this a		STATE
			Sept	1			WI
Possesion mai jana	ina		Jepi	(12	Evan	sv. lle	401
Within the last two (2) years, did you ha		ng: A		icate of completic			rs Course
Successfully completed a Respons				An alcohol agent fo			
Held an Operator's License issued				he sole proprietor			
<ol><li>CERTIFICATION: I do hereby swear, under 6.</li></ol>							
statements herein are complete, true and co ation of this application. Additionally, I unde							
do further agree to comply with all laws, res							
(2)	- 0						
Signature:	Jan Jan	Email:		-		1	_
Printed Name: Stephen J.	Selarat	Date:	03	-26-25	5		
Printed Name:	3	Jule.					_
	FOR MUNICIPALITY	USE ONLY BEL	OW THIS L	INE			
Police Department Recommendation and Co	mments:	Public S	afety Com	mittee:	Paid To:		
2011- Charage w/	Felony I. Chare	Approv	ed:	Denied	City of Evan	Date:	
dismissed but read	1						
3			Clerk's Off	fice Signature		Date	and the second
Approved:	Denied:	Receipt	#		Receipt: 1.1	50727	35.00
7/10 0		-				\$00EE	10100
(10V /)	0.4				ALL N ONE	0-57 AM	
11.1	04-14-2025				Mar 28, 2025	Taul HM	
Dalla displainment	- Date						



www.ci.evansville.wi.gov

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

April 15, 2025

Marco Lugo 438 Almeron Street Evansville WI 53536

Dear Marco:

This letter is notification of the Police Departments' non-recommendation for issuance of your provisional/operator's license possibly due to misstatements and/or omissions on your application.

Final action will be taken by the Public Safety Committee at their next meeting on Wednesday, May 7, 2025, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

If you have any questions, please feel free to contact me at 608-882-2266.

Sincerely,

Wlene Klitzman Deputy Clerk

cc: Ericka Stuart, Public Safety Chairperson

Christopher Jones, Police Chief

Jalone Klymon



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00	X Renewal (	Operator's	Licens	e: \$35.00	P	rovisiona	l License: \$	15.00
	PLICATION FEE WILL NO							
A Police check will be completed. Please read careful	illy and answer honestly. Fa	alsification an	d/or misre	epresentation ma	y be ground	ds for denial	of license/perm	nit. Applicant
cannot reapply for a 6 month period from date of der	nial. If you have any doubt a	s to whether t	o include	the facts of a spe	cific inciden	t it is recomm	nended that you	disclose the
information. If you are unsure about how to respond and conviction record from the police depart	to any questions on this for	rm, check with	the City C	lerk for clarificat	on. You can	in Circuit (	Court Access	website at:
https://www.wicourts.gov/casesearch.htm (CCAP r					ie wiscons	an Circuit (	Louit Access	website at.
	A	13146 1136 01 011	///	Des				
1. LEGAL NAME: MOY(O	<u></u>		20	90	DATE	OF BIRTH:	- 14	
First	Middle		Last					
ADDRESS:			_		PHON	E:		
ary: Evansuily	STATE: WI		ZIP: 5	3536	GEND	ER: (Male	Fem	ale
un po ed sor rec	Janes V- 4				102.10			
Driver's License No.:			Issuing	State:				
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	2 years		Former	Name(s):				
Prior Street Address if Above Address is Less Than 5		City		State		Zip	From	То
4	Tears state Elp 170m 10		_	1.	_	-		
		Evans	ville	MI	25	536		V
	ARREST AN	D CONVICTI	ON RECO	ORD	1	-	V	-
	(Anywhere withi				-			
2. Have you ever been cited and/or convicted of a fe	elony?					Yes		No
3. Have you ever been cited and/or convicted of a m	nisdemeanor?					Yes		No
4. Within the past ten (10) years, have you been arro		ons to annear	in court	for, or forfeited a	bond for a		owing:	
a) Any underage alcohol violation?	cated for, received a summi	ons to appear	m court	or, or romened t	20112 101 2	Yes	ourille.	NO
b) Operating a motor vehicle while intoxicated?						Yes		NO
c) Selling or furnishing alcoholic beverages to under	age person?					Yes		(NO)
d) Permitting underage person on licensed premises						Yes		(No)
e) Allowing persons on licensed premises after closi						Yes		No
f) Any alcohol related violation other than a, b, c, d,						Yes		No
g) Sale of legal or illegal drugs to include prescriptio	n medications or possession	n of any illegal	drugs to	include prescripti	on	Vac		
medications not prescribed to you?						Yes	-	(0) (0)
<ul> <li>h) Fighting, disorderly conduct, assault, or battery?</li> <li>i) Resisting arrest, interfering with a police officer or</li> </ul>	obstructing an officer?					Yes		<b>8</b>
j) Any crime or ordinance violation not listed above		g tickets?				Yes		No
5. For each YES response above, you must identify a			eets if nee	essary or contin	ue on the ba		olication.	
TYPE OF ARREST, SUMMONS, VIOLATIO	To Million and Continue			MONTH/YEAR		CIT		STATE
TIPE OF ARREST, SOMMONS, VIOLATIC	on change		-	monthly read			•	317.12
			1					
			10000					
Within the last two (2) years, did you have and/	or complete one of the follo	owing:		certificate of con				s Course
<ul> <li>Successfully completed a Responsible Alco</li> </ul>	phol Servers Course				0	etail alcohol li		
Held an Operator's License issued in Wisco	onsin			The sole pro	prietor of re	etail alcohol li	cense	
6. CERTIFICATION: I do hereby swear, under penalt	y of perjury, that I am the	person who	made and	signed the foreg	going applic	ation for an	operator's licen	se, and that all
statements herein are complete, true and correct. If ation of this application. Additionally, I understand the	further understand a full back	ckground inve	stigation	may be conducte	d by the Eva	insville Police	Department pr	rior to consider-
do further agree to comply with all laws, resolutions,	ordinances, and regulation	is, federal, sta	te or local	affecting the sale	e of ferment	ted malt beve	rages and intox	icating liquors.
1/0,000 1	1100							
Signature: MAY CO - 4 - 1	990 -	En	nail:		- )~		1	\
Printed Name: Mario A Wan		Da	te: O	41071	25		0	
7 337 60	_	-		11011				
	FOR MUNICIPAL	ITY USE ONLY	BELOW 1	HIS LINE		1.7		
Police Department Recommendation and Comments		Pul	olic Safety	Committee:		d To:		
2006- Operate w/o Va	lid Leense . Zd	MISSAP	proved:_		Denied: C1	y of Evans	Date:	
,								
			Clerk	c's Office Signatu	re		Date	
	V	Rec	eipt#					
Approved: Denied	X					ceipt: 1.1		35.36
/// //					El	VALLARTA	DE EVANSVIL	
(/ < //	A 4 1 3				4p	7, 2025	1:34 PM	
	04-15-20	4						
Police Chief's Signature	Date							



www.ci.evansville.wi.gov

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

April 15, 2025

Brandi Van Fossen 38 W. Main Street Evansville WI 53536

#### Dear Brandi:

This letter is notification of the Police Departments' non-recommendation for issuance of your provisional/operator's license possibly due to misstatements and/or omissions on your application.

Final action will be taken by the Public Safety Committee at their next meeting on Wednesday, May 7, 2025, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

If you have any questions, please feel free to contact me at 608-882-2266.

Sincerely,

Jolene Klitzman Deputy Clerk

cc: Ericka Stuart, Public Safety Chairperson

Christopher Jones, Police Chief

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CITY OF EVANSVILLE CITY CLERK'S OFFICE

✓ New Operator's License: \$3	35.00 Renewal (	Operator's	License	e: \$35.00	V	Provision	al License:	\$15.00
NC	TE: APPLICATION FEE WILL NO	T BE REFUN	DED IF DE	NIED OR WIT	HDRAWN.			
A Police check will be completed. Please rea cannot reapply for a 6 month period from dai information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm	te of denial. If you have any doubt a respond to any questions on this for department and/or the court	s to whether t rm, check with with which sive list of all	the City C you interrests/co	the facts of a spilerk for clarifical teracted, or the	ecific incider tion. You car	nt it is recom n obtain info	mended that yo rmation regarding	u disclose the
1. LEGAL NAME: Brandi	natelyn	V	QVI+O	ssen	DATE	OF BIRTH:	~  ~	~~
ADDRESS:	Wildle		Last		PHON	IE:	w i v	
arr: EVansville	STATE: WI		ZIP: 52	5536	GEND	ER: Ma	le Een	nale
Driver's License No.:			Issuing S	tate: WIS	cons	10		
HOW LONG HAVE YOU LIVED AT ABOVE ADD			Former	Name(s):				
Prior Street Address if Above Address is Less	Than 5 Years State Zip From To	City		State		Zip	From	То
	A AA	Elans	dillo	TILL	250	3/0		
		- WW	NLUK .	WI	1	100		
NE CHEST	ARREST AN	ID CONVICTION	ON RECO	RD		19,57	N. E	R C'STR
2. Have you ever been cited and/or convicte	(Anywhere withing of a felony?	n the United S	tates of Ar	merica).		Yes		(No.)
3. Have you ever been cited and/or convicte						Yes		
			in	as as faufaited	- hand for a			No
4. Within the past ten (10) years, have you be a) Any underage alcohol violation?	een arrested for, received a summ	ons to appear	in court is	or, or torreited	a bond for a	Yes		No
b) Operating a motor vehicle while intoxicat	red?					Yes		No
c) Selling or furnishing alcoholic beverages t						Yes		No
d) Permitting underage person on licensed p						Yes	5	No
e) Allowing persons on licensed premises af	ter closing?					Yes	s	No
f) Any alcohol related violation other than a						Yes	S	No
g) Sale of legal or illegal drugs to include pre medications not prescribed to you?	escription medications or possession	of any illegal	drugs to in	nclude prescript	tion	Yes		(No)
h) Fighting, disorderly conduct, assault, or b	attery?					Yes		No
i) Resisting arrest, interfering with a police of	officer or obstructing an officer?					Yes	5	No
j) Any crime or ordinance violation not listed	d above other than traffic or parking	g tickets?				Yes	6 (	No
5. For each YES response above, you must ic	dentify all violations below. Attach	additional she	ets if nece	essary or contin	ue on the b	ack of this a	pplication.	
TYPE OF ARREST, SUMMONS, V	IOLATION OR CHARGE			MONTH/YEAR	1	cr	TY	STATE
Within the last two (2) years, did you have	we and /or complete one of the falls	nwing:	Attach	ertificate of co	malation for	Passansible	e Alcohol Server	· Comment
<del></del>		JANIII B.						s course
Successium completed a nespons	Charles Comments		An alcohol agent for a retail alcohol license  The sole proprietor of retail alcohol license					
6. CERTIFICATION: I do hereby swear, unde statements herein are complete, true and co ation of this application. Additionally, I under do further agree to comply with all laws, ress	r penalty of perjury, that I am the rrect. I further understand a full bac rstand that this application may be o	ckground investigation	tigation m	nay be conducted falsification-and	d by the Eva	ot be able to	e Department por reapply for a 6	rior to consider- month period. I
Signature: Deside Min	mm	Em	ail.		_ ^		7.	
Printed Name: Brandi Ve	nfossen	Da	te:4/1	0/2025	3		~ r	_
	FOR MUNICIPAL	ITY USE ONLY	BELOW TI	HIS LINE				
Police Department Recommendation and Cor	mments: Fald for		Land C	Committee:		rg 10;		
2018- Puss THC ? Po	ires - EUPO OF E		roved:		Denied:	ty of Evan	Date:	
2019 - D.C. VAL & R	lesist/Obst Da	re Co						
	10-9		Clerk'	s Office Signatu	ire		Date	
Approved:	Denied: Receipt:	1.15842 Rece	ipt#	15.00	Rev	ceipt: 1.1	58422	35.00
14.4	04-15-207=	E PLACE INC	М		C	REEKSIDE P r 10, 2025	LACE INC	
Police Chief's Signature	Date							



### City of Evansville

www.ci.evansville.wi.gov

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

April 23, 2025

Jed Kjornes 6909 County M Evansville WI 53536

Dear Jed:

This letter is notification of the Police Departments' non-recommendation for issuance of your provisional/operator's license possibly due to misstatements and/or omissions on your application.

Final action will be taken by the Public Safety Committee at their next meeting on Wednesday, May 7, 2025, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

If you have any questions, please feel free to contact me at 608-882-2266.

Sincerely,

Jolene Klitzman Deputy Clerk

cc: Leah Hurtley, City Clerk

elone Khyma

Erika Stuart, Public Safety Chairperson

Chris Jones, Police Chief



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00 Renewal				Provisional License	\$15.00
NOTE: APPLICATION FEE WILL N					
A Police check will be completed. Please read carefully and answer honestly. cannot reapply for a 6 month period from date of denial. If you have any doubt information. If you are unsure about how to respond to any questions on this fand conviction record from the police department and/or the country://www.wicourts.gov/caseseprch.htm (CCAP may not provide comprehe	t as to whether to form, check with urt with which	the City Cle you inte	ne facts of a spec erk for clarification eracted, or the	ific incident it is recommended that on. You can obtain information regar	you disclose the ding your arrest
1. LEGAL NAME: TEDERALAY PANEL			nes	DATE OF BIRTH:	7
First Middle		Last		DATE OF DIRTH.	-11
ADDRESS				PHONE:	
CITY: EVENSULE WIT STATE: WI		ZIP: 5			emale
Driver's License No.:		Issuing St	ate: WISo	asa	
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?		Former N	ame(s):		
Prior Street Address if Above Address is Less Than 5 Years State Zip From To	City		State	Zip From	То
	EVANS	sile	WI	535367071	2024
( IMP					
	AND CONVICTION				
2. Have you ever been cited and/or convicted of a felony?	min the onited Si	lates of All	ierica).	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 sum	mons to appear	in court fo	r, 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 Yes	No No
e) Allowing persons on licensed premises after closing?  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 possessi	ion of any illegal	drugs to in	clude prescriptio		(
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 parki				Yes	No
5. For each YES response above, you must identify all violations below. Attack	ch additional she	ets if nece	ssary or continu	e 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 fo	ollowing:	Attach ce		pletion for Responsible Alcohol Sen ent for a retail alcohol license	vers Course
Successfully completed a Responsible Alcohol Servers Course  Held an Operator's License issued in Wisconsin				rietor of retail alcohol license	
6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the statements herein are complete, true and correct. I further understand a full be ation of this application. Additionally, I understand that this application may be do further agree to comply with all laws, resolutions, ordinances, and regulations.  Signature:  Printed Name:	background investigation background background investigation background backgrou	stigation m etains any f e or local a hail:	ay be conducted alsification-and the ffecting the sale	by the Evansville Police Department hat I will not be able to reapply for a	prior to consider- 6 month period. I
Police Department Recommendation and Comments:	Pub		committee:	Daid Tax	
ZODE - Charged with Puss. THE. Par	ra App	roved:		nied: Pald 10: Date:	
2021 - Mun: Citation - Battery		C1 - 14	015 5	CACY OF EVEROVELIE	
			Office Signature	e Date	
X	Rec	eipt#			
Approved: Denied:				Receipt: 1.258467	35.00
Police Chief's Signature 04-73 - 75  Date				FAMILY DOLLAR STORE D Ppr 17, 2025 == 27 PM	
ronce chief soignature					



#### City of Evansville

www.ci.evansville.wi.gov

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

April 23, 2025

Hunter Pauley 216 Shady oak Court Janesville, WI 53548

#### Dear Hunter:

This letter is notification of the Police Departments' non-recommendation for issuance of your provisional/operator's license possibly due to misstatements and/or omissions on your application.

Final action will be taken by the Public Safety Committee at their next meeting on Wednesday, May 7, 2025, at 6:00 p.m. This meeting is open to the public and I would encourage you to attend so that you can respond to questions regarding violations on your application before they make a final decision to grant or deny your license.

If you have any questions, please feel free to contact me at 608-882-2266.

Sincerely,

(Nolene Klitzman Deputy Clerk

cc: Leah Hurtley, City Clerk

elene Klityma

Erika Stuart, Public Safety Chairperson

Chris Jones, Police Chief



CITY OF EVANSVILLE CITY CLERK'S OFFICE

New Operator's License: \$35.00	Renewal O	perator's	License	: \$35.00	∐ı	Provision	al License: \$	15.00
NOTE: APPLI	CATION FEE WILL NOT	BE REFUN	DED IF DE	NIED OR WITH	RAWN.	CHEMES		
A Police check will be completed. Please read carefully a								
cannot reapply for a 6 month period from date of denial.								
information. If you are unsure about how to respond to a and conviction record from the police department								
https://www.wicourts.gov/cosesearch.htm (CCAP may	•		-	•	AAISCOII	sii Cicuic	COURT ACCESS	WEDSILE SI.
N. O. C.	Day of I		Pour	100			=	
1. LEGAL NAME: HUITCU	KCIDELT-		190	1th	DATE	OF BIRTH:	<del></del>	· · · · · · · · · · · · · · · · · · ·
HIST	Mittore		Last			, ,	-	
ADDRESS:					PHON	E:'		<del></del>
CITY: 590ESVILLY 5	TATE: WT		ZIP: 5	3548	GEND	ER: Ma	Tem	ale
× 1				1.77	_	•		
Driver's License No.:	A		Issuing St	ate: W-				<del></del>
HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?	DMORTH	5	Former N	lame(s):			•	
Prior Street Address If Above Address is Less Than 5 Year	rs State Zip From To	aty		5tate		Zip	From	To
7	^	EVANSUI	1110	1/5	5	3536	08/20	06/24
		- various	<i>"-</i>	V		<u> </u>	-0/00	1 2727
								· ·
	ARREST AND				ion.			
A CARLO MARCA AND A CARLO MARC	(Anywhere within	the United 5	tates of An	terica): 🐪 🕮	<u></u>		(中代 2015年) (1915年)	_ چے
2. Have you ever been cited and/or convicted of a felon	η?					Ye	<u>s</u>	No
3. Have you ever been cited and/or convicted of a misde	:meanor?	_				(Ye	<u>\$/</u>	No No
4. Within the past ten (10) years, have you been arrester	d for, received a summo	ns to appear	In court fo	r, or forfeited a b	ond for a	ny of the fo	llowing:	
a) Any underage alcohol violation?						Ye.	<b>5</b>	No
b) Operating a motor vehicle while intoxicated?						(Ve		
c) Selling or furnishing alcoholic beverages to underage	person?					Ye		<u>∕ولاح</u> مولا
d) Permitting underage person on licensed premises?  e) Allowing persons on licensed premises after closing?						Ye: Ye:		- (46°)
f) Any alcohol related violation other than a, b, c, d, and	e?			-		Ye	<del></del>	<del>(No.</del>
g) Sale of legal or illegal drugs to include prescription me	edications or possession	of any illegal	drugs to in	clude prescription	1		<del>  </del>	
medications not prescribed to you?	•	_	•	•		Ye	s	(No )
h) Fighting, disorderly conduct, assault, or battery?					_	<u> </u>	3/	No
1) Resisting arrest, interfering with a police officer or obs						Ye		(ND)
j) Any crime or ordinance violation not listed above othe	<del> </del>					Ye		(No)
5. For each YES response above, you must identify all up		idditional shi	ets iLnece		on the b	ack of this a	pplication.	
TYPE OF ARREST, SUMMONS, VIOLATION O	R CHARGE		<del> </del>	MONTH/YEAR	_	CI	אדו	STATE
vonestic 1735avit x C			0	4/202	I	JENESHINE		WI
OW# 2017-0A	R		1	2018	<u> </u>	Spu	1400	WI
0 UI 2014-POSST	HC. Corme on	th		2016	1	DOGGEVILLO W		
Within the last two (2) years, did you have and/or co			Attach c	ertificate of comp	letion for	Responsibl	e Alcohol Server	Course
Successfully completed a Responsible Alcohol				An alcohol age				
Held an Operator's License issued in Wisconsin			The sole proprietor of retail alcohol license					
6. CERTIFICATION: I do hereby swear, under penalty of	periury, that I am the p	erson who r	nade and s	igned the foregoi	ng applic	ation for an	operator's licen	se, and that all
statements herein are complete, true and correct. I furth	er understand a full back	ground inve	stigation m	ay be conducted b	y the Ev	ansville Polic	e Department pr	ior to consider-
ation of this application. Additionally, I understand that to do further agree to comply with all laws, resolutions, ordi								
do fortier agree parcomply with all laws, pasolotions, ord	inances, and regulations,	, jederal, štai	E OI IULAI a	meding tile sale t	a remien	tea mait bet	verages and intox	r.
Signature:		En	all:				<del></del>	-/
Printed Natrie: HV HCV Pavier Date: 03/20/2025						•		
Printed Name: 17 17 17 10 10 10 10 10 10 10 10 10 10 10 10 10	7	na	te:	<del>1)   (1)</del>	/-	<u> </u>		-
A THE STATE OF THE	FOR MUNICIPALIT	TY USE ONLY	BELOW TH	IS UNE	-			h . * *
Police Department Recommendation and Comments:		Pub	 lic Safety (	Committee:	P:	aid To:		
			roved:			ity of Fus	nDat4:In	***
			Clesk's	Office Signature			Date	
· ·		Rec	eipt#	Princedle				
·	<del>/</del> X		-		₽.	eceipt: 1.	158467	35.00
Approved: Denied:	<u> </u>					•	LAR STORE OF	40100
111111111111111111111111111111111111111	-77 7						15 2:29 PM	
	-73-25				н	11 114 505	FIL کنت ک	
Polite Chief's Signature	Date							<del> </del>

Form AB-200

#### Alcohol Beverage License Application

For Municipal Use Only $^7\mathrm{E}$ -	1
Municipality Evansuille	
License Period 2025 - 2026	

License(s) Requested: (up to two boxes may		Fees				
☑ Class "A" Beer	Class "B" Beer	\$	License	Fees	\$ 600,00	
☑ "Class A" Liquor \$ 500~	☐ "Class B" Liquor	\$	_ Backgro	Background Check Fee \$		
Class A" Liquor (cider only) \$	Reserve "Class B"	Reserve "Class B" Liquor \$			\$ 100.00	
Class C" Liquor (wine only) \$			Total Fe	es	\$ 742.00	
Part A: Premises/Business Information						
Legal Business Name (individual name if sole pr CASEY'S MARKETING COMPAN'						
2. Business Trade Name or DBA CASEY'S # 3583						
3. FEIN 42-1435913		<ol> <li>Wisconsin Seller</li> <li>456-0000</li> </ol>		er		
5. Entity Type (check one)		430-00000	002937-03			
Sole Proprietor Partnership	☐ Limited Liability	Company	Corporation	☐ Nonpro	ofit Organization	
6. State of Organization IOWA	7. Date of Organizatio 03/15/1995	n	8. Wiscon	sin DFI Registrati 2322	on Number	
9. Premises Address 230 E MAIN ST						
10. City EVANSVILLE			11. State	12. Zip Code		
13. County	14. Governing Municipa	olita: 🗆 Cit. 🗀	WI	53536  15. Aldermanic District		
ROCK	of: EVANSVILLE	ality: City	Town	e 15. Aldernan	ic District	
16. Premises Phone (608) 424-4236	17. Premises Email LICENSINGTEAM@	CASEYS.COM	18. Website WWW.CASEYS.COM			
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application and sold at the front cash register.	i, including living quarters ion. Attach a map or diagr and backstock is k	Authorized alcohoram and additional sept in the bac	I beverage active sheets if necessary k storage ar	ities and storage of ary. ea with roll-d	of records may occur own gate,	
20. Mailing Address (if different from premises addr	ress)					
ATTN LICENSING, ONE SE CO	NVENIENCE BL\	/D				
21. City ANKENY			22. State	23. Zip Code 50021		
Part B: Questions				- 4 - 4 (2.1) - 4 (3.1)		
Has the business (sole proprietorship, partiviolating federal or state laws or local ordinates)	nances? Exclude traffic	offenses unless			☐ Yes ☒ No	
If yes, list the details of violation below. Atta	Location	r necessary.		Trial Date		
Zaw ordinarios violatos	Location			mai Date		
Penalty Imposed		Was	s sentence cor	npleted?	Yes No	
Law/Ordinance Violated	Location			Trial Date		
Penalty Imposed		Was	s sentence cor	npleted?	Yes No	

Are charges for any offenses pending a beverages.  If yes, describe the nature and status of the status of th						Yes X No
in yes, describe the nature and states o	ponding ondige	3 us. 19 us space 2				
Is the applicant business or any of its or individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any inte	erest in an alcohol b	everage pro	ducer or distrib	er related utor?	Yes X No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business en	ntity?s entity owners below	v. Attach add	ditional sheets as	s needed.	Yes No
4a. Name of Business Entity			ss Entity FEIN			
CASEY'S GENERAL STORE		42-09				
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the	e responsible bever	age server tr	aining requireme	ent for	Yes No
6. Is the applicant business indebted to an						Yes No
7. Does the applicant business owe past						
Part C: Individual Information						
List the name, title, and phone number for each						
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparation.				, all partners of a p	artnership, and	all members,
Include Form AB-100 for each person listed be		and LLCs must appoin		including Form Al		
Last Name	First Name		Title		Phone	
PLEASE SEE ATTACHED OFFICER	LIST					
FRANK	MELISSA		AGENT	AGENT		
Part D: Attestation						
One of the following must sign and attest	to this applicatio	n:				
	I partner of a partner		e corporate	officer • o	ne member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu	er penalty of law,	I have answered each				
rights and responsibilities conferred by the lice according to the law, including but not limited						
to any portion of a licensed premises during in	spection will be de	eemed a refusal to alle	ow inspection	. Such refusal is a	misdemeanor a	and grounds for
revocation of this license. I understand that an understand that I may be prosecuted for subm						
ingly provides materially false information on t						Son who know-
Last Name		First Name				M.I.
BEECH		DOUGLA	S			М
ASSISTANT SECRETARY	Ema		10010		Phone	
	LI	CENSINGTEA		EYS.COM		
Signature M. Beech			3/11	/2025		
Part E: For Clerk Use Only			3, 11			
	se Number		Date L	icense Granted	Date Licens	se Issued
Signature of Clerk/Deputy Clerk				Date Provisiona	I License Issue	d (if applicable)
Signature of Gloring Separation of Gloring S				Data i i o i i o i i o i i o i i o i i o i i o i i o i	2.001100 100001	- ( applicable)

#### **CASEY'S MARKETING COMPANY**

Federal Tax I.D. 42-1435913 Date of Incorporation: March 15, 1995 Effective 10/8/2021

#### CASEY'S GENERAL STORES, INC OWNS 100% OFFICERS OWN 0%

Samuel J. James, President POLK COUNTY	SSN: 4 PHONE: DOB: 1500
Brian J. Johnson, Vice President POLK COUNTY	SSN: 402 00 7450 PHONI DOB:
Scott A. Faber, Secretary POLK COUNTY	SSN: PHON DOB:
Eric M. Larsen, Treasurer POLK COUNTY	SSN: PHON DOB:
Douglas M. Beech, Assistant Secretary	SSN: 480 (4.2010 PHON DOB:

#### **BOARD OF DIRECTORS**

Samuel J. James, Chairman	Brian J. Johnson
Scott Faber	

POLK COUNTY

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

#### Alcohol Beverage Appointment of Agent

ate	
03/18/20 <u>25</u>	

Agent Type (check one)		A Property of the Control of the Con	The second secon
✓ Original (no fee) ☐ Successor (\$10 fee for mu	nicipal licen	sees only)	
		,	
Part A: Business Information	THE STATE OF THE S		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL OF THE PARTY	azz		
Legal Business Name (individual name if sole proprietor)     CASEY'S MARKETING COMPANY			
2. Business Trade Name or DBA		<del></del>	
CASEY'S #3583			
3. Entity Type (check one)  Limited Liability Company	<u> </u>	Corporation	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)  ✓ Municipal Retail License ☐ State Permit	5. If successo	r agent, provide State Permit	or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor i	is checked ab	ove.	
		·	
Part B: Agent Information			
THE PROPERTY OF THE PROPERTY O	2. First Name		3. M.I.
FRANK	MELISS	Ą	ANN
4. Email	-		5. Phone
LICENSINGTEAM@CASEYS.COM			
6. Home Address			
7. City	8. State	9. Zip Code	10. Date of Birth
MILTON  11. Drivers License/State iD Number	WI	53563	ID Charactic and in a second
11. Drivers License/State 1D Number		12. Drivers License/State	e ID State of Issuance
		•	
Part C: Agent Questions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<ol> <li>Have you satisfied the responsible beverage server training Submit proof of completion.</li> </ol>	g requireme	nt?	
2. Have you completed Form AB-100, Alcohol Beverage Indiv Form AB-300, Alcohol Beverage Personal Questionnaire (p			✓ Yes
Have you been a Wisconsin resident for at least 90 continu     See instructions for exceptions.	ious days?.		
		<del></del>	

Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, corporation, nonprofit organization, or limit beverage activities on such premises. I cer	ed liability company with ful	III authority and control of the above-named entity t	the premises and to authorize this in	of all alcohol dividual to act

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.	s materially false information on this application may be requi	red to loneit not more than \$1,000
Last Name	First Name	M.I.
DEECU	DOLIGIAS	M

BEECH DOUGLAS M

Title
ASSISTANT SECRETARY

Signature

Oavisor in Beech

O3/18/25

#### 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	First Name	M.I.
FRANK	MELISSA	A
Signature		Date
Meline a	Frank	03/18/25



### City of Evansville

#### www.ci.evansville.wi.gov

Date:Friday, March 21, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

是是一个一个一个一个一个	Na Na	imes.		Ро	ice Department	Review /
Establishment	Last #	First	DOB	, Date	Approve/Den y w/ Initials	Notes .
Casey's #3583	Frank	Melissa	j	i	Agenue	<u> </u>
	Beech	Douglas		1	F	<u> </u>
	James	Samuel				
· .	Johnson	Brian				
	Faber	Scott				· .
	Larsen	Eric		. 4	d	

### Form AB-100

#### Alcohol Beverage Individual Questionnaire

Date 03/20/2025

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.

State Soundy	D4 A			That to thet comple						
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583  3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization  Part B: Individual Information  1. Last Name FRANK MELISSA  3. M.I. A AGENT 7. Home Address  8. City MILTON 12. Drivers License/State ID Number  Part C: Address History 1. Do you currently reside in Wisconsin? 1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2  City State City State Zip Code Previous Address 4  Previous Address 5  City State Zip Code	Control of the last	THE RESERVE OF THE PARTY OF THE	ALICE AND ADDRESS OF THE PARTY		1 5					
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3583 3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization  Part B: Individual Information 1. Last Name FRANK 4. Relationship to Business (Title) AGENT7 7. Home Address 8. City MILITON 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? 1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  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										
CASEY'S GENERAL STORE #3583  3. Ently Type (check one)			COMPA	NI						
3. Entity Type (check one)   Sole Proprietor   Partnership   Limited Liability Company   Corporation   Nonprofit Organization    Part B: Individual Information  1. Last Name   2. First Name   MELISSA   3. M.I.   A.   4. Relationship to Business (Title)   A.GENT   6. Phone    AGENT   6. Phone   A.GENT   7. Home Address   6. Phone    MILITON   9. State   10. Zip Code   11. Date of Birth    MILITON   9. State   13. Drivers License/State ID State of Issuance   WI    Part C: Address History   1. Do you currently reside in Wisconsin?   Yes   No    If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?   Years   Months    7. 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    Previous Address 2   City   State   Zip Code    Previous Address 3   City   State   Zip Code    Previous Address 5   City   State   Zip Code    Previous Address 6   City   State   Zip Code    Previous Address 7   City   State   Zip Code    Previous Address 6   City   State   Zip Code    Previous Address 7   City   State   Zip Code    Previous Address 8   City   State   Zip Code    Previous Address 9   City   State   County   State   County   State   County   State   County   State   C				2502						
Part B: Individual Information  1. Last Name			STORE #.	3583						
Part B: Individual Information  1. Last Name FRANK  4. Relationship to Business (Title) AGENT  7. Home Address  8. City 9. State   10. Zip Code   11. Date of Birth   53563   12. Drivers License/State ID Number  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?			_							
1. Last Name FRANK 4. Relationship to Business (Title) AGENT 7. Home Address 8. City MILTON 12. Drivers License/State ID Number 13. Drivers License/State ID Number 14. Do you currently reside in Wisconsin? 15. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  City State  City State  Zip Code  WI  3. M.I. A  A  3. M.I. A  6. Phone  6. Phone  6. Phone  6. Phone  7. Ves State Says  No  15. Email A  6. Phone  16. Phone  17. Date of Birth A  18. Drivers License/State ID State of Issuance WI  19. State WI  10. Zip Code WI  11. Date of Birth State Says  Previous Address History  12. 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  Previous Address 2  City State Zip Code  Previous Address 3  City State Zip Code  Previous Address 4  City State Zip Code  14. Date of Birth A  Months 7  City State Zip Code  City State Zip Code  Previous Address 3  City State Zip Code  15. Email A  State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code		ole Proprietor	Partnershi	p Limited	Liabili	ty Compa	ny 🗸 Corpora	tion I	Nonprofit Or	ganization
1. Last Name FRANK 4. Relationship to Business (Title) AGENT 7. Home Address 8. City MILTON 12. Drivers License/State ID Number 13. Drivers License/State ID Number 14. Do you currently reside in Wisconsin? 15. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  15. City State  C										
FRANK  4. Relationship to Business (Title) AGENT  7. Home Address  8. City MILTON  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?  1. Do you currently reside in Wisconsin?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2  City  State  City  State  Zip Code  Previous Address 4  City  State  Zip Code  Previous Address 5  City  State  Zip Code  Previous Address 5  City  State  Zip Code  State  Zip Code  13. 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  State  County  State  County	Part B	: Individual Inform	ation							
4. Relationship to Business (Title) AGENT 7. Home Address 8. City MILTON 9. State WI 53563 11. Date of Birth MILTON 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? 1. Do you currently reside in Wisconsin? 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2 City State Previous Address 3 City State  City State  City State  Zip Code  Previous Address 4 City State  Zip Code  Previous Address 5 City State  Zip Code  State  Zip Code  Previous Address 5 City State  Zip Code  State  Zip Code  State  Zip Code  Previous Address 5 City State  Zip Code  Previous Address 5 City State  Zip Code  State  Zip Code	1. Last N	Name			2. F	rst Name				3. M.I.
AGENT 7. Home Address 8. City MILTON 9. State WI 53563 11. Date of Birth MILTON 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? 1. Do you currently reside in Wisconsin? 1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  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  Othy State Zip Code	FRA	NK			M	ELISSA	A			A
State   State   State   State   D Number   State   D State   State	4. Relati	onship to Business (Title)		5. Email				6	S. Phone	
8. City MILTON  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?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2  City State  City State  City State  City State  City State  Zip Code  Previous Address 3  City State  Zip Code  Previous Address 5  City State  Zip Code  State  Zip Code  City State  Zip Code  City State  Zip Code  State  Zip Code  State  Zip Code  State  Zip Code  State  State  Zip Code  State  State  Zip Code  State  State  State  Zip Code  State  S	AGE	NT								
MILTON  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?	7. Home	Address		-						
MILTON  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?										
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?	8. City					9. State	10. Zip Code	1	1. Date of Bir	th
Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  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  **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MIL	TON				WI	53563			
Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  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  Previous Address 2  City  State  Zip Code  City  State  Zip Code  Previous Address 3  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Previous Address 4  City  State  Zip Code  City  State  Zip Code  Previous Address 5  City  State  Zip Code  State  Zip Code  Previous Address 5  City  State  Zip Code  State  Zip Code  State  City  State  Zip Code  Previous Address 5  City  State  Zip Code  State  City  State  Zip Code  State  City  State  County  State  County  State  County	12. Drive	ers License/State ID Num	ber				13. Drivers License	/State ID State	of Issuance	
Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  Years Months 5 7  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  **XXXXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
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	State					State	County	State	County	

Part D: Criminal History			
Have you ever been convicted of any of for violation of any federal, Wisconsin, or	ffenses (excluding traffic offenses or another state's laws or of any co	unless related to alcohol bever ounty or municipal ordinances?	ages) Yes 📝 No
If yes to question 1, please list details of	f each conviction below. Attach ad	ditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		.Was sentence completed?	Yes No
Law/Ordinance Violated .	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
<ol> <li>Are charges for any offenses currently p beverages) for violation of any federal, \ ordinances?</li></ol>	Wisconsin, or another state's laws	or any county or municipal	Yes 🗸 No
•			
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		. !	
Part E: Attestation		The second secon	
READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicte	I from participating in this busines or. I understand that any license i stand that I may be prosecuted for who knowingly provides material	nswered each of the above quest due to any involvement in an assued contrary to Wis. Stat. Contrary to Wis. Contrar	nother tier of the alcohol hapter 125 shall be void d affidavits in connection
Signature Meluose. O	. Anand		3/20/2025
•		1	

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

#### **Alcohol Beverage** Individual Questionnaire

Date	
03/	18/2025

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

· sole proprietor

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

Part A: Business Information

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

_	Business Name (in								
	<del></del>	ring Company					<del></del>		
	less Trade Name or					•			
		AL STORE #35	583 						
	Type (check one)				_	. —	_		
<u> Ц s</u>	ole Proprietor	Partnership	Limited	Liability	Compai	ny 🔽 Corpora	tion III	Nonprofit O	ganization
						1 2			
Part E	: Individual in	formation						L . N . L MAN	3/1. J
1. Last I	Name			2. Firs	t Name	I			3. M.I.
BEE	CH			DO	UGLAS	3 ,		. [	M
4. Relat	ionship to Business	(Title)	5. Email	!		1	6	i. Phone	<del></del>
ASS	ISTANT SEC	RETARY							
7. Home	Address	<del></del>	<del>, 1</del>						
						•			
8. City	<del>_</del>	<del>-</del> -		9	. State	10. Zip Code	1	1. Date of Bi	nth .
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Dad C			September 1			- 1 1558 - 44°-		2 2 2	
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Continued -

raffic offenses unless related to alcohol beverages) ws or of any county or municipal ordinances?
Was sentence completed? Yes No ration Conviction Date  Was sentence completed? Yes No ration Conviction Date  Was sentence completed? Yes No ration Conviction Date  Was sentence completed? Yes No (excluding traffic offenses unless related to alcoholer state's laws or any county or municipal Yes V No
Was sentence completed? Yes No  No  No  No  Was sentence completed? Yes No  Ation  Conviction Date  Was sentence completed? Yes No  (excluding traffic offenses unless related to alcoholer state's laws or any county or municipal  Yes No
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Was sentence completed? Yes No  (excluding traffic offenses unless related to alcoholer state's laws or any county or municipal Yes V No
Was sentence completed? Yes
(excluding traffic offenses unless related to alcohol er state's laws or any county or municipal Yes ✓ No
er state's laws or any county or municipal   Yes  No
law, I have answered each of the above questions completely and in this business due to any involvement in another tier of the alcohol tany license issued contrary to Wis. Stat. Chapter 125 shall be void prosecuted for submitting false statements and affidavits in connection wides materially false information on this application may be required
Date 03/18/2025
in t a orc

Form AB-100

### Alcohol Beverage Individual Questionnaire

Date	_
03/1	3/2025

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

CASEY'S MARKETING COMPANY

· 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.

2. Busine	ss Trade Name or	DBA			<u> </u>	_	
CASE	Y'S GENERA	L STORE #35	83				
3. Entity	Type (check one)						
☐ So	le Proprietor	☐ Partnership	Limited L	iability Compa	ry Corporation	<u></u> 1	Nonprofit Organization
Part B:	Individual Inf	ormation	podmira Propins			^	
1. Last N	ame			2. First Name			3. M.l.
IMAU	ES			SAMUEL			J
4. Relation	nship to Business	(Title)	5. Email		,	ε	6. Phone
PRES	SIDENT						
7. Home	Address		<del>-</del> -	<del></del>	•		,
8. City				9. State	10. Zip Code	1	1. Date of Birth
ANKI				IA	<sup>2</sup> 50021		
12. Drive	rs License/State ID	Number			13. Drivers License/Sta	ate ID State	of Issuance
					IA		
					•		
Part C	Address Hist	ory -					
		e in Wisconsin?					☐ Yes 🗸 No
,,	· · · · · · · · · · · · · · · ·						
If yes	to 1 above, how	long have you con	tinuously lived in	Wisconsin prio	r to the date of applicat	ion?	Years Months
		rder all of your add	resses within the		tach additional sheets i		<u>-</u>
Previous	Address 1			City		State	Zip Code
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Previous	Address 2			City	•	State	Zip Code
Previous	Address 3	•		City	1 ,	State	Zip Code
				<u> </u>	i i		<u> </u>
Previous	Address 4			City	-	State	Zip Code
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Previous	Address 5		-	City		State	Zip Code
				<u> </u>			<u></u>
3. List a	ill states and cou	nties you have live	d in as an adult. A	Attach additiona	I sheets if necessary.		
State	County	•	County	State	County	State	County
IA	POLK				,		-
State	County	State	County	State	County	State	County
				<del></del>			

Part D: Criminal History	Market 1		
Have you ever been convicted of any offense for violation of any federal, Wisconsin, or and If yes to question 1, please list details of each state.	other state's laws or of any	county or municipal ordinances?.	
Law/Ordinance Violated	Location	additional sheets as needed.	Conviction Date
Editionaliance violated	Location		Conviction Date
Penalty Imposed	,	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
sheets as needed.			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Un truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person who to forfeit not more than \$1,000 if convicted.	n participating in this busin understand that any license I that I may be prosecuted for	ess due to any involvement in an e issued contrary to Wis. Stat. Ch or submitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
Signature Sam James		Date 03	/18/2025

## Form 'AB-100

# Alcohol Beverage Individual Questionnaire

Date	
03/1	18/2025

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

· members and agent of a limited liability company

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

The will say

CASE	Y'S MARKET	ING COMPANY							
2. Busine	ess Trade Name or I	DBA							
CASE	Y'S GENERA	L STORE #358	33			:			
3. Entity	Type (check one)					<u> </u>			
☐ So	le Proprietor	☐ Partnership	Limited	Liability C	ompan	y 🔽 Corporation	1 🔲 1	Nonprofit Organiz	ation
	<u> </u>	· · · ·			_	<u>-</u>		_	
Part B:	Individual inf	ormation				A 1800 a a 410 a			
1. Last Na	ame			2. First N	lame	1		3. M.1	
HOU	NSON			BRI	AN		•		J
4. Relatio	nship to Business (	Title)	5. Email			,	6	i. Phone	
VICE	E PRESIDENT	•							ľ
7. Home	Address		'			1		2	
						•			
8. City	-	,		9. 8	State	10. Zip Code	1	1. Date of Birth	
JOHN	NSTON				IA	50131	,		
12. Drive	rs License/State ID	Number				13. Drivers License/St	ate ID State	of Issuance	
						IA			
						i		<del></del>	
Part C	:Address Histo				1				E • • · I
			<u></u>	#[ar***	3				<b>. . . .</b>
1. Do yo	ou currently reside	e in vvisconsin'r		• • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	···· [] Yes	<b>√</b> No
if ves	to 1 above how	loog have you cont	inuousiv lived ir	. Wiscons	in nnor	to the date of applicat	ion?	Years Mo	nths
, 00	10 , 40010, 11011	iong nato you con	madadiy mada n	111000110	p.,	to the date of applicat	JOIN		
2. List in	n chronological or	der all of your addre	esses within the	last 5 ve	ars. Att	ach additional sheets i	if necessar	v.	
	Address 1		• • • • • • • • • • • • • • • • • • • •	City			State	Zip Code	
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Previous	Address 2	<del></del>		City		<del></del>	State	Zip Code	
1 1011003			,	",		;	Otate	Zip Code	
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3. List a	ll states and coun	ıties you have lived	in as an adult.	Attach ad	ditional	sheets if necessary.			
State	County	· State C	ounty	S	ate	County	State	County	
IA	POLK								
State	County	State C	county	S	ate	County	State	County	
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Part D: Criminal History		<b>美华的大学等的成功的基本的大小的</b>	
<ol> <li>Have you ever been convicted of any offenses ( for violation of any federal, Wisconsin, or another</li> </ol>			<b>√</b> No
If yes to question 1, please list details of each $lpha$	onviction below. Attach	additional sheets as needed.	
Law/Ordinance Violated	Location	Conviction I	Date
Penalty Imposed	<del></del>	Was sentence completed? Yes	□ No
Law/Ordinance Violated	Location	Conviction I	Date
Penalty Imposed		·Was sentence completed? Yes	☐ No
Law/Ordinance Violated	Location	Conviction I	Date
Penalty Imposed		:Was sentence completed? Yes	☐ No
Are charges for any offenses currently pending beverages) for violation of any federal, Wiscons ordinances?			✓ No
If yes to question 2, describe nature and status sheets as needed.	s of pending charges us	sing the space below. Attach additional	
	V 2		
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Part E: Attestation			
truthfully. I certify that I am not prohibited from posterage industry as a restricted investor. I undunder penalty of state law. I further understand that with this application, and that any person who kn to forfeit not more than \$1,000 if convicted.	articipating in this busing erstand that any licens at I may be prosecuted :	e answered each of the above questions complet ness due to any involvement in another tier of the e issued contrary to Wis. Stat. Chapter 125 shall for submitting false statements and affidavits in con rially false information on this application may be r	alcohol be void nection
Signature  19 - Grand		Date 03/18/2025	
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#### Fòrm ' **AB-100**

## **Alcohol Beverage Individual Questionnaire**

Date 03/18/2015

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

· sole proprietor

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

Part A	: Business Inf	ormation						
1. Legal	Business Name (in	ndividual name if sole	e proprietor)					
CAS	EY'S MARKE	TING COMPAN	Y					
. Busin	ess Trade Name or	DBA						
CAS	EY'S GENER	AL STORE #3	583					
3. Entity	Type (check one)							
☐ S	ole Proprietor	Partnership	Limited	Liability Compa	any 🗸 Corpora	ation [ ]	Nonprofit Org	ganization
Part B	: Individual In	formation						
. Last N	Name			2. First Name				3. M.I.
FAB	ER			SCOTT				A
. Relati	ionship to Business	(Title)	5. Email			6	6. Phone	
SEC	RETARY		1					
. Home	Address							
B. City				9. State	10. Zip Code	1	11. Date of Bir	th
JOH	NSTON			IA	50131			
2. Drive	ers License/State II	D Number			13. Drivers Licens	e/State ID State	of Issuance	
			IA					
_					IA			
Part C	: Address His	tory	TE E		IA			
1. Do y	ou currently resid	de in Wisconsin?			IA  or to the date of app		···· Years	es ✓ N Months
1. Do y	ou currently residus	de in Wisconsin?	ontinuously lived i	n Wisconsin pri	or to the date of app	lication?	Years	
1. Do y If ye	ou currently residus	de in Wisconsin?	ontinuously lived i	n Wisconsin pride last 5 years. A		lication?	Years	
1. Do y If ye	ou currently residual sto 1 above, how in chronological contractions of the contraction o	de in Wisconsin?	ontinuously lived i	n Wisconsin pri	or to the date of app	lication? ets if necessar	Years Ty.	
If ye.  List in Previous	ou currently residual sto 1 above, how in chronological contractions of the contraction o	de in Wisconsin?	ontinuously lived i	n Wisconsin pride last 5 years. A	or to the date of app	lication? ets if necessar	Years Ty.	
If ye.  List in Previous	s to 1 above, how in chronological of s Address 1	de in Wisconsin?	ontinuously lived i	n Wisconsin pride last 5 years. A	or to the date of app	ets if necessar	Years  Ty.  Zip Code	
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If year  List in Previous  Previous  Previous  Previous  Previous	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4	de in Wisconsin?	ontinuously lived i	e last 5 years. A City City City City	or to the date of app	ets if necessar State State State State	Years  Years  Zip Code  Zip Code  Zip Code	
If ye.  If ye.  List in the previous in the pr	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5	de in Wisconsin?	ontinuously lived in	e last 5 years. A City City City City City City	or to the date of app	ets if necessar State State State State State State State	Years  Years  Zip Code  Zip Code  Zip Code	
If ye  If ye  List i  Previous  Previous  Previous  Previous  Previous  A List i  3. List	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and cou	de in Wisconsin?	entinuously lived in dresses within the	e last 5 years. A City City City City City City	or to the date of app	ets if necessar State State State State State State State	Years  Years  Zip Code  Zip Code  Zip Code	
If ye.  If ye.  List Previous  Previous  Previous  Previous  Previous  State	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and cou	de in Wisconsin?	ontinuously lived in	e last 5 years. A City City City City City City Attach addition	or to the date of app	ets if necessar  State  State  State  State  State	Years  Years  Zip Code  Zip Code  Zip Code  Zip Code	
If ye.  If ye.  List in the previous of the pr	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and cou	de in Wisconsin?	entinuously lived in dresses within the	e last 5 years. A City City City City City City Attach addition	or to the date of app	ets if necessar  State  State  State  State  State	Years  Years  Zip Code  Zip Code  Zip Code  Zip Code	

Part D: Criminal History			
Have you ever been convicted of any for violation of any federal, Wisconsin			
If yes to question 1, please list details	of each conviction below. Attach a	additional sheets as needed.	
Law/Ordinance Violated	Location	,	Conviction Date
Penalty Imposed	<u> </u>	Was sentence complete	d? Yes No
Law/Ordinance Violated	Location	,	Conviction Date
Penalty Imposed	I	Was sentence complete	d? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complete	d?
Are charges for any offenses currently beverages) for violation of any federal ordinances?			alcohol Yes 🗸 No
If yes to question 2, describe nature a	and status of pending charges us	ing the space below. Attach ad	
sheets as needed.			
·			
-			
	<del></del>	<u> </u>	<del></del> .
Parl E: Attestation	er i de la companya d		
READ CAREFULLY BEFORE SIGNIN	IG: Under penalty of law, I have	answered each of the above	questions completely and
truthfully. I certify that I am not prohibit beverage industry as a restricted inves- under penalty of state law. I further under with this application, and that any person	stor. I understand that any license erstand that I may be prosecuted f	e issued contrary to Wis. Stat. or submitting false statements	Chapter 125 shall be void and affidavits in connection
to forfeit not more than \$1,000 if convid	zied.	any raise intermediation on the d	ppiisation may be required
Signature		Date	03/18/2025
,			
		•	
	/		
		•	

-2-

AB-100 (N. 03-24)

# Fòrm

## **Alcohol Beverage** Individual Questionnaire

Date	
03/18/20	25

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

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

2. Business Trade Name or DBA

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) CASEY'S MARKETING COMPANY

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

CAS.	EY'S GENER							
_	Type (check one)		<b>-</b>		<b>—</b>			
	ole Proprietor	☐ Partnership	Limite	d Liability Compan	y 🔽 Corporation	1	Nonprofit Or	ganizatioi -
		formation	a la			· Pitti	and the second	Notice
. Last N	······································	iormation		2. First Name			<del></del>	3. M.L
LAR				ERIC				M
	ionship to Business	(Irtle)	5. Email		; 	"	S. Phone	
	ASURER							
. Home	Address				1			
					142 = -			
3. City				9. State	10. Zip Code	1	1. Date of Bir	th
ANK				IA	! 50023			
2. Drive	ers License/State II	) Number		•	13. Drivers License/Sta	te ID State	of Issuance	
					' IA			
1. Do y	ou currently resid	tory de in Wisconsin?		,			🗆 Ү	<u> </u>
1. Do y	ou currently resid	le in Wisconsin?		,	to the date of application			<u> </u>
I. Do y	s to 1 above, how	le in Wisconsin?	itinuously lived	in Wisconsin prior		on?	Years	es 🗸 l
I. Do y If yes 2. List i	s to 1 above, how	le in Wisconsin?	itinuously lived	in Wisconsin prior	to the date of application	on?	Years	
1. Do y	s to 1 above, how	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Atta	to the date of application	on?	Years y.	<u> </u>
I. Do y If yes 2. List i	s to 1 above, how	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Atta	to the date of application	on?	Years y.	
If yes  List i	s to 1 above, how in chronological of Address 1	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Atta City	to the date of application	necessar	Years  y. Zip Code	<u> </u>
If yes  If yes  List i  Previous	s to 1 above, how in chronological of Address 1	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Atta City	to the date of application	necessar	Years  y. Zip Code	
If yes  If yes  List i  Previous	s to 1 above, how in chronological of s Address 1	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Atta City	to the date of application	necessar State State	Years  y.  Zip Code  Zip Code	
I. Do your lif yes 2. List i Previous Previous	s to 1 above, how in chronological of s Address 1	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Atta City	to the date of application	necessar State State	Years  y.  Zip Code  Zip Code	
I. Do your lif yes 2. List i Previous Previous	s to 1 above, how in chronological of s Address 1 s Address 2	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Att	to the date of application	necessar State State State	Years  Years  Zip Code  Zip Code	
If yes  If yes  List i  Previous  Previous  Previous	s to 1 above, how in chronological of s Address 1 s Address 2	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Att	to the date of application	necessar State State State	Years  Years  Zip Code  Zip Code	
If yes  If yes  List i  Previous  Previous  Previous	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3	le in Wisconsin?	itinuously lived	in Wisconsin prior he last 5 years. Att	to the date of application	necessar State State State State	Years  Years  Zip Code  Zip Code  Zip Code	
If yes  If yes  List i  Previous  Previous  Previous  Previous	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4	le in Wisconsin? riong have you con	resses within t	in Wisconsin prior he last 5 years. Att City City City City City City	to the date of application	necessar State State State State	Years  Years  Zip Code  Zip Code  Zip Code	
If yes  If yes  List i  Previous  Previous  Previous  Previous  Previous  Revious  Revious  Revious  Revious  Revious	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5	le in Wisconsin? r long have you con order all of your add	tinuously lived resses within the	in Wisconsin prior he last 5 years. Atta City City City City City City t. Attach additional	to the date of application and additional sheets if sheets if necessary.	necessar State State State State State	Years  Years  Zip Code  Zip Code  Zip Code  Zip Code	
If yes  If yes  List i  Previous  Previous  Previous  Previous  State	s to 1 above, howen chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and coulculy	le in Wisconsin? r long have you con order all of your add	resses within t	in Wisconsin prior he last 5 years. Att City City City City City City	to the date of application	necessar State State State State	Years  Years  Zip Code  Zip Code  Zip Code	
If yes  If yes  List i  Previous  Previous  Previous  Previous  Previous  Revious  Revious  Revious  Revious  Revious	s to 1 above, how in chronological of s Address 1 s Address 2 s Address 3 s Address 4 s Address 5	le in Wisconsin? r long have you con rder all of your add	tinuously lived resses within the	in Wisconsin prior he last 5 years. Atta City City City City City City t. Attach additional	to the date of application and additional sheets if sheets if necessary.	necessar State State State State State	Years  Years  Zip Code  Zip Code  Zip Code  Zip Code	<u> </u>

Part D. Criminal Histor	Y			
Have you ever been confor violation of any federal	victed of any offenses (ex	cluding traffic offense state's laws or of any	es unless related to alcohol bever county or municipal ordinances?	ages)
If yes to question 1, pleas	se list details of each con	viction below. Attach	additional sheets as needed.	
Law/Ordinance Violated	-	Location	i .	Conviction Date
Penalty Imposed			Was sentence completed	? ☐ Yes ☐ No
Law/Ordinance Violated		Location		Conviction Date
Penalty Imposed			'Was sentence completed'	
Law/Ordinance Violated	<u> </u>	Location		Conviction Date
Penalty Imposed	-		Was sentence completed	
	of any federal, Wisconsin	, or another state's la	raffic offenses unless related to a	alcohol Yes 🗸 No
If yes to question 2, desc sheets as needed.	cribe nature and status o	f pending charges us	ing the space below. Attach add	itional
			1	
		•	•	
•				
			•	•
<del></del>			1	<del></del>
Part E: Attestation				
READ CAREFULLY BEF	ORE SIGNING: Under p	enalty of law, I have	answered each of the above of	uestions completely and
beverage industry as a resunder penalty of state law.	stricted investor. I under I further understand that hat any person who knov	stand that any licens I may be prosecuted	ness due to any involvement in a e issued contrary to Wis. Stat. C or submitting false statements ar ially false information on this ap	Chapter 125 shall be void affidavits in connection
Signature Signature			Date	03/18/2025
			:	
			-	
	ı		,	
				•

-2-

AB-100 (N. 03-24)

## Alcohol Beverage License Application

	, , , , , , , , , , , , , , , , , , ,
	Municipal Use Only
Municipality	C -11.
	wansuille
License Perio	

License(s) Requested: (up to two boxes ma		Fees					
Class "A" Beer \$ 100 /	☐ Class "B" Beer	\$	Licens	se Fe	es	\$ 100	-
Glass A" Liquor \$	☐ "Class B" Liquor .	\$	- Backg	round	d Check Fee	\$ 40	2 -
"Class A" Liquor (cider only) \$ Reserve "Class B" Liquor \$			_ Public	ation	Fee	\$ 100	-
Class C" Liquor (wine only) \$			Total	Fees		\$ 24	7-
Part A: Premises/Business Information							
Legal Business Name (individual name if sole programme)			2000				
Consumers Cooperative Oil							
2. Business Trade Name or DBA	company						
Evansville Cenex							
3. FEIN		4. Wisconsin Seller	's Permit Nur	nber			
39-0223180		456-10204					
5. Entity Type (check one)							
Sole Proprietor Partnership	☐ Limited Liability	Company	Corporation	on	☐ Nonpro	fit Organiz	zation
6. State of Organization	7. Date of Organization				DFI Registration		
WI	03/12/1927						
9. Premises Address							
9 John Lindemann Dr							
10. City			11. Stat	te	12. Zip Code		
Evansville			L M	[	53536		
13. County	14. Governing Municip	ality: 🗸 City 🔲	Town Vill	lage	15. Aldermani	c District	
Rock	of: Evansvil	le					
16. Premises Phone	17. Premises Email		18	. Web	site		
(608) 882-2621	evansville.c	store@cenex	1.com ww	W.C	cenex1.co	om	
Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application.	g, including living quarters tion. Attach a map or diag	s. Authorized alcoho ram and additional s	I beverage ac sheets if nece	tivitie:	s and storage o	f records m	nay occur
Convenience Store/Gas Sta			-				
backroom and on the sales	s floor, incl	uding cold	d vault	ar	eas for	produ	icts
to be sold.							
20. Mailing Address (if different from premises add	ress)						
PO Box 668							
21. City			22. Sta	te	23. Zip Code		
Sauk City			W	Γ	53583		
Part B: Questions						1 72	
Has the business (sole proprietorship, partiviolating federal or state laws or local ording lifyes, list the details of violation below. Att	nances? Exclude traffic	offenses unless	rporation) be related to al	een co cohol	onvicted of beverages.	Yes	<b>☑</b> No
Law/Ordinance Violated	The second secon	ii nooossary.		Tel	al Date		
Law/Ordinance violated	Location			in	ai Dale		
Penalty Imposed		Was	s sentence o	ompl	eted?	Yes	☐ No
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed		Was	s sentence o	compl	eted?	Yes	☐ No

2. Are charges for any offenses pending a	gainet the hueinese	2 Evolude traffic (	offenses unic	es related to alc	ohoi 🗍 Yes	₩ No
beverages.	ganist the business	11 Exclude trains (	onongeo ann	sos related to die	oo 100	· • 140
If yes, describe the nature and status o	f pending charges u	sing the space be	elow. Attach	additional sheets	as needed.	
				-		
Is the applicant business or any of its of individuals or entities a restricted investigation.	stor with any interes	st in an alcohol be	everage pro	ducer or distribut	related or?  Yes	; ☑ No
If yes, provide the name of the restrict	ed investor and des	scribe the nature	of the intere	st.		
4. Is the applicant business owned by and	ther business entit			<del> </del>	□ Yes	. ✓ No
If yes, provide the name(s) and FEIN(s	) of the business en	tity owners below	. Attach add	itional sheets as		, <u>v</u> .40
4a. Name of Business Entity	•		s Entity FEIN	····		
		ĺ	•			
5. Have the partners, agent, or sole propr	ietor satisfied the re	sponsible bevera	de server tra	ninina requiremen	nt for	
this license period? Submit proof of cor	npletion				🗀 Yes	i ✓ No
6. Is the applicant business indebted to a	ny wholesaler beyor	nd 15 days for bee	er or 30 days	for liquor/wine?	Yes	i ✓ No
7. Does the applicant business owe past	due municipal prope	erty taxes, assess	ments, or of	her fees?	🗌 Yes	. ✓ No
Part C: Individual Information		్ చేస్తు కే	e	Company of the control		C. W. All
List the name, title, and phone number for each	nerson or entity holdi	ing the following pos	sitions in the a	pplicant business of	or businesses liste	ed in Part B.
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corp-	oration or nonprofit	organization, :	all partners of a par	rtnership, and all i	members,
Include Form AB-100 for each person listed be	low. Corporations and	LLCs must appoint	t an agent by i	including Form AB-	101.	
Last Name	First Name		Title		Phone	
See Attached List						
	_					
	,				•	
				<u>-</u>		
The second of the second secon	Company of the Second Section 1997 &		ON LICENTINAM PROBLEM.	n fareign or a second	on 1980 - 198 a 190 arism s	espectife and re-
Part D: Attestation	3 6 4 4 4 4 4 4			Part of the	A Second Property	
One of the following must sign and attest	· · · · · · · · · · · · · · · · · · ·					
	I partner of a partne	•	e corporate o		e member of an	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be	er penalty of law, I ha usiness and not on be	ve answered each half of any other inc	of the above ( dividual or ent	questions complete tity seeking the lice	ely and truthfully. ense. Further, I ag	i agree that ree that the
rights and responsibilities conferred by the lice	ense(s), if granted, wil	I not be assigned to	another indi	vidual or entity. I a	gree to operate ti	nis business
according to the law, including but not limited to any portion of a licensed premises during in	to, purcnasing aicond spection will be deem	n beverages from s ned a refusal to allo	tate autnonze w inspection.	o wholesalers. Γur Such refusal is a π	nderstand that lac nisdemeanor and	grounds for
revocation of this license. I understand that a	ny license issued con	trary to Wis. Stat. 0	Chapter 125 s	hall be void under	penalty of state I	aw. I further
understand that I may be prosecuted for submingly provides materially false information on t	itting raise statements his application may be	e required to forfeit	not more that	n \$1,000 if convicte	id illat ally persor ed.	I WILO KILOW-
Last Name		First Name			М	.l.
Cantwell		Eric				S
Title	Email			-	Phone	
CEO	4					
Signature	· · · · · ·		Date		<del>-</del>	
9.1				04/0	08/20	
Part E: For Clerk Use Only		The state of the s			产进马(格)。2	
Date Application Was Filed With Clerk Licens	se Number	_	Date Lie	cense Granted	Date License I	ssued
Olaratura at Ola 1/2				Date Provisional	Licones legged (#	annliantia\
Signature of Clerk/Deputy Clerk				Date Provisional	∟icense issued (lī	applicable)

Con	sumers Cooperative Directors and Off	icers
Eric Cantwell	CEO	
Thomas Schwarz	Board of Director - President	
Michael Kindshi	Board of Director - Vice President	
Steven Kindschi	Board of Director - Secretary	<del>(00 101 0002</del>
	, , ,	
Gregory Elsing	Board of Director	
Joel Wyttenbach -	Board of Director	

Form

**AB-101** 

## Alcohol Beverage Appointment of Agent

Date 4-1	125
7-11	-90

✓ Original (no fee) □ Successor (\$10 fee)				
Signal (no lee)	for municipal licens	ees only)		
art A: Business Information				
Legal Business Name (individual name if sole proprietor)				
Consumers Cooperative Oil Company	У			
Business Trade Name or DBA				
Evansville Cenex				
Entity Type (check one)				
Limited Liability Co	mpany	Corporation	☐ Nonprofit Organi	ization
. Alcohol Beverage Business Authorization (check one)  Municipal Retail License		agent, provide State	e Permit or Municipal Retail	License Numi
Describe the reason for appointing a successor agent, if successor	ccessor is checked abo	ive.		
			No.	
Part B: Agent Information			W	
	2. First Name		W	3. M.I.
	2. First Name Jessica	a a	W	3. M.I. E
Part B: Agent Information  I. Last Name  Golz  4. Email		ì	5. Phone	1000
I. Last Name Golz		1		1000
Last Name Golz Lemail		i		1000
I. Last Name Gol z	Jessica		5. Phone	Е
Last Name Golz Email  Home Address C. City	Jessica 8. State	9. Zip Code		Е
I. Last Name Golz  I. Email	Jessica	9. Zip Code 53536	5. Phone	E
Last Name Golz  Email  Home Address  City Evansville	Jessica 8. State	9. Zip Code 53536	5. Phone	E
I. Last Name Golz  I. Email  I. Home Address  I. City	Jessica 8. State	9. Zip Code 53536	5. Phone	E
Last Name Golz Email  Home Address City Evansville	Jessica 8. State	9. Zip Code 53536 12. Drivers Lice	5. Phone	E
Last Name Golz Email  Home Address City Evansville	Jessica 8. State	9. Zip Code 53536 12. Drivers Lice	5. Phone	E
Last Name Golz Email  Home Address City Evansville	Jessica 8. State	9. Zip Code 53536 12. Drivers Lice	5. Phone	E
Last Name Golz  Email  Home Address  City Evansville  In Drivers License/State ID Number	Jessica 8. State	9. Zip Code 53536 12. Drivers Lice	5. Phone	E
Last Name Golz  Email  Home Address  City Evansville  Drivers License/State ID Number	Jessica 8. State WI	9. Zip Code 53536 12. Drivers Lice WI	10. Date of tense/State ID State of Issuar	Birth
Last Name Golz  Email  Home Address  City Evansville	Jessica 8. State WI	9. Zip Code 53536 12. Drivers Lice WI	10. Date of tense/State ID State of Issuar	Birth
Last Name Golz  Email  Home Address  City Evansville  Drivers License/State ID Number  Part C: Agent Questions  Have you satisfied the responsible beverage serve Submit proof of completion.	Jessica  8. State WI  er training requirements	9. Zip Code 53536 12. Drivers Lice WI ent?	10. Date of 6 ense/State ID State of Issuar	Birth Yes
Last Name Golz  Email  Home Address  City Evansville  Drivers License/State ID Number  Part C: Agent Questions  Have you satisfied the responsible beverage serve Submit proof of completion.	Jessica  8. State WI  er training requirements	9. Zip Code 53536 12. Drivers Lice WI ent?	10. Date of 6 ense/State ID State of Issuar	Birth Yes
I. Last Name Golz I. Email II. Email II. Email III. Drivers License/State ID Number III. Drivers License/State ID Number III. Have you satisfied the responsible beverage serve Submit proof of completion. III. Have you completed Form AB-100, Alcohol Beverage Form AB-300, Alcohol Beverage Personal Question	B. State WI  er training requirements age Individual Ques connaire (permittee)?	9. Zip Code 53536 12. Drivers Lice WI ent?	10. Date of the sense/State ID State of Issuar	Birth  nce  Yes  Yes
Last Name Golz  Email  Home Address  City Evansville  Drivers License/State ID Number  Part C: Agent Questions  Have you satisfied the responsible beverage serve Submit proof of completion.	B. State WI  er training requirements age Individual Ques connaire (permittee)?	9. Zip Code 53536 12. Drivers Lice WI ent?	10. Date of the sense/State ID State of Issuar	Birth  nce  Yes  Yes

Part D: Business Attestation		e i je po oblave do s		<del></del>	
READ CAREFULLY BEFORE SIGNING: I corporation, or limit beverage activities on such premises. I ce on behalf of the entity. If I am appointing a I understand that I may be prosecuted for any person who knowingly provides material if convicted.	ted liability compai rtify that I am auth successor agent, I submitting false st	ny with full authority orized by the above- rescind all previous atements and affiday	and control of the co	the premises and authorize this industrial authorized and sents for this premises and the senting and the se	of all alcohol ividual to act ises. Further, tion, and that
Last Name	Fit	rst Name			I M.I.
Cantwell	E	ric		•	s
Title	Email			Phone	
CEO	e				
Signature			Date	04/08/2	5
Part E: Agent Attestation		र्की पहुँचा है। Trans tr Gradient के अध्यास करा चिक्की प्रदेश सम्बद्धा		کار بھا ہے۔ قاب ایسان الاسان	
READ CAREFULLY BEFORE SIGNING: I, nonprofit organization, or limited liability co on the premises for the above-named bus and affidavits in connection with this applicapplication may be required to forfeit not m	mpany and assum iness. I further und ation, and that any	e full responsibility fo ferstand that I may I person who knowing	or the conduct o be prosecuted t	f all alcohol bevera or submitting false	age activities
Last Name	, Fire	st Name			M.I.
Golz	/ Je	essica			E
Signature Joseph & Sole	/		Date	04/08/2	5



# City of Evansville

## www.ci.evansville.wi.gov

Date:Friday, April 11, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

The second secon	N	àme.	1.	Po	lice Department	Review
Establishment	Last.	First	DOB	Date	Approve/Den y w/ Initials	
Consumers Cooperative	Golz	Jessica E.	چەن سىمارىي خاند	04-23-25	-A-G	<u> </u>
, 	Cantwell	Eric S.				
<u> </u>	Kindschi	Steven				
	Wyttenbach	Joel		!		·
	Kindschi	Michael	-			
· -	Schwarz	Tom	·			
	Elsing	Greg		A	7	

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

### **Alcohol Beverage** Individual Questionnaire

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

· sole proprietor

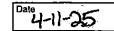
- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- all partners of a partnership

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

	<del> </del>					<del></del>			
	A: Business Infor	ETT 115 -115					<del>-</del>	- <u>-</u>	<del></del>
1. Leg	al Business Name (indiv	idual name if s	ole proprietor)		_				<del></del>
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	•			•	. /	0	-		·
E	Vansville (	enex	<u> </u>			_			
3. Enti	ty Type (check one)								
	Sole Proprietor	Partnersh	nip 🗌 Limit	ted Liabil	lity Comp	any 🛛 Corpo	oration [	Nonprofit C	rganization
·							<del>_</del>		
Part	B: Individual Infor	mation	<del></del>	-		<del></del>	·		
	Name		<del></del>	2, F	irst Name	<del></del>	- ÷	<del></del>	3. M.I.
6	Solz			- 1	E5516	<b>-</b>			£.
	tionship to Business (Tit	le)	5. Email		حي/ و			lin n	
_	re Monager	•	J. Cillan					6. Phone	
	ne Address	<u>'-</u> -					<u> </u>		
7.11017	ic Addiess					•	• •	•	
8. City					0.01-4	10.75-0-4	<del></del>	-	
	Evansuille	•			9. State	10. Zip Code	,	11. Date of B	irth
					WI			MANAX S	AND TO VICE
12. Dri	vers License/State ID Nu	imber				13. Drivers Licer	nse/State ID Sta	te of Issuance	
	green ,		<u> </u>			WI			_
							•		
Part (	: Address Histor	V	<del></del>		-			<del> </del>	
1. Do	you currently reside in	Wisconsin?		<del>-</del>		¥:			
	, , , , , , , , , , , , , ,				t to the end the	y* E \$14 B14 + + + 244 #/4/9/1	s kom m පෙරටෙන වේන්ටල ඇය	···· 🔼 1	res 🗌 No
If ye	es to 1 above, how lor	g have you o	continuously lived	d in Wisc	onsin prid	or to the date of an	olication?	Years	Months
	<u>-</u>	<u> </u>	<u>.                                      </u>		•-		photocorr.	38	10
2. List	in chronological orde	r all of your a	ddresses within	the last 5	years, A	ttach additional sh	eets if necessa		
Previou	s Address 1	=	= =====================================	City			State	Zip Code	
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				City			State	Zip Code	
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r (eviou	3 Add 635 \$			City			State	Zip Code	
<u> </u>							ļ		
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Previous	s Address 5	-		City			State	Zip Code	
2 Liet	all states and counties	a rear barra lis		<del>-                                    </del>					
	all states and counties			it. Altach		II sheets if necessa	агу.		
State	County	State	County		State	County	State	County	
INT.	Rock			_ <u>_</u>		<u></u>			
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			<u> </u>				1	1	
					·	·	<del></del>		

art D: Criminal History				
. Have you ever been convicted of for violation of any federal, Wisc	consin, or another sta	ite's laws or or any c	source of mariospan oraniamens	ages) Yes No
If yes to question 1, please list of	details of each convic	tion below. Attach a	dditional sheets as needed.	Conviction Date
aw/Ordinance Violated	<del></del>	Location		Conviction Date
Penalty imposed			Was sentence completed	
aw/Ordinance Violated	-	Location		Conviction Date
Penalty Imposed			Was sentence completed	
Law/Ordinance Violated		Location		Conviction Date
Penalty Imposed			Was sentence completed	1? Yes No
		÷	•	
	egen (*) Par		in the second of	
Part E: Attestation				
	E SIGNING: Under p	penalty of law 1 has	ve answered each of the above	e questions completely and
truthfully. I certify that I am no beverage industry as a restrict	t pronibited from particled investor. I under the understand that any parson who know the convicted.	stand that any licer	siness due to any involvement use issued contrary to Wis. Stated for submitting false statement erially false information on this	t. Chapter 125 shall be voi

## **Alcohol Beverage Individual Questionnaire**



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

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

Your al	cohol beverage applic	ation or rene	wal is not comple	te unti	il all requi	red Individual Questi	onnaires ar	e submitted.
Part	A: Business Inforn	nation 🛣					EN ANA	
1. Leg	al Business Name (Individ	lual name if so	e proprietor)	-110 1		man of the series . I must exclude many	telitrania in Alberta	e el su ser con el conservante en el en un la
	nsumers Cooper		1 Company					
	ness Trade Name or DB/	•	- <del>-</del>				2 -	
Eva	ansville Cenex		-	_				
3. Entl	y Type (check one)		<del></del> -			<u> </u>	: .	
	Sale Proprietor	] Partnership	Limited	Liabili	ty Compa	ny 🗹 Corporati	ion 🗌	Nonprofit Organization
					- ne			
Part	B: Individual Inform	nation	To the second		was and			
1. Last	Name			2. F	irst Name			3. M.I.
Car	ntwell			E	ric			s
4. Rela	tionship to Business (Titte	9)	5. Email			<del></del>		6. Phone
CEC								
7. Hom	e Address		•					<u>-</u>
	F 80.00							
8. City	· · · · · ·	-		,	9. State	10. Zip Code		11. Date of Birth
Pra	irie Du Sac				WI	53578		
12. Driv	ers License/State ID Nun	nber	·		<del></del>	13. Drivers License/	State ID State	e of Issuance
	h					WI		
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Part (	: Address History			منهد اور دورا ماورو		NEAL PROPERTY	2340AX	and the same
	ou currently live in Wi		and at the state of the state o	S. O'CONTRACTOR	41.±2.192.41 -	enegieria in menerika in der gebande in de die de		
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If ye	s, provide the month a	nd year wher	n you permanently	/ move	ed to Wisc	onsin		(MM/YYYY)
	<del></del>							05/2021
2. List	in chronological order	all of your ad	dresses within the	last 5	years. At	tach additional sheet	s if necessa	ry.
Previou	s Address 1		-	City			State	Zip Code
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Previou	s Address 2	<u>.</u>		City	-		State	Zip Code
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Previous	Address 5		<del>-</del>	City			State	Zip Code
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		···		<u>.l.</u>		<del></del>		
	all states and counties	you have live	ed in as an adult. A	Attach	additiona	I sheets if necessary.		
State	County	State	County		State	County	State	County
WI	Sauk	ND	Burlegih		ND	Grand Forks	SD	Brown
State	County	State	County		State	County	State	County
SD	Pennington	MN	Kandyohi		L			

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Part D: Criminal History			
Have you ever been convicted of any offense for violation of any federal, Wisconsin, or and			
If yes to question 1, please list details of each	h conviction below. Attach a	additional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u>-</u>	Was sentence completed?	Yes No
Law/Ordinance Violated	Location	<del></del>	Conviction Date
Penalty Imposed	<u></u>	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisco ordinances?	• • • • • • • • • • • • • • • • • • • •		☐ Yes 🗹 No
Part E. Attestation			
READ CAREFULLY BEFORE SIGNING: Und truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I ur under penalty of state law. I further understand to with this application, and that any person who I to forfeit not more than \$1,000 if convicted.	der penalty of law, I have participating in this busing derstand that any license that I may be prosecuted to	answered each of the above quest ess due to any involvement in anoth issued contrary to Wis. Stat. Chap in submitting false statements and aff ally false information on this applical Date	ions completely and er tier of the alcohol ter 125 shall be void idevits in connection
		0470	

## Alcohol Beverage Individual Questionnaire

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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

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Your	alcohol beverage ap	plication or re	mewel is not co	omplete u	per (la litr	ulred Indiv	idual Questi	onnaires er	e submitte	d,
	tA::Businessini				A			METTER	AVALLES (A) (I	A STATE OF THE STA
1.Le	egal Businass Name (in	dividual name li	sole proprietor):		************	A J. 2252. C. 341	CAL PROPERTY OF STREET		ister alped	
C	onaumers Coop	erative	Oil Compa	ny						
	usiness Trade Name or				<del>-</del>		<del></del>		m	
	vansville Cen	ex			_					
	ntily Type (check one)									<del></del>
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	B: Individual info	ormation	2.4.2.4.10		<b>到</b> 。		但是是是	34.7.285		CALM BY
2	ot Name:			2.	First Name			-		3. M.I.
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8. City	2071				To oral	130.96	0.4	<del> ;</del>		17.1 <sup>-</sup>
	airie Du Sac				9. State WI		Code 1578	ľ	11. Date of E	intr
	vers License/State ID N	lumber			1 "1		vers Elcense/S	iate ID State	o Office (mone)	
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rais i Ba	C: Address Histo	V per intro-	2.2.2.1.52	<b>表表意味</b>	i sait iida	Later :	A. C. 这一样一点		alei du	kanang sal
1. 00	you currently live in t	VVisconsin?.,	e உழக்க வளக்குகுன்ன ச	a resease y g	gg f greene		. 4		,, , , ,	Yes 🔲 No
if ye	as, provide the monti	and year wh	en vou nerman	enth mov	eiM ot ha	congio			(M)	MYYYY)
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2. List	In chronological orde	er all of your a	iddresses within	n the last	5 years. A	ttach addi	tional sheets	If necessar	ry.	7
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Previou	a Addresa 2	+ 1		City				State	Zip Code	<del></del>
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revious	e Address 3			City				State	Zip Code	<del></del>
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revious	Address 5			City				State	Zip Code	
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. List a	ili states and countle	s you have th	ed in as an ad	ult Altach	additions	l sheets If	песеззагу.			
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ate	County	State	County		State	County		State	County	
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if yes to question 1, please list details of Law/Ordinance Violated  Penalty Imposed		Location			Conviction	Date:
Ponally Imposed		ľ				
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ew/Ordinance Violated		Location			Conviction	Date
Penelly (imposed)	<del></del>	<del></del>	Was sente	nce completed?	Yes	١
aw/Ordinance Violated		Location		** <u>**</u>	Conviction	Date
onally Imposed		<del>1</del>	Mes as/V	nce completed?	🔲 Үев	
. Are charges for any offenses currently beverages) for violation of any federal,	cending agains Wisconsin, or	at you (excluding enother state's is	traffic offenses un	less related to all or municipal	lcohol Yes	ত্র।
ordinances?	rd status of pa	inding charges u	aing the epace be	low. Attach addi	Lional	_
sheets as needed.				-		
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read carefully before signing	3: Under pen	elly of law, I have	OBO belewens	of the above q	uestions compl inother tier of th	
READ CAREFULLY BEFORE SIGNING WITH DISTRIBUTION OF THE PROPERTY OF THE PROPERT	3: Under pend d from particip	ally of law, I have paling in this bus	e answered dact	of the above q Involvement in a v to Wis Stat. C	uestions comple inother tier of the chapter 125 sha	II be vi
READ CAREFULLY BEFORE SIGNING withinly I certify that I am not prohibite bayarage industry as a restricted investigation.	3: Under pend d from particip or, I understor	ally of law, I have balling in this bus not that any floor	e answered cach iness due to any se issued contrar	of the above q Involvement in a y to Wis. Stat. C	ueations complination to the complex	il be vi
READ CAREFULLY BEFORE SIGNING thinhibily. I certify that I am not prohibite beyonge industry as a restricted investing penalty of state law. I further under with this application, and that any person to forfalt not more than \$1,000 if convictions.	3: Under pend d from particip or, I understor stand that I man n who knowing	ally of law, I have balling in this bus not that any floor	e answered cach iness due to any se issued contrar	of the above q Involvement in a y to Wis. Stat. C	ueations complination to the complex	il be vi
READ CAREFULLY BEFORE SIGNING truthfully. I cartify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further under with this application, and that any person to forfelt not more than \$1,000 if convict signature.	3: Under pend d from particip or, I understor stand that I man n who knowing	ally of law, I have balling in this bus not that any floor	e answered cach iness due to any se issued contrar	of the above of involvement in a y to Wis. Stat. C se statements are action on this app	ueations complination to the complex	reguir

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# Alcohol Beverage Individual Questionnaire

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

Part B: Individual information  1. Last Name Wyttenbach 4. Relationship to Business (fills) Board of Director 7. Home Address  6. City Sauk City 12. Drivers License/State ID Number  13. Drivers License/State ID Number  14. Date of Inc. Zip Code II. Date of Inc. Zip Code III. Date of Inc. Zi	
Part A: Business information 2.  1. Legal Business Name (individual name if solo propriator)  Consumers Cooperative Oil Company  2. Business Trade Name or DBA  Evansville Cenex  3. Entity Type (check one)  Sole Proprietor Partnership Limited Liability Company Corporation Nonpriation)  7. Last Name  Wyttenbach  4. Relationship to Business (fills)  Board of Director  7. Home Address  6. City  9. State  10. Zip Code  WI 53583  13. Drivers License/State ID Number  Part C: Address History  12. Drivers License/State ID Number  Part C: Address History  15. Drivers License/State ID Number  Previous Address 1  State  City  State  City  State  Topicus Address 2  City  State  Topicus Address 3  City  State  Topicus Address 3  City  State  Topicus Address 3  City  State  Topicus Address 4  City  State  Topicus Address 4  City  State  Topicus Address 4  City  State  Topicus Address 3  City  State  Topicus Address 4  City  State  Topicus Address 4  City  State  Topicus Address 5  Topicus Address 4  City  State  Topicus Address 5	iltted.
Consumers Cooperative Oil Company	
Consumers Cooperative Oil Company  2. Business Trade Name of DBA Evansville Cenex  3. Entity Type (check one)    Sole Proprietor	S. MATARIA PROSESSOR PORTO
Evansville Cenex  3. Enlity Type (check one)	
3. Entity Typa (check one) Sole Proprietor Partnership Limited Liebility Company Corporation Nonprince Sole Proprietor Partnership Limited Liebility Company Corporation Nonprince Sole Proprietor Nonpr	<del></del>
Rain Bilindividual information   Partnership   Limited Lieblity Company   Corporation   Nonpress	
Part B:   Individual   Information	<del></del>
Part B: Individual information   1. Last Name   2. First Name   3. Email   6. Phore   4. Relationship to Business (Title)   8. Email   8. State   10. Zip Code   11. Date   5. Email   5. Email   8. State   10. Zip Code   11. Date   5. Email   5. Email   5. Email   6. Phore Address   12. Drivers License/State ID Number   13. Drivers License/State ID State of Issue   14. Date   15. Drivers License/State ID State of Issue   15. Drivers License/State ID State   15	ofit Organization
1. Last Name   Wyttenbach   2. First Name   Joel	
Search   S	e de la socialisme
Wyttenbach 4. Relationship to Business (Title) Board of Director 7. Home Address 6. City Sauk City 12. Drivers License/State ID Number 13. Drivers License/State ID Number 14. Drivers License/State ID Number 15. Email 9. State WI 53583 13. Drivers License/State ID State of Issue WI Part C::Address History 1. Do you currently live in Wisconsin? If yes, provide the month and year when you permanently moved to Wisconsin 2. List in chronological order all of your addresses within the last 5 years: Attach additional sheets if necessary. Previous Address 1 City State Viewous Address 3 City State Viewous Address 4 City State Viewous Address 4 City State Viewous Address 5	3. M.I.
4. Relationship to Business (Title) Board of Director 7. Home Address  8. City Sauk City 12. Drivers License/State to Number 13. Drivers License/State to Number 14. Do you currently live in Wisconsin? 15. List in chronological order all of your addresses within the last 5 years, Attach additional sheets if necessary.  Previous Address 2  City State Zip C Previous Address 3  City State Zip C Previous Address 4  City State Zip C Previous Address 5	V
Board of Director  7. Home Address  8. City Sauk City 12. Drivers License/State ID Number  13. Drivers License/State ID Number  14. Drivers License/State ID Number  15. Drivers License/State ID State of Issue WI  15. Drivers License/State ID State of Issue WI  16. Do you currently live in Wisconsin?  17. If yes, provide the month and year when you permanently moved to Wisconsin  18. City State ID State of Issue WI  19. State ID State of Issue WI  19. City State ID St	
8. City Sauk City  12. Drivers License/State ID Number  13. Drivers License/State ID Number  13. Drivers License/State ID State of Issue WI  Part C: Address History  1. Do you currently live in Wisconsin?  If yes, provide the month and year when you permanently moved to Wisconsin  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  State  City  State  Zip C  Previous Address 3  City  State  Zip C  Previous Address 4  City  State  Zip C  Previous Address 5	
Sauk City  12. Drivers License/State ID Number  13. Drivers License/State ID Number  14. Do you currently live in Wisconsin?  15. Drivers License/State ID State of Issue WI  16. Do you currently live in Wisconsin?  17. Do you currently live in Wisconsin?  18. State Visconsin WI  19. Drivers License/State ID State of Issue WI  19. Drivers License/State ID State of	<del></del>
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Part C: Address: History  1. Do you currently live in Wisconsin?  If yes, provide the month and year when you permanently moved to Wisconsin  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 C  Previous Address 3  City  State Zip C  Previous Address 4  City  State Zip C  City  State Zip C	
Part C: Address History  1. Do you currently live in Wisconsin?  If yes, provide the month and year when you permanently moved to Wisconsin  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 C  Previous Address 3  City  State Zip C  Previous Address 4  City  State Zip C  City  State Zip C  City  State Zip C  City  State Zip C	ance
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1. Do you currently live in Wisconsin?  If yes, provide the month and year when you permanently moved to Wisconsin  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 C  Previous Address 3  City  State  Zip C  Previous Address 3  City  State  Zip C  Previous Address 4  City  State  Zip C  City  State  Zip C	<del></del>
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If yes, provide the month and year when you permanently moved to Wisconsin  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 C  Previous Address 3  City  State  Zip C  Previous Address 3  City  State  Zip C  City  State  Zip C  City  State  Zip C	
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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 C  Previous Address 3  City  State  Zip C	(MMYYYY)
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List all states and counties you have lived in as an adult. Attach additional sheets if necessary.	
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1. Have you ever been convicted of any offense		<b>这些种的基础的工程,但是</b>	er and the property of	nw uma.
	other state's laws or of any	county or municipal ordinances	s) 🏻 Yes	<b>⊘</b> No
If yes to question 1, please list details of each	h conviction below. Attach a	edditional sheets as needed.	Townsteller F	helo.
Low/Ordinance Violated	Location	•	Conviolion C	igne.
Panalty imposed	<del>_</del>	Was sentence completed?		□ No
Low/Ordinance Violated	Location		Countaga t	Jale`
Penally Imposed		Was sentence completed?	Yes	□ No
Law/Ordinanca Violated	Location	<del>- 1   1   1   1   1   1   1   1   1   1 </del>	Conviction	) ate
Penalty Imposed		Was sentence completed?	Yes	□ N
Are charges for any offenses currently pendineverages) for violation of any federal, Wiscondinances?  If yes to question 2, describe nature and standards as needed.	onsin, or enother state's fat	**************************************	🔲 Yes	Ø W
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truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I will under panalty of state law. I further understant with this application, and that any person who	nder penalty of law. I hav m participating in this bus understand that any licent d that I may be prosecuted	e answered each of the above qui ness due to any involvement in an in issued contrary to Wis. Stat. Ch for submitting false statements and rially false information on this appli	apter 125 shal allidavlis in co	l be voic

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AB-100 (R. 1-25)

Form		
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## Alcohol Beverage

Date	 	
<u> </u>	 	

Individual Questionnaire All individuals involved in the atcohol beverage business must complete this form, including: all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company · sole proprietor · all partners of a partnership Your alcohol beverage application or renewal is not complete until all required individual Questionnaires are submitted, Part A. Businese information (17) 1. Legal Business Name (individual name if sole proprietor) Consumers Cooperative Oil Company 2. Business Trade Name or DBA Evansville Cenex 3. Entity Type (check one) ☐ Sole Proprietor Partnership Limited Liability Company Nonprofit Organization Corporation Part B: Individual Information 1. Last Name 2. First Name Kindschi Michael 4. Relationship to Business (Title) 5. Email 6. Phone Board of Director 7. Homo Address 8, City 11. Date of Birth 10. Zip Ccde 9. State Mazomanie WI 53560 12. Drivers License/State ID Number 13. Orivers License/State IO State of Issuance 1. Do you currently live in Wisconsin? . . . . . . . ✓ Yes (MM/YYYY) If yes, provide the month and year when you permanently moved to Wisconsin ... 10/1768 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary, Previous Address 1 State Zip Code Mazimanie WXXXXXXXXXX wt 53560 Previous Address 2 State City Zip Code Previous Address 3 City State Zip Code Pravious Address 4 City Zip Code Previous Address 5 City State Zip Code 3. Ust all states and counties you have lived in as an adult, Attach additional sheets if necessary. State WI County State County State County State County Dane State County State County Stale County State County

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art D: Criminal History Have you ever been convicted of any c	m tludla- tilla-affond	s unless related to alcohol beverage	<u>រន</u> ា
for violation of any faderal, Wisconsin,	of enother states laws of or any	Codulty of Highliphan organizations.	☐ Yes ☑ N
If yes to question 1, please list details of		additional shaets as needed.	Conviction Date
awiOrdinanco Violated	Location		Contragol Para
enalty imposed		Was sentence completed?	Yes N
ay/Ordinance Violated	Ļocaţion		Conviction Date:
enally imposed		Was sentence completed?.	Yes 1
aw/Ordinance-Violated	Location	_ <del></del>	Conviction Date
enally imposed		Was sentence completed?.	Yes 1
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if yes to question 2, describe nature a sheets as needed.	and status of pending charges u	sing the space below. Attach addition	onai
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## Alcohol Beverage Individual Questionnaire

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

· sole proprietor

all officers, directors, and agent of a corporation or nonprofit organization

• ali p	ariners of a partne	rahip	mem	bers and ag	ent of a lim	ited liability corpus	ngany	t Olyanizat	.1011
Your a	icohol beverage a	pplication or n						re submitte	ed,
Part	A:Businessinf	ormationa.	r Diske	National Control	187/38/44	CHE CHICAGO	STORY NAVABLE	andra est	
1. Leg	al Business Name (in	dividual name i	sole propriet	nr)	4 Yella Corne	tella de la trada	Merchant Charles	1.3.4.2.4	COUNTY SAME AT
	nsumers Coop								
	iness Trade Name or			<u> </u>					
Ev	ansville Cer	iex							
3. Enti	ly Type (check one)	<del></del>						<del></del>	
	Sole Proprietor	☐ Partnen	ship 🗀	Limited Lia	ability Comp	any 🔽 C	orporation [	Nonprofi	t Organization
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Part	B: individual inf	ormation ;	N. Sarrie	SEX MILES	光度	i de la compania del compania del compania de la compania del la compania de  la compania		1.10	esia da ca
1. Last	Name			12	2. First Name	1			3. M.I.
Sc	hwarz				Tom		_		l.
4. Rela	tionship to Businesa (	(Title)	6.1	Email		<del></del>		6. Phone	<u>-</u>
Boa	ard of Direc	tor							
7. Hom	e Address		<del></del> _					<u> </u>	-
8. City	- 27	-			9. State	10. Zip Code	].	11. Date o	f Birth
	irie Du Sac				WI	53578	1		
12. Driv	ers License/State ID	Number				13. Drivers L	Icense/State ID Sta	te of issuan	ce
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						<del></del>	<del></del>		
Part C	Address Histo		- N. 1819	125 107	Carlos Av	inversors	101 N. F. CV 99.15	44.63.20	ARE CET PERSONAL
	ou currently live in			خالف المناجعة المناجعة	المتاه المتالية المتاه المتاسمة	Appendix a little and a	CANCELL (NIL)		Tyes ∏ No
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2. List i	n chronological ord	er all of your	nddresses w	vithin the les	t 5 vegre A	ttach additional	shoots if naress		
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tate	County	State	County	<del></del>	State	County	State	County	

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Have you ever been convicted of any of for violation of any federal, Wisconsin, of the control of the cont	or anomer states tawa or or any	control of themer from street con i		
If yes to question 1, please list details one of the conference violated	Location	COMPONE STOCKS CO. 120-00-0-1	Conviction Date	
POAN CHICAGO STATEMENT				
Penalty Imposed		Was sentance completed?		
Law/Ordinance Violated	Location	-	Conviction Dale	
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Law/Ordinance Violated	Location		Conviction Date	
Panally Imposed		Was sentence completed?	Yes 🗆 N	
2. Are charges for any offenses currently beverages) for violation of eny federal, ordinances?	Wisconsin, or another state's lat	AS OL BUY CORUM OL WALKION PRO	nol ☐ Yes ☑ N	
if yes to queetion 2, describe nature at		•	81	
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AB-100 (R, 1-28)

Form		
Α	B-1	00

#### Alcohol Beverage Individual Questionnaire

Date	
<u> </u>	

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 Al Business information and the supplier of the supplier 1. Legal Business Name (Individual name if sole proprietor) Consumers Cooperative Oil Company 2. Business Trade Name or DBA Evansville Cenex 3. Entity Type (check one) ☐ Sole Proprietor ☐ Pertnership ☐ Limited Liability Company ■ Nonprofit Organization ☑ Corporation Rait B: Individual Information 1, Last Name 2. Firet Name 3. M.L. Elsing Greg 4. Relationship to Business (Title) 5. Email 6. Phone Board of Director 7. Homa Address 8. City 9. Stele 10. Zip Code 11: Date of Birth Prairie Du Sac WI 53578 12. Drivers License/State ID Number 13. Drivers License/State ID State or issuant Part C: Address History 1. Do you currently live in Wisconsin? (MMYYYY); If yes, provide the month and year when you permanently moved to Wisconsin 06/1966 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Previous Address 1 Zip Code State Prairie Du Sac wI 53578. Previous Address 2 City State Zip Code Previous Address 3 City State Zip Cade Previous Address 4 City State Zip Code Previous Address 5 City State Zip Ccde

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State

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List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

County

County

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County

Part Di Criminal History	<b>法推过法院企业还通过</b>	escularities en la companya de la co	and productions
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or	SUCKLES RESEARCH OF BITA CO.	aith or indiversal areastances and	Yes 🛮 No
If yes to question 1, please list details of e		ilional sheets as needed.	Conviction Date
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Penalty Imposed		Was sentence completed?	🗌 Yes 🔲 N
aw/Ordinanca Violated	Location		Conviction Date
Penally Imposed		Was sentence completed?	Yes N
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under panelty of state law. I further unders with this application, and that any person to forfelt not more than \$1,000 if convicte	ig. .Alto viibālitībil biodose merēm	ită tenes uliquinease au ave ekter	
Signature (1)		Date	
Signature	_	04,	/08/2025

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AB-100 (R, 1-25)

## Alcohol Beverage License Application

	For M	unicip	al Use	Only	
Munici	pality		-		
91	an	SVI	11	0	
Licens	e Period	-			
21	25		1100	2/6	

License(s) Requested: (up to two boxes may	be checked)		Fees
☐ Class "A" Beer	Class "B" Beer \$	License Fe	
<u> </u>		2.001.001.	acc
	Glass B" Liquor \$	Buongrou	nd Check Fee \$ 14,00
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication	1 Fee \$ 100
Class C" Liquor (wine only) \$		Total Fees	\$714
		+	obac. 100
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole pro			281100
	3 Worldude	took	The
2. Business Trade Name or DBA			11.0
KONECKI	15 MSSY W	15514	
39-17150G	2 4 VVIsconsin S	Seller's Permit Number	21 01177 00
5. Entity Type (check one)	) 12(	0-0000	368472-03
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	Corporation	Nonprofit Organization
6. State of Organization	7. Date of Organization	8. Wisconsi	n DFI Registration Number
9. Premises Address			
8N Cty Rd m	1	11 State	12. Zin Code
10. City Evansuille		11. State	12. Zip Code
13. County	14. Governing Municipality:	☐ Town ☐ Village	15. Aldermanic District
hock	of: EVANSUILLE		
16. Premises Phone	17. Premises Email	18. We	bsite
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized all on. Attach a map or diagram and addition of the state	cohol beverage activitional sheets if necessar	es and storage of records may occur y.
20. Mailing Address (if different from premises addre	ess)		100
21. City		22. State	23. Zip Code
Part B: Questions	Zuli de Barrio de		CHARLES CONTRACTOR
Has the business (sole proprietorship, partnership) violating federal or state laws or local ordinary.			
If yes, list the details of violation below. Atta	ch additional sheets if necessary.		A STATE OF THE STA
Law/Ordinance Violated	Location	T	rial Date
Penalty Imposed		Was sentence com	pleted? Yes No
Law/Ordinance Violated	Location	Т	rial Date
Penalty Imposed		Was sentence com	pleted? Yes No

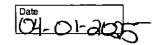
Are charges for any offenses pending beverages.  If yes, describe the nature and status				
Is the applicant business or any of it individuals or entities a restricted invite If yes, provide the name of the restricted.	vestor with any interest in a	an alcohol bevera	ige producer or distribut	
Is the applicant business owned by a lf yes, provide the name(s) and FEIN	nother business entity?	wners below. Atta	ch additional sheets as	Yes No
4a. Name of Business Entity		4b. Business Enti	ty FEIN	
<ul><li>5. Have the partners, agent, or sole prothis license period? Submit proof of 6. Is the applicant business indebted to</li><li>7. Does the applicant business owe passes</li></ul>	any wholesaler beyond 15	days for beer or	30 days for liquor/wine?	Yes No
Part C: Individual Information				
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability con	tors, and agent of a corporation npany. Attach additional sheets	n or nonprofit organ if necessary.	ization, all partners of a par	rtnership, and all members,
Include Form AB-100 for each person listed	below. Corporations and LLCs First Name	s must appoint an a	gent by including Form AB-	101. Phone
Last Name	Tago	1/.	on Procedurat	THORE
Kopeary	Jean	710	et esident	+
KODECKY	John	1 00	neral II anas	$\mathcal{U}$
KODOCKY	James	0 1	resident	
100	167			
Part D: Attestation	7 37 July	VEDIAL CONT	8-7-10 SEC-12-12-12	
One of the following must sign and atte	st to this application:			
	eral partner of a partnership	one con	oorate officer • one	e member of an LLC
READ CAREFULLY BEFORE SIGNING: U I am acting solely on behalf of the applicant rights and responsibilities conferred by the according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for subingly provides materially false information of	business and not on behalf of license(s), if granted, will not be ded to, purchasing alcohol bever ginspection will be deemed a any license issued contrary to mitting false statements and a	f any other individuate assigned to anotherages from state a refusal to allow inspace Wis. Stat. Chapte affidavits in connection	al or entity seeking the lice her individual or entity. I a uthorized wholesalers. I un pection. Such refusal is a n er 125 shall be void under ion with this application, ar	ense. Further, I agree that the gree to operate this business inderstand that lack of access inisdemeanor and grounds for penalty of state law. I further and that any person who know-
Last Name		Name		M.I.
Kopecky		Jame	5	D
President	Email			Phone
Signature O. A.	1	- 1	oaje (C. 1)	1005
71,0000 110,000	W		04-01-0	C601
Part E: For Clerk Use Only  Date Application Was Filed With Clerk  Uce	ense Number		Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if applicable)
organization of oterwise puty ofers			Date Flovisional	License issued (ii applicable)

James

Form

**AB-101** 

## Alcohol Beverage Appointment of Agent



Agent Type (check one)		
☑ Original (no fee) ☐ Successor (\$10 fee for r	municipal licensees only)	
<u> </u>		
Part A: Business Information		, <u>, , , , , , , , , , , , , , , , , , </u>
1. Legal Business Name (individual name if sole proprietor)	Linda Coak To	
Robectus world	TUINE TOURS INC	
2. Business Trade Name or DBA	al. Lucalu	
3. Entity Type (check one)	<del>29 43539                                 </del>	
☐ Limited Liability Compar	any Corporation Nonprofit Organization	оп
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail Licer	nse Number
Municipal Retail License		
6. Describe the reason for appointing a successor agent, if successor	sor is checked above.	
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	, .	
* * * * * * * * * * * * * * * * * * * *		i
<u> </u>		
Data D. Amana Indonesia		-
Part B: Agent Information  1. Last Name		. M.I.
Konocky	Jamas	
4. Email	5_Phono	<u>U</u>
	l l	
6. Hume Address		
7. City	8. State 9. Zip Code 10. Age	
Transvulle	WT 535 36 16	
11. Private License (Clate ID Number	12. Drivers License/State ID State of Issuance	
Part C: Agent Questions		** * *
Have you satisfied the responsible beverage server train		, Na
Submit proof of completion.	ining requirement? Y	es 🗌 No
Have you completed Form AB-100, Alcohol Beverage Inc.     Submit a completed Form AB-100 with this form.	ndividual Questionnaire? Ye	es No
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	itinuous days?Ye	es No

 $Continued \rightarrow$ 

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 VODECLY First Name MJ Phone
"" Hesident
Signature DA-OF 3035
Part E: Agent Attestation
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , herby 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 First Name M.D.
Signature D4-01 2025

Part D: Business Attestation



# City of Evansville

## www.ci.evansville.wi.gov

Date:Thursday, April 3, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

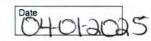
	I. W. AN	im <b>e</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Police Department Review
Establishment	last	First	DOB	Approve/Den Date y Notes W/ Initials
Kopecky's Worldwide Foods	Kopecky	James		0423-25 A . CX
	Kopecky	Jean L.	#F	
	Kopecky	John		

Jean

#### **Form**

**AB-100** 

## Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · 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			
Legal Business Name (individual name if sole proprietor)			
1. Legal Busiless Name (individual fiame in sole proprietor)	idial tools	Inc	
KO DECKYS WOL	in university	11 10	' .
2. Business Trade Name or DBA	1. 1. 1001.1		
RO Decitys Pigs	17 W5519		
3. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☐ Limited	Liability Company Corporation		Ionprofit Organization
Part B: Individual Information			
1. Last Name	2. First Name		3. M.I.
KOPecky	Jean		
4. Relationship to Business (Title)			
VICE Prosidion			
7. Home Address			
8. City	9. State 10. Zip Code	1	1 Date of Rirth
Examplille	UI 53536		
12 Drivers License/State ID Number	13. Drivers License/State	e ID State	of Issuance
	LOT		
Part C: Address History			
Do you currently reside in Wisconsin?			Yes No
	···	•	Years Months
If yes to 1 above, how long have you continuously lived in	n vvisconsin prior to the date of application	n?	51 0
0.1141	1.15		0.
List in chronological order all of your addresses within the		_	
Previous Address 1	City	State	Zip Code
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
1 TOVIOUS MUUTOSS O	Oily	Otato	Zip Code
	The state of the s	1	
List all states and counties you have lived in as an adult.	Attach additional sheets if necessary.		
List all states and counties you have lived in as an adult.      State   County   State   County   County	Attach additional sheets if necessary.  State County	State	County
		State	County
State County State County		State	County

Continued →

Part D: Criminal History			
<ol> <li>Have you ever been convicted of any for violation of any federal, Wisconsin</li> </ol>			es) 🗌 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?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNII truthfully. I certify that I am not prohibit beverage industry as a restricted inveunder penalty of state law. I further und with this application, and that any persto forfeit not more than \$1,000 if convi	ted from participating in this busing stor. I understand that any licens erstand that I may be prosecuted on who knowingly provides mate	ness due to any involvement in and e issued contrary to Wis. Stat. Cha for submitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
Signature Konoc.	hud	Date () H-C	12005

#### Form .

**AB-100** 

## **Alcohol Beverage** Individual Questionnaire

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

· sole proprietor

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

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

Part A: Business Information			# # # # # # # # # # # # # # # # # # #		
Legal Business Name (individual name if sole proprietor)	·				-
Koneckus usorldu	udo	trood	s The		
2. Business Trade Name or DBA	, ,	1		-	
KIDDECKY'S PISSIU	1 W	9514			
3. Entity Type (check one)	<del>,</del>	<b></b>			
☐ Sole Proprietor ☐ Partnership ☐ Limited L	iability Com	pany 🔀	Corporation	N	onprofit Organization
Part B: Individual Information		<u>.</u>			a
1. Last Name	2. First Nan	ne .			3. M.I.
KO DECLY		<u>h()                                    </u>			<u> </u>
4 Relationship to Business (Title) 5. Email				6.	Phone
(Jeneral Michage?)					
7. Home Address		•			
8. City	9. Stat	e 10. Zip (	Code	11	Date of Rirth
- HLDany	L	I S	<u> 350 a</u>	(	
12. Drivers License/State D Wulder		13. Drive	ers License/State	ID State	orissuance
			لاب ا		
Part C: Address History			2 8	. ,	n
Do you currently reside in Wisconsin?					🔀 Yes 🗌 No
					,
If yes to 1 above, how long have you continuously lived in	Wisconsin p	orior to the da	te of application	 	Years   Months
2. List in chronological order all of your addresses within the		. Attach additi	onal sheets if n	ecessary	
Previous Address 1	City			State	Zip Code
MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HUna	20-1		lut	15350 a
Previous Address 2	City			State	Zip Code
NEX STANIX ANXIX XIVIX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9Va	nsvu	[L	WI	153536
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. A	ttach additi	onal sheets if	necessary.		,
State County State County	State	County	Ī	State	County
WI RUCH LEI Green	ا ر				
State County State County	State	County		State	County
NAT BOUT					]
					Continued -

Continued

Part D: Criminal History	P = -	,	· · ·
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state			
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
DISODERLY CONTICUT	Lak Cons	<del>y</del>	Nor Sole
Penalty Imposed /	· · · · · · · · · · · · · · · · · · ·	Was sentence completed?	. Yes No
Law/Ordinance Violated	Location	-	Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated .	-Location		Conviction Date
Penalty Imposed	,	Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes No
		·	
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.  Signature	ating in this business of that any license isso y be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chapt bmitting false statements and aff	er tier of the alcohol er 125 shall be void idavits in connection

## Alcohol Beverage License Application

	For Municipal Use Only	
Muni	Evansuille	
Licer	2025 - 202 6	

License(s) Requested: (up to two boxes may	Fees			
	Class "B" Beer \$	License F	ees	\$600
(Class A" Liquor \$ 500	Backgrou	nd Check Fee	\$ 7	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publicatio	n Fee	\$ 100
Class C" Liquor (wine only) \$		Total Fee	s	\$707
Part A: Premises/Business Informatio	n			- 1
1. Legal Business Name (individual name if sole pro	oprietorship) REET EXP., IN	16		
2. Business Trade Name or DBA	N-ONE			
3. FEIN 64-373814		Seller's Permit Number		
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	Corporation	☐ Nonpro	ofit Organization
6. State of Organization	7. Date of Organization	8. Wiscons	in DFI Registrati	
9. Premises Address	03/2003	Mo	58164	
104 S. MADISC	IN STREET,			
10. City EVANSVILLE		11. State	12. Zip Code 5 3 5	36
13. County ROCK	14. Governing Municipality: X City of: EVAWSVI		15. Alderman	ic District
16. Premises Phone 882-4757	42 0 0 0 0	40.144	ebsite	
<ol> <li>Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.</li> </ol>	buildings where alcohol beverages an including living quarters. Authorized a	re produced, sold, store	es and storage	
STORE	BUILDING -	- ( BEER +	149.	ROOM I
		BACK I	Room)	
20. Mailing Address (if different from premises addre	ess)			
21. City		22. State	23. Zip Code	
Part B: Questions				
Has the business (sole proprietorship, partr violating federal or state laws or local ordinal If yes, list the details of violation below. Atta	ances? Exclude traffic offenses ur	less related to alcoh	convicted of ol beverages.	☐ Yes 🔀 No
Law/Ordinance Violated	Location		rial Date	
Penalty Imposed		Was sentence com	pleted?	Yes No
Law/Ordinance Violated	Location	1	Trial Date	
Penalty Imposed		Was sentence com	pleted?	Yes No

Are charges for any offenses pending a beverages.	gainst the business? Exc	lude traffic offense	es unless related to alco	ohol Tyes	<b>∑</b> No
If yes, describe the nature and status o	f pending charges using t	he space below. A	ttach additional sheets	as needed.	
			<b>\</b>		
Is the applicant business or any of its or individuals or entities a restricted investig types, provide the name of the restricted.	stor with any interest in a	n alcohol beverag	e producer or distribute		<b>⊠</b> No
<ol> <li>Is the applicant business owned by and If yes, provide the пате(s) and FEIN(s)</li> </ol>				···· Yes eeded.	No ·
4a. Name of Business Entity		4b. Business Entity	FEIN		
<ol><li>Have the partners, agent, or sole propri this license period? Submit proof of cor</li></ol>	ietor satisfied the respons	ible beverage serv	ver training requirement	for Yes	☐ No
6. Is the applicant business indebted to ar	-	-	•	<u> </u>	Mo No No
7. Does the applicant business owe past of	due municipal property ta	xes, assessments,	, or other fees?	Yes	X No
Part C: Individual Information		<u> </u>		e de la companya de l	<i>2</i>
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability comparation.	s, and agent of a corporation	or nonprofit organiza			
Include Form AB-100 for each person listed bel	•		ent by including Form AB-1		
Last Name	First Name	Title		Phone	
SEKHON	PARMINDE	R PR	ESIDENT	6	
	·			,	
		,			
Part D: Attestation	entropy of the second s				
One of the following must sign and attest	• •				_
,	I partner of a partnership			member of an L	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the standard standar	usiness and not on behalf of ense(s), if granted, will not be to, purchasing alcohol beve espection will be deemed a re ny license issued contrary to itting false statements and a	any other individual e assigned to anothe rages from state aut efusal to allow inspe o Wis. Stat. Chapter ffidavits in connectio	l or entity seeking the licer er individual or entity. I ag thorized wholesalers. I und ection. Such refusal is a mi 125 shall be void under p on with this application, and	ise. Further, I agre tree to operate this derstand that lack isdemeanor and gi denalty of state law I that any person v	e that the business of access ounds for 1 further
SEKHOW SEKHOW	First	Name ARMIND	ER	M.I.	
Tible PRESIDENT	Ema			Phone	
Signature	y Colm	-	3-26-202	5	
Part E: For Clerk Use Only		No. of the second			
Date Application Was Filed With Clerk Licens	e Number		Pate License Granted	Date License Issi	ued
Signature of Clerk/Deputy Clerk	_	I	Date Provisional Li	icense Issued (if ap	plicable)

<del>-</del> 2 -

AB-200 (N. 03-24)

### Form AB-101

# Alcohol Beverage Appointment of Agent

Date 3-2	6-2025

Agent Type (check one)				A mile tell eller
Original (no fee)	☐ Successor (\$10 fee for mun	icipal licen	sees only)	
Part A: Business Informa	ation			
1. Legal Business Name (individu	al name if sole proprietor)			
MADISON	I STREET G	EXP,	INC.	
2. Business Trade Name or DBA	ALL-N-ONE			
3. Entity Type (check one)	Limited Liability Company	Х	Corporation N	onprofit Organization
Alcohol Beverage Business Au     Municipal Retail Lice		. If successo	r agent, provide State Permit or I	Municipal Retail License Number
Part B: Agent Information  1. Last Name	2	First Name	0	3. M.I.
SEKH			PARMINDER	K
4. Email				5 Phone
6. Herrs Address				
7. City		8. State	9. Zip Code	10. Age
HITCHBU	RG	wz.	53711	63
11_ Drivers License/State ID Num	her		12. Drivers License/State ID	State of Issuance
Part C: Agent Questions				
Have you satisfied the res Submit proof of completion	ponsible beverage server training n.	requireme	nt?	····· 🏹 Yes 🗌 No
Have you completed Form     Submit a completed Form	AB-100, <i>Alcohol Beverage Indiv</i> AB-100 with this form.	idual Ques	tionnaire?	Yes No
Have you been a Wiscons     See instructions for excep	in resident for at least 90 continue	ous days?.	*********************	

READ CAREFULLY BEFORE SIGNING: I corporation, nonprofit organization, or limi beverage activities on such premises. I ce on behalf of the entity. If I am appointing a I understand that I may be prosecuted for any person who knowingly provides materi if convicted.	ited liability compan ertify that I am autho successor agent, I submitting false sta	y with full authority and co orized by the above-named rescind all previous agent tements and affidavits in c	introl of the premises and entity to authorize this in appointments for this prer connection with this applic	of all alcohol dividual to act nises. Further, ation, and that
Last Name SEKHOW	Fin	ST Name PARMINI	)ER	M.I.
Title 0	Email		Phone	1
PRESIDENT				
Signature	Sekin		Date 3 - 26 - 20	25
Part E: Agent Attestation		- 1 - 2 - W 1 - 1 / 2	land the second	
READ CAREFULLY BEFORE SIGNING: I, nonprofit organization, or limited liability con the premises for the above-named but and affidavits in connection with this application may be required to forfeit not may	ompany and assume siness. I further und cation, and that any	e full responsibility for the of derstand that I may be pro- person who knowingly pro-	conduct of all alcohol beve secuted for submitting fal	erage activities se statements
Last Name SEKHON	Firs	St Name PARMIN	DER	M.I.
Signature Parulla	Selve	7	Date 3-26-20	25

Part D: Business Attestation



# City of Evansville

# www.ci.evansville.wi.gov

Date:Thursday, March 27, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

		ıme			lice Department	
		:First			Approve/Den	
Establishment	Last		DOB ;	Date :	y " w/ initials	Notes
理解學學的學學學學學學學					w/Initials	
•		•	Ĺ			
Madison Street Exp., Inc.	Sekhon	Parminder	0 110171002	04.13-25	A - 0	
						-
	Į.		<u> </u>	<u> </u>		

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

### **Alcohol Beverage Individual Questionnaire**



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

· sole proprietor

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

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

Part A: Business Informa	Hon						
1, Legal Business Name (individua		rolo proprietor)					
Legal Business Name (mulvidus	Maine ii s	A D I SAA!	< 7	AFF	T EVD	1 4/1	
2. Business Trade Name or DBA		ALL - 1			ET EYP	, 1100	
2. Entitle Time (about and		71		NE			
3. Entity Type (check one)  Sole Proprietor	Partnersh	nip 🗌 Limit	ed Liabili	ty Compa	any \(\sqrt{\infty}\)Corporat	ion 🔲 I	Nonprofit Organization
Part B: Individual Informa	tion						
1. Last Name			2. F	irst Name	٥		3. M.I.
SEKHON	$\mathcal{V}$				PARMINDE	ER	K
4. Relationship to Business (Title) PRESID	DEN	7 5. Email			-		C Dhone
7 Home Address							
8, City				9. State	10. Zip Code	1	1. Date of Birth
FITCHBUR	6			407			
12. Drivers License/State ID Number			_	-	13. Drivers License/	State ID State	of Issuance
					l u	OZ	
Part C: Address History							
	ia i - C						
Do you currently reside in W	isconsin?						Yes No
If yes to 1 above, how long h	ave you	continuously lived	d in Wisc	onsin pri	or to the date of applic	ation?	Years Months
2. List in chronological order all	of your a	addresses within	the last 5	years. A	ttach additional sheet	s if necessar	V.
Previous Address 1			City			State	Zip Code
				FIT	CHBURG	WI	5 3711
Previous Address 2			City			State	Zip Code
						0.2.0	p
Previous Address 3			City			State	Zip Code
			1			3.3.3	
Previous Address 4			City			State	Zip Code
			,			Olulo	Zip Gode
Previous Address 5			City			State	Zip Code
						O.a.o	Lip Godo
3. List all states and counties yo	ou have li	ived in as an adu	It. Attach	addition	al sheets if necessary.		
State County  IL KANE	State	County		State	County	State	County
State County	State	County		State	County	State	County
MZ WASHTENAU						-14.0	

Continued →

1. Have you ever been convicted of any	offenses (evoluting treffic offens	es unless related to alcohol beverages	1)
for violation of any federal, Wisconsin	, or another state's laws or of any	y county or municipal ordinances?	Yes 🔀 No
If yes to question 1, please list details	of each conviction below. Attach	additional sheets as needed.	
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNI truthfully. I certify that I am not prohib	ited from participating in this bus estor. I understand that any licer derstand that I may be prosecuted son who knowingly provides mat	nse issued contrary to Wis. Stat. Chap d for submitting false statements and a	ther tier of the alcohol oter 125 shall be void offidavits in connection

Form AB-200

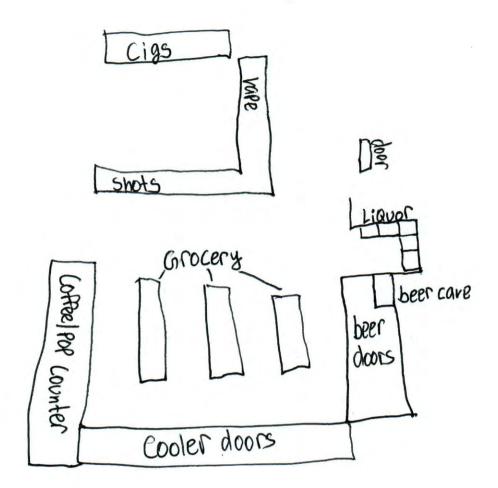
# Alcohol Beverage License Application

For Municipal Use	Only
Municipality Wansu	ille
License Period	6

Class "A" Beer \$ 100				Fees	
	Class "B" Beer	\$	License F	ees	\$ 600 -
#Class A" Liquor	☐ "Class B" Liquor	\$	Backgroui	nd Check Fee	\$ 14-
Glass A* Liquor (cider only) \$	Reserve "Class B" I	Liquor \$	- Publicatio	n Fee	\$ 100
"Class C" Liquor (wine only) \$			Total Fee	s	\$ 714-
Part A: Premises/Business Information	on				
1. Legal Business Name (individual name if sole p  50 Evansville minimant  2. Business Trade Name or DBA					
3. FEIN		4. Wisconsin Seller			
43-1567128		456-10314	139814-	04	
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability	Company	Corporation	☐ Nonpro	fit Organization
6. State of Organization	7. Date of Organization 5/24/23	n	8. Wiscons	n DFI Registration	on Number
9. Premises Address 350 Union St					
10. City  Evans///le			11. State	12. Zip Code <b>5353</b>	
Rock	of: EVANSV			15. Aldermani	c District
16. Premises Phone	17. Premises Email	226 0401	18. We	bsite	11995
		532@gnail	.com		
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	or buildings where alcohol g, including living quarters tion. Attach a map or diagr	beverages are prod Authorized alcohol	beverage activiti	es and storage of	
are kept. Describe all rooms within the building only on the premises described in this application.	or buildings where alcohol g, including living quarters tion. Attach a map or diagr	beverages are prod Authorized alcohol	beverage activiti	es and storage of	
are kept. Describe all rooms within the building only on the premises described in this application.  Attached	or buildings where alcohol g, including living quarters tion. Attach a map or diagr	beverages are prod Authorized alcohol	beverage activiti	es and storage of	
are kept. Describe all rooms within the building only on the premises described in this application.  Attached  20. Mailing Address (if different from premises address address)	or buildings where alcohol g, including living quarters tion. Attach a map or diagr	beverages are prod Authorized alcohol	beverage activiti heets if necessar	es and storage o	
are kept. Describe all rooms within the building only on the premises described in this applical AHACHEA  20. Mailing Address (if different from premises address)  21. City	or buildings where alcohol g, including living quarters tion. Attach a map or diagraters.  dress)	beverages are produced and additional s	beverage activitineets if necessarial streets are seen activities. State 22. State poration) been	23. Zip Code	
are kept. Describe all rooms within the building only on the premises described in this applical AHACHEO  20. Mailing Address (if different from premises address)  21. City  Part B: Questions  1. Has the business (sole proprietorship, par violating federal or state laws or local ording lifyes, list the details of violation below. At	or buildings where alcohol g, including living quarters tion. Attach a map or diagraters.  Itress)  Itress)  Itress)  Itress)  Itress)  Itress   Exclude traffic tach additional sheets if	beverages are produced. Authorized alcohol am and additional s	22. State  poration) been elated to alcohole	23. Zip Code convicted of ol beverages.	of records may occur
are kept. Describe all rooms within the building only on the premises described in this applicant that the building only on the premises described in this applicant that the building applicant that the business (if different from premises add 21. City  Part B: Questions  1. Has the business (sole proprietorship, par violating federal or state laws or local ordinal proprietorship).	or buildings where alcohol g, including living quarters tion. Attach a map or diagraters.  Iress)  thership, limited liability nances? Exclude traffic	beverages are produced. Authorized alcohol am and additional s	22. State  poration) been elated to alcohole	23. Zip Code	of records may occur
are kept. Describe all rooms within the building only on the premises described in this applical AHACHEO  20. Mailing Address (if different from premises address)  21. City  Part B: Questions  1. Has the business (sole proprietorship, par violating federal or state laws or local ording lifyes, list the details of violation below. At	or buildings where alcohol g, including living quarters tion. Attach a map or diagraters.  Itress)  Itress)  Itress)  Itress)  Itress)  Itress   Exclude traffic tach additional sheets if	beverages are production and additional services and additional services are productional services. A company, or corpostenses unless references are services are productional services.	22. State  poration) been elated to alcohole	23. Zip Code  convicted of ol beverages.	Yes No
are kept. Describe all rooms within the building only on the premises described in this applicant that the building only on the premises described in this applicant that the building Address (if different from premises address).  20. Mailing Address (if different from premises address).  21. City  Part B: Questions  1. Has the business (sole proprietorship, par violating federal or state laws or local ording federal or state laws or local ording federal or state laws or local ording federal or state laws or local ordinance Violated	or buildings where alcohol g, including living quarters tion. Attach a map or diagraters.  Itress)  Itress)  Itress)  Itress)  Itress)  Itress   Exclude traffic tach additional sheets if	beverages are production and additional services and additional services are productional services. A company, or corpostenses unless references are services are productional services.	22. State  22. State  poration) been related to alcohole sentence com	23. Zip Code  convicted of ol beverages.	Yes No

Are charges for any offenses pending a beverages.	against the business? Exclude	traffic offenses unless re	elated to alcohol Yes	s 🕖 No
If yes, describe the nature and status of	f pending charges using the s	pace below. Attach, addit	onal sheets as needed.	
		÷		
		3.4		
Is the applicant business or any of its individuals or entities a restricted investig yes, provide the name of the restrict.	stor with any interest in an ale	cohol beverage producer		s 🕢 No
•	•			
	•		÷	
<ol> <li>Is the applicant business owned by and If yes, provide the name(s) and FEIN(s</li> </ol>			I sheets as needed.	s 👩 No
4a. Name of Business Entity	4b.	Business Entity FEIN		-
5. Have the partners, agent, or sole propr this license period? Submit proof of col	ietor satisfied the responsible	beverage server training	requirement for	s ⊡`No
6. Is the applicant business indebted to a			, =	s 💽 No
7. Does the applicant business owe past	due municipal property taxes,	assessments, or other fe	es? Ye	s 🥝 No
Part C: Individual Information	* * *	and the same of th		
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent of a corporation or n	onprofit organization, all par	Int business or businesses list there of a partnership, and all	members,
Include Form AB-100 for each person listed be	low. Corporations and LLCs mus	t appoint an agent by includ	<u> </u>	
Last Name	First Name	Title	Phone Phone	<u> </u>
Manvic	Singh			
Sarwan	Singh	Preside	nt	
• ;				OP.
	•			
Part D: Attestation				
One of the following must sign and attest	* *			, <u>5.1</u>
	l partner of a partnership	one corporate officer		,
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the	usiness and not on behalf of any ense(s), if granted, will not be asset to, purchasing alcohol beverage ispection will be deemed a refusion in license issued contrary to Wis itting false statements and affidate	other individual or entity se signed to another individual s from state authorized who al to allow inspection. Such s. Stat. Chapter 125 shall b vits in connection with this a	eking the license. Further, I ag or entity. I agree to operate to blesalers. I understand that la refusal is a misdemeanor and e void under penalty of state pplication, and that any perso	gree that the his business ck of access I grounds for law. I further
Last Name	First Name		M	LI.
DINGN	Email	<b>W</b> Y	Phone	
President	SDbusiness	5532@gmail.com	n g	
Signature	•	(bate   116/25	<b>,</b>	· i
Part E: For Clerk Use Only				52 °
Date Application Was Filed With Clerk Licens	se Number	Date License	Granted Date License 1	ssued
Signature of Clerk/Deputy Clerk		Date	 Provisional License Issued (if	applicable)
· · · · · · · · · · · · · · · · · · ·				

# Evansuille layout



Form AB-101

# Alcohol Beverage Appointment of Agent

Date 4//	129
-------------	-----

, 	v				
Agent Type (check one)					. ,
Original (no fee)	Successor (\$10 fee for r	municipal licensees only	)		
	. 19	State State			
Part A: Business Infor	mation	al Sections. The confidence of a first			on a c
1. Legal Business Name (indiv	idual name if sole proprietor)	A THE STATE OF THE		The state of the s	* **
SD Evansville		•		. "344	
2. Business Trade Name or DE	<b>3A</b> ⊊		•	2.72	
3. Entity Type (check one)	Limited Liability Compar	ny 🕢 Corpora	tion	Ionprofit Organization	
4. Alcohol Beverage Business	Authorization (check one)	5. If successor agent, pro	ovide State Permit or	Municipal Retail License Nu	umber
Municipal Retail Li					
6. Describe the reason for app	ointing a successor agent, if successor	or is checked above.			
•		•			
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-				,	
	The second secon		The second section	e storage acco	24. San
Part B: Agent Informat  1. Last Name	(ION	2. First Name		3. M.I.	
Sinah		Manvir			
4 Fmail 0	•			5. Phone	
_					
		•			
7. City Conthead		8. State 9. Zip Coo	ie S20	10. Age	
11. Drivers License/State ID N	<u>u</u> mber		rivers License/State II	D State of Issuance	
			IN		
	-	•			
Part C: Agent Questio	ne 1 y hay but have been a little to				<u> </u>
1. Have you satisfied the r	esponsible beverage server trair		<u>. कर्ष</u> <u></u>		No
Submit proof of complet				<u> </u>	<u>.                                    </u>
	rm AB-100, <i>Alcohol Beverage In</i> m AB-100 with this form.	dividual Questionnaire?	· · · · · · · · · · · · · · · · · · ·	🔀 Yes [	□ No
3. Have you been a Wisco See instructions for exc	nsin resident for at least 90 conteptions.	inuous days?		🔀 Yes [	□ No
				Continu	

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, th corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for subtany person who knowingly provides materially if convicted.	I liability company with full authority and y that I am authorized by the above-nan occessor agent, I rescind all previous age bmitting false statements and affidavits in	d control of the premises and med entity to authorize this inc ent appointments for this prem in connection with this applica	of all alcohol lividual to act ises. Further, tion, and that
Last Name	First Name		M.I.
Singh	Sarwan		
Title	Email	Phone	
President			
Signature		Date	
$\mathcal{A}$		4116/25	
Part E: Agent Attestation		n-Francisco	
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application polication may be required to forfeit not more	pany and assume full responsibility for thess. I further understand that I may be on, and that any person who knowingly	he conduct of all alcohol bever prosecuted for submitting fals	age activities e statements
Last Name Sinah	First Name  Manvir		M.I.
Signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date 4/16/25	



# City of Evansville

# www.ci.evansville.wi.gov

Date:Wednesday, April 16, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

Na		Name		Po	lice Department Re	eview
Establishment	Last	First	DOB	Date	Approve/Den y w/ Initials	Notes
SD Evansville Mini Mart	Singh	Manvir		04-24-25	A - Ø	
	Singh	Sarwan		04-24-25	A-CS	

Form	,	
AE	3-1	00

## Alcohol Beverage Individual Questionnaire

Date ( ) A land	
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1 1111111	,
111010	_

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

sole proprietor

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

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

Part A	: Business Infor	nation	<del> </del>	<del></del> -			<del></del>			<del></del>
, , , ,	Business Name (indivi		nie amarietar)	<del></del> -	<del></del>		<del></del>		<del> </del>	<u> </u>
	Evamuille	_	N. T. From	1						
2. Busin	ess Trade Name or DB		WIT LAVE	<u></u> -						
		•	•							
3. Entity	Type (check one)					· •			<del></del>	<u> </u>
□ s	ole Proprietor [	Partnersh	ip 🔲 Lir	mited Liabili	ty Compa	iny 💽 Co	orporation	□ N	anprofit Org	anization
,							<u>-</u>		<u> </u>	<u> </u>
Part B	: Individual Infor	mation			• /				•	<del></del>
1. Last N	lame	•	<del></del>		rst Name	·	<del></del>		Tis	3. M.J.
5	ingN				nanv	6				<i>:</i>
	onship to Business (Tit	le)	5. Fm:	all				6	Phone	
	<del>lent</del>		-							
7. Home	Address					, <b>U</b>				
		<u> </u>								
B. City	happilen				9. State	10. Zip Code		11	. Date of Birt	1
T.	NOONBOOK	<del></del>			<u>wt</u>	5352	6			
12. Drive						13. Drivers L	icense/State ID S	tate d	ii issuarice	-
<b></b>	[장]					<u></u>	<u>N</u>			
	3									
.Part C	Address History	<u>/:</u>	<u> </u>							•
1. Do yo	ou currently reside in	Wisconsin?							🔀 Ye	s No
15 40-	de d'aberre l'harria	<b>L</b>	 			4		ı	Years	Months
n yes	to 1 above, how lon	ig nave you t	onunuousiy li	ved in vvisc	onsin pno	ir to the date of	application?	•••	<b>1</b>	<b>99</b>
2. List in	n chronological order	all of your a	ddresses with	in the last 5	vears. At	tach additiona	sheets if neces	SSALV	<u> </u>	<del>  • •</del>
	Address 1		<del></del>	City	<b>,</b>		Stat		Zip Code	<del>-</del>
-	A CAMPANA AND	XXXXXXX	· ·	ما	Mang	pr	Ī	·	4653	0
Previous	Address 2	7.1 0 1	<del></del> ,	City	TIMIN	<u> </u>	Stat		Zip Code	<del>-</del>
l		•		~   "					Lip 0000	
Previous	Address 3		···	City			Stat	e ¦	Zip Code	
	•							- 1		
Previous	Address 41	<del></del>		City	<del></del> -	-	Stat	e	Zip Code	
•		-								
Previous	Address 5			City			Stat	e	Zip Code	
		•					_			
3. List a	Il states and counties	s vou have li	ed in as an a	dult Attach	additions	l cheate if se~	eean.		<u> </u>	
State	County	State	County				<u>_</u>	_ 1	01	
IN	St. Josep		County		State	County	State	e	County	
State	County	State	County		State	County	State	e	County	
	'						""	_	- voiny	,
	<u> </u>			<del></del>	Į	<del></del>	<b>i</b>			

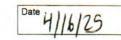
Continued →

Late D. Gimings instord			
Have you ever been convicted of any offenses (exclifor violation of any federal, Wisconsin, or another states)	luding traffic offenses ate's laws or of any co	unless rélated to alcohol beverages ounty or municipal ordinances?	Yes A No
If yes to question 1, please list details of each convi-	ction below. Attach ad	ditional sheets as needed.	
Law/Ordinance Violated	Location		. Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location	4. C. S.	Conviction Date
Penalty Imposed		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes I No
beverages) for violation of any federal, Wisconsin, ordinances?.  If yes to question,2, describe nature and status of sheets as needed.		g the space below. Attach addition	Yes: No
is .	·		,
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: Under per truthfully. I certify that I am not prohibited from particle beverage industry as a restricted investor. I undersunder penalty of state law. I further understand that I with this application, and that any person who know to forfeit not more than \$1,000 if convicted.  Signature	icipating in this busine tand that any license may be prosecuted fo	answered each of the above quesess due to any involvement in anothing issued contrary to Wis. Stat. Chaper submitting false statements and a	ner tier of the alcohol ter 125 shall be void fidavits in connection tion may be required

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

### **Alcohol Beverage** Individual Questionnaire

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



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

· sole proprietor

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

Part /	A: Business Info	rmation						
S		1e mini	mart Inc	C				
2. Busi	ness Trade Name or D	BA						
	y Type <i>(check one)</i> Sole Proprietor	Partnership	D Limited	Liability Compar	ny 🕝 Corporat	ion 🔲 l	Nonprofit C	Organization
Dort I	B: Individual Info	rmation					-	
Last		rmation		2. First Name				3. M.I.
	ingh			Sarwa	η			O. 181.1.
	tionship to Business (T	ītle)	5. Email	100,	•	6	. Phone	
	sident	Land T	Q					
	e Address							
. Oity	7.10.00			9. State	10. Zip Code	. 1	1. Date of E	Birth
ac	anger			IN	46530			
	vers License/State ID N	<u>lum</u> ber			13. Drivers License	State ID State	or issuance	
					IN			
Part (	C: Address Histo	ry						
1. Do	C: Address Historyou currently reside es to 1 above, how lo	in Wisconsin?				cation?	Years	
1. Do	you currently reside	in Wisconsin?	ontinuously lived in	n Wisconsin prio	r to the date of applic		Years	Yes Months
If ye	you currently reside es to 1 above, how lo	in Wisconsin?	ontinuously lived in	n Wisconsin prio	tach additional sheet		Years	Months
If ye	you currently reside es to 1 above, how lo in chronological ord	in Wisconsin?	ontinuously lived in	e last 5 years. At	tach additional sheet	ts if necessar	Years y. Zip Code	Months
If ye	you currently reside es to 1 above, how lo in chronological orders as Address 1	in Wisconsin?	ontinuously lived in	e last 5 years. At	tach additional sheet	state Tr	Years y. Zip Code	Months 30
If ye	you currently reside es to 1 above, how lo in chronological orde is Address 1	in Wisconsin?	ontinuously lived in	e last 5 years. At City	tach additional sheet	State Tr State	y. Zip Code Zip Code	Months 30
If yes 2. List Previous Previo	es to 1 above, how lo in chronological orders is Address 1 is Address 2 is Address 3	in Wisconsin?	ontinuously lived in	e last 5 years. At City City City	tach additional sheet	State Tr State State State	y. Zip Code Zip Code Zip Code	Months 30
If yes  List  Previous  Previous  Previous  Previous  Previous  Previous	you currently reside es to 1 above, how lo in chronological orde is Address 1 is Address 2 is Address 3 is Address 4	in Wisconsin? ong have you co	ontinuously lived in	city City City City City City	r to the date of application additional sheet	State State State State State State	y. Zip Code Zip Code Zip Code	Months 30
If yes  List  Previous  Previous  Previous  Previous  Previous  Previous	you currently reside es to 1 above, how lo in chronological orde is Address 1 is Address 2 is Address 3 is Address 4 is Address 5	in Wisconsin? ong have you co	ontinuously lived in	city City City City City City	r to the date of application additional sheet	State State State State State State	y. Zip Code Zip Code Zip Code	Months 30

. Have you ever been convicted of any of for violation of any federal, Wisconsin,	or another state's laws or of any	county or municipal ordinances?	s) Yes 🕡 No
If yes to question 1, please list details	of each conviction below. Attach	additional sheets as needed.	
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
.aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
_aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
If yes to question 2, describe nature a sheets as needed.	and status of pending charges u	sing the space below. Attach addition	nal
	and status of pending charges u	sing the space below. Attach addition	nal
sheets as needed.	and status of pending charges u	sing the space below. Attach addition	nal
Part E: Attestation			
	NG: Under penalty of law, I have ted from participating in this bustor. I understand that any licent erstand that I may be prosecuted on who knowingly provides mat	ve answered each of the above que siness due to any involvement in and use issued contrary to Wis. Stat. Charles for submitting false statements and	estions completely ar other tier of the alcoh apter 125 shall be vo affidavits in connection

Form AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality Eulansui 14	
License Period 25 - 26	

License(s) Requested: (up to two boxes may	be checked)		Fees	
	Class "B" Beer \$		es	\$ 600-
☐ "Class A" Liquor	(Class B" Liquor \$50	Backgroun	d Check Fee	\$ 14-
Glass A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication	Fee	\$ 100-
Class C" Liquor (wine only) \$	,	Total Fees		\$714-
Part A: Premises/Business Information	<b>n</b>			A 200 1
1. Legal Business Name (individual name if sole pro	prietorship)  N STREET LLC	•		*.
Alkn Creek Coff	Feether_		•	
3. FEIN	, 4. Wisconsin Si	eller's Permit Number		-
5. Entity Type (check one)	45%-	10311681	96-82	
Sole Proprietor Partnership	Limited Liability Company	☐ Corporation	☐ Nonpro	ofit Organization
6. State of Organization	7. Date of Organization	8. Wisconsir	DFI Registrati	on Number
DISCONSIN	August 2022			
9. Premises Address  137 East Wa	s street	-	. * .	
10. City	<u> </u>	11. State	12. Zip Code	
Evengelle	·	_ لکین	535	
13. County	14. Governing Municipality: City of:	☐ Town ☐ Village	15. Alderman	ic District
16. Premises Phone	17. Premises Email	18. Wet	site	4
808-882 1248	Alen Create Co Free Hours		NIF	. , ,
<ol> <li>Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.</li> </ol>	including living quarters. Authorized alc	ohol beverage activitie	s and storage of	of records may occur
1211 . A A A	on Too show I	150	. 1	
The Petal Ruce, sels in Solomon Solomo	pre pars importo	Brokyord Er	try When	e, we will ob
20. Mailing Address (if different from premises address	ess) Bucky Bucky	es, in verie	Kner   5	ratin 13um.
1				-
21. City	· ·	22. State	23. Zip Code	
Part B: Questions	The second secon		<u> </u>	
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal		corporation) been o		Yes XNo
If yes, list the details of violation below. Atta			, 2010/agoo.	
Law/Ordinance Violated	Location	π	ial Date	
12 1 144 144 1			- ***	
Penalty Imposed	,	Was sentence comp	leted?	Yes No
Law/Ordinance Violated	Location	Ti	ial Date	
Penalty Imposed				
Chairs Imposou	,	Was sentence comp	leted?	☐ Yes ☐ No

beverages.	nding against the business? Exc	dude traffic offenses unless rei	ated to alcohol Yes No
If yes, describe the nature and st	atus of pending charges using	the space below. Attach addition	onal sheets as needed.
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any interest in a	n alcohol beverage producer	
Is the applicant business owned     If yes, provide the name(s) and F	by another business entity? FEIN(s) of the business entity or	wners below. Attach additional	Sheets as needed.
4a. Name of Business Entity		4b. Business Entity FEIN	
<ul><li>5. Have the partners, agent, or sole this license period? Submit proof</li><li>6. Is the applicant business indebte</li><li>7. Does the applicant business owe</li></ul>	f of completion	days for beer or 30 days for lic	uor/wine?
Part C: Individual Information			
Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	directors, and agent of a corporation y company. Attach additional sheets	n or nonprofit organization, all part is if necessary.	
Include Form AB-100 for each person list	First Name	must appoint an agent by including	ng Form AB-101.  Phone
Last Name	Filst Name	1 0	,
HALLY A	JAWFICE CON	mage	6
1410001			
7710001			
Part D: Attestation			
Part D: Attestation One of the following must sign and	attest to this application:		
One of the following must sign and  • sole proprietor • one of	general partner of a partnership		• one member of an LLC
One of the following must sign and • sole proprietor • one of  READ CAREFULLY BEFORE SIGNIN I am acting solely on behalf of the appl rights and responsibilities conferred by according to the law, including but not to any portion of a licensed premises of revocation of this license. I understand	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf of the license(s), if granted, will not be limited to, purchasing alcohol beve- uring inspection will be deemed a if that any license issued contrary to or submitting false statements and a	swered each of the above questic f any other individual or entity see be assigned to another individual or erages from state authorized who refusal to allow inspection. Such ro o Wis. Stat. Chapter 125 shall be affidavits in connection with this ap	his completely and truthfully. I agree that the king the license. Further, I agree that the or entity. I agree to operate this business esalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who know-
One of the following must sign and	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf o the license(s), if granted, will not b limited to, purchasing alcohol beve uring inspection will be deemed a d that any license issued contrary to or submitting false statements and ion on this application may be requ  First	swered each of the above questic f any other individual or entity see be assigned to another individual or erages from state authorized who refusal to allow inspection. Such ro o Wis. Stat. Chapter 125 shall be affidavits in connection with this ap	ins completely and truthfully. I agree that the king the license. Further, I agree that the or entity. I agree to operate this business lesalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who known of it convicted.  M.I.
One of the following must sign and	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf of the license(s), if granted, will not be limited to, purchasing alcohol bevouring inspection will be deemed a did that any license issued contrary to or submitting false statements and a ion on this application may be requi	swered each of the above questic f any other individual or entity see he assigned to another individual erages from state authorized who refusal to allow inspection. Such ro o Wis. Stat. Chapter 125 shall be affidavits in connection with this ap- nired to forfeit not more than \$1,00	ching completely and truthfully. I agree that the king the license. Further, I agree that the prentity. I agree to operate this business resalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who knownood if convicted.  M.I.
One of the following must sign and	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf o the license(s), if granted, will not b limited to, purchasing alcohol beve uring inspection will be deemed a d that any license issued contrary to or submitting false statements and ion on this application may be requ  First	swered each of the above questic f any other individual or entity see he assigned to another individual erages from state authorized who refusal to allow inspection. Such ro o Wis. Stat. Chapter 125 shall be affidavits in connection with this ap- nired to forfeit not more than \$1,00	ins completely and truthfully. I agree that the king the license. Further, I agree that the or entity. I agree to operate this business lesalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who known of it convicted.  M.I.
One of the following must sign and	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf o the license(s), if granted, will not b limited to, purchasing alcohol beve uring inspection will be deemed a d that any license issued contrary to or submitting false statements and ion on this application may be requ  First	swered each of the above questic fany other individual or entity see he assigned to another individual or entity see he assigned to another individual or entity and the assigned to allow inspection. Such row Wis. Stat. Chapter 125 shall be affidavits in connection with this applied to forfeit not more than \$1,000.	ens completely and truthfully. I agree that the king the license. Further, I agree that the prentity. I agree to operate this business esalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who known of convicted.  M.I.  Phone
One of the following must sign and	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf o the license(s), if granted, will not b limited to, purchasing alcohol beve uring inspection will be deemed a d that any license issued contrary to or submitting false statements and ion on this application may be requ  First	swered each of the above questic fany other individual or entity see he assigned to another individual or entity see he assigned to another individual or entity and the assigned to allow inspection. Such row Wis. Stat. Chapter 125 shall be affidavits in connection with this applied to forfeit not more than \$1,000.	ins completely and truthfully. I agree that the king the license. Further, I agree that the or entity. I agree to operate this business lesalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who known of it convicted.  M.I.
One of the following must sign and	general partner of a partnership G: Under penalty of law, I have an icant business and not on behalf o the license(s), if granted, will not b limited to, purchasing alcohol beve uring inspection will be deemed a d that any license issued contrary to or submitting false statements and ion on this application may be requ  First	swered each of the above questic fany other individual or entity see he assigned to another individual or entity see he assigned to another individual or entity and the assigned to allow inspection. Such row Wis. Stat. Chapter 125 shall be affidavits in connection with this applied to forfeit not more than \$1,000.	ens completely and truthfully. I agree that the sking the license. Further, I agree that the prentity. I agree to operate this business esalers. I understand that lack of access efusal is a misdemeanor and grounds for void under penalty of state law. I further oplication, and that any person who known of convicted.  M.I.  Phone

# Tommy

Form

AB-101 (N. 03-24)

**AB-101** 

# Alcohol Beverage Appointment of Agent

Date 35/2005

Wisconsin Department of Revenue

,	
Agent Type (check one)	
Original (no fee) Successor (\$10 fee for r	municipal licensees only)
,	
Part A: Business Information	
Legal Business Name (individual name if sole proprietor)	Section 1997
139 EAST MAIN STRE	FF LLC
2. Business Trade Name or DBA	
Allen Creek lotteritary	_
3. Entity Type (check one)  ✓ Limited Liability Compar	Corporation Alempretit Organization
•	ny Corporation Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number
Municipal Retail License	
5. Describe the reason for appointing a successor agent, if successor	or is checked above.
•	
	•
,	
	•
	;·
Part B: Agent Information  1. Last Name	2. First Name  3. M.I.  M
PANUA	autical lommy
6. Home Address	
7. City	8. State 9. Zip Code 10. Age
Madisur.	Wx 5374 53
11. Dřivenský sa do se do s	12. Drivers License/State ID State of Issuance
	•
Part C: Agent Questions	
<ol> <li>Have you satisfied the responsible beverage server train Submit proof of completion.</li> </ol>	ning requirement? Yes N
<ol> <li>Have you completed Form AB-100, Alcohol Beverage Interest Submit a completed Form AB-100 with this form.</li> </ol>	dividual Questionnaire?
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	inuous days?
	Continued -

- 1 -

#### 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	First Name	<u></u>	M.I.
HANNA	JA Fred	Jamours)	$\mathcal{M}$ .
Title	Eneil	Phone	
COLEREN OWNER			
Signature		Date	:
Υ	- · ·	٠,	

#### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: 1, the Agent, herby 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  Amula	First Name  I Muffile	(Torny)	M.I.W.
Signature	) [,	Date	24 20m
	-		7



# City of Evansville

# www.ci.evansville.wi.gov

Date:Tuesday, March 25, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone: 608-882-2266 Fax: 608-882-2282

RE: Background Checks: Renewals

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

<b>三、新州州东京</b> 文层等200	Name			Police Department Review		
Establishment	Last	First	DOB	Date	Approve/Den y w/ Initials	Notes
Allen Creek Coffee House	Hanna	Tawfick (Tommy)	1	04-23-25	A-CT	
	Hanna	Simon	9	+	1	

Form AB-100

## Alcohol Beverage Individual Questionnaire

Date 3-25-25

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

Part A: Business In	formation .	. •		-	<u>•1</u>		1 !	
1. Legal Business Name (i		e proprietor)	str	2 <del>76</del> 1	- lec			
2. Business Trade Name of	r DBA		<del></del>		ı			
3. Entity Type (check one)							<del></del>	
Sole Proprietor	Partnership	Limited	Liability	Compan	y Corpo	oration	Nonprofit O	ganizatio
Part B: Individual Ir	nformation		-		V 1	-	-	
1. Last Name	_	-	2. Firs	st Name		•	1	3. M.I.
· Hann	^			Sin	الن€ر			m.
4. Belationship to Busines	s (Title)	5. Email	•			(	3. Phone	
$\sim$							·	
. Home Address	9			,	0		_	
<u></u>				9. State	10. Zip Code	•	I1. Date of Bi	dh
B. City My Herry			1		52/17	2	T. Date of Di	161
12.				سيتملك	13 Drivers Lice	nse/State ID State	of Issuance	- , ,
12.			•		المراب		0.100000100	
	<del></del>				1	<u> </u>		_
Dark Co Address Mic						·		_
Part C: Address His	<del>- ·</del>		<u>.</u> , ,		· i , ·.	-	· ·	
Part C: Address His  1. Do you currently resi	<del>- ·</del>		<u> </u>		· i , ·.		<u> </u>	
	ide in Wisconsin?						···/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Do you currently resi     If yes to 1 above, hor	ide in Wisconsin?	ontinuously lived	in Wisco	nsin prior	to the date of ap	oplication?	Years	
Do you currently resi     If yes to 1 above, hor	ide in Wisconsin?	ontinuously lived	in Wisco	nsin prior	to the date of ap	oplication?	Years	
Do you currently resi     If yes to 1 above, hor	ide in Wisconsin?	ontinuously lived	in Wisco	nsin prior	to the date of ap	oplication?	Years  Years  Zip Code	Month
Do you currently resi     If yes to 1 above, hor      List in chronological     Previous Address 1	ide in Wisconsin? w long have you co	ontinuously lived	in Wisco	nsin prior	to the date of ap	oplication?	Years  Years  Zip Code	
Do you currently resi     If yes to 1 above, hor      List in chronological     Previous Address 1	ide in Wisconsin?	ontinuously lived	in Wisco	years. Att	to the date of ap	oplication? neets if necessar	Years  Years  Zip Code	Month
1. Do you currently resi If yes to 1 above, ho 2. List in chronological Previous Address 1	ide in Wisconsin? w long have you co	ontinuously lived	in Wisco ne last 5	years. Att	to the date of ap	oplication? neets if necessar	Years  Years  Zip Code  33	Month
1. Do you currently resi If yes to 1 above, ho  2. List in chronological Previous Address 1  Previous Address 2	ide in Wisconsin? w long have you co	ontinuously lived	in Wisco ne last 5	years. Att	to the date of ap	oplication? neets if necessar	Years  Years  Zip Code  33	Month
1. Do you currently resi If yes to 1 above, ho  2. List in chronological Previous Address 1  Previous Address 2	ide in Wisconsin? w long have you co	ontinuously lived	in Wisco	years. Att	to the date of ap	pplication? state State State	Years  Years  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resi If yes to 1 above, ho  2. List in chronological Previous Address 1  Previous Address 2  Previous Address 3	ide in Wisconsin? w long have you co	ontinuously lived	in Wisco	years. Att	to the date of ap	pplication?	Years  Years  Zip Code  Zip Code  Zip Code	Month
1. Do you currently resi If yes to 1 above, ho  2. List in chronological Previous Address 1  Previous Address 2  Previous Address 3	ide in Wisconsin?  w long have you conder all of your act	ontinuously lived	in Wisco ne last 5 City City	years. Att	to the date of ap	pplication? state State State	Years  Years  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resi If yes to 1 above, ho 2. List in chronological Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	ide in Wisconsin?  w long have you conder all of your act	ontinuously lived	in Wisco ne last 5 City City	years. Att	to the date of ap	pplication? state State State	Years  Years  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resi If yes to 1 above, ho 2. List in chronological Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4	ide in Wisconsin?  w long have you conder all of your act	ontinuously lived	in Wisco ne last 5 City City City	years. Att	to the date of ap	oplication? seets if necessar State State State State	Years  Years  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resi If yes to 1 above, ho 2. List in chronological Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5	ide in Wisconsin?  w long have you conder all of your act	ontinuously lived	city City City City City	years. Att	to the date of apach additional sh	oplication? state State State State State State	Years  Years  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resi If yes to 1 above, ho 2. List in chronological Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and co	w long have you coorder all of your accorder all your accorder all of your accorder all of your accorder all of yo	ddresses within the	city City City City City	years. Att	to the date of an ach additional sh	State State State State State State	Years  Years  Zip Code  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resi If yes to 1 above, hor 2. List in chronological Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and co	w long have you coorder all of your accorder all your accorder all of your accorder all of your accorder all of yo	ddresses within the	city City City City City	years. Att	to the date of apach additional sh	oplication? state State State State State State	Years  Years  Zip Code  Zip Code  Zip Code	Month 5/3
1. Do you currently resilf yes to 1 above, how 2. List in chronological Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and co	w long have you coorder all of your accorder all your accorder all of your accorder all of your accorder all of yo	ddresses within the	city City City City City	years. Att	to the date of an ach additional sh	State State State State State State	Years  Years  Zip Code  Zip Code  Zip Code  Zip Code	Month 5/3

Continued  $\rightarrow$ 

	<u> </u>		
Part D: Criminal History			,
		offenses unless related to alcohol beve of any county or municipal ordinances	
If yes to question 1, please list d	etails of each conviction below. A	ttach additional sheets as needed.	·
Law/Ordinance Violated	Location	-	Conviction Date
Penalty Imposed		Was sentence completed	d? ∐ Yes ☐ No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	d? Yes No
Law/Ordinance Violated	Location	•-	Conviction Date
Penalty Imposed		Was sentence completed	d? Yes No
sheets as needed.	sure and states of perioding crient	ges using the space below. Attach ad	undorral.
ŕ			
,		-	·
			<u></u>
Part E: Attestation			
truthfully. I certify that I am not pr beverage industry as a restricted under penalty of state law. I further	rohibited from participating in this investor. I understand that any in understand that I may be prosed person who knowingly provides	I have answered each of the above is business due to any involvement in license issued contrary to Wis. Staticuted for submitting false statements a materially false information on this approximation.	another tier of the alcohol Chapter 125 shall be void and affidavits in connection
Signature		Date	dr 25-2025

# Tommy

Form AB-101

## Alcohol Beverage Appointment of Agent

man 35/2005

Original (no fee)	Successor (\$10 fee	e for municipal I	icensees only)			
	ASSESSMENT OF THE PROPERTY OF					
21.0						*
Part A: Business Inform	mation			3 .		
. Legal Business Name (indivi	idual name if sole proprietor)	-	~			
139 EA	st main si	REFT.	- LLC			
. Business Trade Name or DB	IA .			-	•	
Allen Co	eck lotterto	Nie_			*	
B. Entity Type (check one)			1 <u>14</u> (2-10)	_	A LEVEL TO A STATE OF THE STATE	
	Limited Liability Co	mpany	□ Corporation	☐ Non	profit Organization	n
. Alcohol Beverage Business	Authorization (check one)	5. If succ	essor agent, provide Sta	ate Permit or Mu	inicipal Retail Licens	e Numbe
Municipal Retail Lic	cense State Permit					
. Describe the reason for appo	pinting a successor agent, if suc	ccessor is checke	ed above.			
			1114			
•		,			1.6-1.00	
	2				-	
Part B: Agent Informat	ion	é				
. Last Name	ion	2. First N	larne	F		M.I.
Part B: Agent Informat	ion		ame autide (	(smy)		M.I.
Last Name	ion		ame aufide (1	(smny)		
Last Name	ion		ame autide (	(smy)		
A. Last Name	ion	2. First N	awride to	(smy)	3.	
. Last Name	ion	2. First N	aufide (	(smng)		
i. Home Address  City	ion	2. First N	aufide (T	(smmy)	10. Age. 53	
S. Home Address  City  Wassur	ion	2. First N	aufide (T	(smmy)	3.	
S. Home Address  City  Wassur	ion	2. First N	aufide (T	(smmy)	10. Age. 53	
i. Home Address  City	ion	2. First N	aufide (T	(smmy)	10. Age. 53	
i. Home Address  City  1. Drivers Licenses/State ID No.	umbor	2. First N	aufide (T	(smmy)	10. Age. 53	
i. Home Address  City  1. Drivers Licenses/State ID No.	umbor	2. First N	aufide (T	(smmy)	10. Age. 53	
A. Last Name  A. Lun	ns esponsible beverage server	2. First N	ate 9. Zip Code 5374 12. Drivers Lice	cense/State ID S	10. Age. 53	M
A. Last Name  A.	ns esponsible beverage server	8. Sta	ate 9. Zip Code 53 74 12. Drivers Lice with	ense/State ID S	10. Age. 53 state of Issuance	M S N

#### 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.

1A. Fide	Tommer)	M
Email	Phone	
	Date	
	Email JAurich	Phone

#### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby 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	First Name	M.I
HAMMA	motice ( ormy	M.
Signature	Date J	. /
12	Ma	N 25 JOH
Y		1

Form AB-200

# Alcohol Beverage License Application

For Munic	cipal Use Only
Municipality	insui/4
icense Period	2026

			Fees	
	Class "B" Beer \$ _ / \( \frac{1}{2} \)	License Fee	S	\$ 600
Glass A" Liquor \$	Class B" Liquor \$ 50	Background	Check Fee	\$ 14
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication F	ee	\$ 100
"Class C" Liquor (wine only) \$		Total Fees		\$714
Part A: Premises/Business Informati	on		_	
Legal Business Name (individual name if sole p				
13essive	BOWI LLC			
2. Business Trade Name or DBA	0			
13lue Dei		er's Permit Number		
3. FEIN 84-2796748		10304	11,44	5-02
5. Entity Type (check one)	130	10001	1417	3 02
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	Corporation	☐ Nonprof	fit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin I	OFI Registration	n Number
Wisconsin	09-13-2019			
9. Premises Address 108 E. M.	ain St.			
10. City Evansville		11. State	12. Zip Code	536
13. County ROCK	14. Governing Municipality: A City of: EVANSY IVE	Town Village	15. Aldermanic	District ye Den I Bow
16. Premises Phone	17. Premises Email	18. Websi		1
608-882-9850	Bessice Blue Devil Ba	1,197,000,000	le	3
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	g, including living quarters. Authorized alcohition. Attach a map or diagram and additional	ol beverage activities	and storage of	f records may occur
coolers and she	lyer in borgmen	t t	July C	
20. Mailing Address (if different from premises add	The state of the s	,,		
21. City		22. State	23. Zip Code	
Part B: Questions	STALE PARTY AND			
Has the business (sole proprietorship, par violating federal or state laws or local ordi				Yes No
A CONTRACTOR OF THE PROPERTY O	tach additional sheets if necessary.			
If yes, list the details of violation below. At			D-1-	
	Location	Tria	Date	
If yes, list the details of violation below. At Law/Ordinance Violated				□ Vaa □ Na
If yes, list the details of violation below. At		as sentence comple	ted?	Yes No
If yes, list the details of violation below. At Law/Ordinance Violated		as sentence comple		Yes No

Are charges for any offenses pending beverages.	against the business? Ex	clude traffic offe	nses unless relate	d to alcohol Tyes Yes	No
If yes, describe the nature and status	of pending charges using	the space belov	v. Attach additional	sheets as needed.	
		•			
* Object			. '		
Is the applicant business or any of it individuals or entities a restricted involved lf yes, provide the name of the restricted.	estor with any interest in a	n alcohol beve	rage producer or o	r other related listributor?  Yes 🔼 t	No
•				1	
Is the applicant business owned by a If yes, provide the name(s) and FEIN					No
4a. Name of Business Entity	-	4b. Business Er	tity FEIN		
<ul><li>5. Have the partners, agent, or sole prothis license period? Submit proof of c</li><li>6. Is the applicant business indebted to</li><li>7. Does the applicant business owe pass</li></ul>	ompletionany wholesaler beyond 15	days for beer o	r 30 days for liquo	·····································	No No No
Part C: Individual Information					
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability con	ors, and agent of a corporation	or nonprofit orga			
Include Form AB-100 for each person listed I	<u> </u>				
Last Name	First Name	Title	<u> </u>	Phone	
Bessive Bessive	Joel		Unner		
isessire	litten	4	Manas	er	
			·	,	
a	<u> </u>			<u> </u>	
Part D: Attestation			•		
One of the following must sign and attest   • sole proprietor   • one gene	st to this application: ral partner of a partnership	• one co	rporate officer	• one member of an LLC	
READ CAREFULLY BEFORE SIGNING: U I am acting solely on behalf of the applicant rights and responsibilities conferred by the I according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub ingly provides materially false information o	nder penalty of law, I have an business and not on behalf o icense(s), if granted, will not but to, purchasing alcohol beveinspection will be deemed a lany license issued contrary the mitting false statements and a	swered each of the fany other individuele assigned to an erages from state refusal to allow in the Wis. Stat. Chauffidavits in conne	ne above questions of dual or entity seeking other individual or er authorized wholesa spection. Such refus oter 125 shall be voi ction with this applic	completely and truthfully. I agree to the license. Further, I agree that nitly. I agree to operate this busin lers. I understand that lack of accal is a misdemeanor and grounds d under penalty of state law. I fur ation, and that any person who kn	the less cess s for ther
Last Name Bessire		Name JO-	el	M.I. D.	
Title Owner	Email 13essi	rce Bloc	DailBoul	Phone Phone	
Signature BL	,	,	Date 3/	31/25	
Part E: For Clerk Use Only			<u> </u>	•	•
Date Application Was Filed With Clerk Lice	nse Number		Date License Gran	ted Date License Issued	
Signature of Clerk/Deputy Clerk		·	Date Pro	visional License Issued (if applicat	ole)

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AB-200 (N. 03-24)

Joel

Form

**AB-101** 

# Alcohol Beverage Appointment of Agent

Date 3/31/25

				<u>.</u>		
Agent Type (check one)		• . •		<u> </u>	* 1	,
☑ Original (no fee) ☐ Successor (\$10 f	fee for municipa	al licens	ees only)			
-				-		
A Mark			a.		1 v e	•
Part A: Business Information			, e a			**
1. Legal Business Name (individual name if sole proprietor)  13 E SSIRE 12	BOWL	L	LC	· · ·	*	
2. Business Trade Name or DBA RLUE	SEVIL	B	OWL			<b>.</b>
3. Entity Type (check one)  Limited Liability (	Company		Corporation	☐ Nonprofit	Organization	•
Alcohol Beverage Business Authorization (check one)     Municipal Retail License     State Perm		ccessor	agent, provide State P	ermit or Municipal	Retail License	Number
6. Describe the reason for appointing a successor agent, if	successor is che	ked abo	ve.			
	¥					
	<u> </u>			<u> </u>		
Part B: Agent Information				·	- 0.11	
1. Last Name Bessive	2. First	Name	Joel		3, M,	D
4. Email Bessire@ Blue De	vil Bo W	1.0	0~	5.	/ - 54	
6. Home Address			<del>-</del> '			
7. City Evansville	1 .	- 1	9. Zip Code	10. Ac	je 29	
11 Drivers License/State ID Number		<u> </u>	12. Drivers License		loguanes.	
					issuance	
<u>.</u>			1 401-20	<u> </u>	_	
•						
Part C: Agent Questions				·		
Have you satisfied the responsible beverage services Submit proof of completion.	ver training requ	uiremen	it?		🗓 Yes	☐ No
Have you completed Form AB-100, Alcohol Bever Submit a completed Form AB-100 with this form.	rage Individual	Questi	onnaire?		🔀 Yes	☐ No
Have you been a Wisconsin resident for at least 9     See instructions for exceptions.	90 continuous (	days?			💢 Yes	☐ No
·	-		•			

Continued  $\rightarrow$ 

Part D: Business Attestation			•
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am an on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatif convicted.	pany with full authority and cor uthorized by the above-named on t, I rescind all previous agent a estatements and affidavits in co	ntrol of the premises and of entity to authorize this indi- ppointments for this premi ennection with this applicat	of all alcohol ividual to act ses. Further, ion, and that
Last Name Bessire	First Name		M.I. D.
-	ssire@BlueDe		
Signature	, -	Date 3/31/25	•
Part E: Agent Attestation		2 38	
READ CAREFULLY BEFORE SIGNING: I, the Agent, her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that a application may be required to forfeit not more than \$1,000.	ume full responsibility for the co understand that I may be pros any person who knowingly provi	onduct of all alcohol bevera ecuted for submitting false	age activities e statements
Last Name Rossice	First Name		M.I.

Signature



# City of Evansville

# www.ci.evansville.wi.gov

Date:Wednesday, April 2, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

	N	ame		P.C.	blice Department Review
Establishment	Last	First	DOB.	Date	Approve/Den y Notes
Bessire Bowl, LLC	Bessire	Joel		04-23-25	A - Ø
	Bessire	Tiffany		04-73-25	D-05 GWI-2022

Form

**AB-100** 

## **Alcohol Beverage Individual Questionnaire**

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

• sole proprietor

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

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

Part A:	Business Information	on		**			- 4		
1. Legal E	1. Legal Business Name (individual name if sole proprietor)								
	Bess	11ピ_	BOWL	<u> </u>	<u>. (                                     </u>				
2. Busine:	ss Trade Name or DBA				1				
	1310	e 1	Sevil R	) O	<u>۱۷۰</u>				
1 .	ype (check one)		_£			_	_		
Soi	e Proprietor Pa	artnership	Limited L	iability	Compan	y Corpor	ation N	onprofit Org	anization
Part B:	Individual Informati	оп	P.	é			•	* .	
1. Last Na	ime 12 aca:	10		2. Fire	st Name			3	MIL
. شر	" Bessi	16				bel			D.
4. Relatio	nship to Business (Title)		5. Email				*	Phone	
	Owner	<u>.</u>	Bessire	<u>e@1</u>	3luei	Jai 1 Bowl	1, com		
7. Home /	\ddress								
						- <u>,</u>			
8. City	Time and	110			9. State	10. Zip Code		. Date of Birth	1
	Evansvi				WI	<u> </u>	536		
12. Driver	s License/State ID Number					1	se/State ID State o	of Issuance	
						Wisc	<u>visno</u>		
Part C:	Address History		F		•	• "	-		,
1. Do yo	u currently reside in Wis	consin? .	<b></b>					X Ye	s No
								Voorn	Months
If yes	to 1 above, how long ha	ve you co	ntinuously lived in	Wisco	nsin prior	to the date of app	lication?	Years O	Months
2 Lintin	shronological arder all a	· · · · · · · · · · · · · · · · · · ·	dragge within the	loot 5	uoom Att	ash additional sho	ete if peeeesaa	<u> </u>	
Previous A	chronological order all o	or your au	iresses within the	City	years. All	ach additional she	State	Zip Code	
Previous	Address I .			City			State	Zip Code	
<b>D</b>	<u> </u>			0.4			0:-:-	7:- 0-4-	
Previous	Address 2		· .	City			State	Zip Code	
Browleys	Address 3		*	City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
Dan Java	Address 4			City			C1-1-	7:=*0-1-	<del></del>
Previous	Address 4			City			State	Zip Code	
Provious	Addrage E			City		· <del>-</del>	State	Zip Code	
Previous	Address 5			City			State	Zip Code	
			<u> </u>					L	
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	
WI	Dane	OH.	Hamilt	10/OT					
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?					
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.			
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed	1	Was sentence completed?	Yes No		
Law/Ordinance Violated	Location	,	Conviction Date		
Penalty Imposed	*	Was sentence completed?	Yes No		
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed	,	Was sentence completed?	Yes No		
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of per sheets as needed.	nother state's laws or	any county or municipal	🗌 Yes 💢 No		
Part E: Attestation		The state of the s	- L <sup>-</sup> .		
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of I that any license issumed I be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chapt bmitting false statements and aff false information on this applicat	er tier of the alcohol er 125 shall be void idavits in connection		
Signature P2		Date 3/3	1/25		

Tiffany

#### **Form**

**AB-100** 

### **Alcohol Beverage Individual Questionnaire**

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

· sole proprietor

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

Part A: Business Information

· members and agent of a limited liability company

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

1. Legal Business Name (individual name if sole proprie	Pow) LLC		
2. Business Trade Name or DBA	Sevil Bowl		
3. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company   Corporati	on 🗌 N	Ionprofit Organization
Part B: Individual Information			
1. Last Name Bessice	2. First Name		3. M.I.
4. Relationship to Business (Title)	Bessice BULDENB	out was	
7. Home Address			
8. City Evansville	9. State 10. Zip Code 5353 (		1. Date of Birth
12. Daivers Licenses/State ID Number	13. Drivers License/		
	usly lived in Wisconsin prior to the date of applic		Years Months
2. List in chronological order all of your addresses		s if necessar	y. Zip Code
Previous Address 1	City	State	Zip Code
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
List all states and counties you have lived in as	s an adult. Attach additional sheets if necessary		
State County Dane State County	anito MI County	State	County
State County State County		State	County
			Octioned

Continued

<ol> <li>Have you ever been convicted of any offenses (excluded for violation of any federal, Wisconsin, or another state</li> </ol>			
If yes to question 1, please list details of each conviction	on below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location	5.1	Conviction Date
hirst OW I OHEASE	4 - 4 11 1	rile, WI	5-16-2023
Penalty Imposed 12 CStricted license For		Was sentence complete	d? ▼ Yes
Paid tyfcitus in full, teatment programmer Violated	Location	lnyt	Conviction Date
Law ordinance violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	d? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	d? Yes No
sheets as needed.			
Part E: Attestation			

Form. AB-200

# Alcohol Beverage License Application

For Municipal Use Only
Municipality Eurosuille
License Period

License(s) Requested: (up to two boxes may be checked)		Fees			
	Class "B" Beer \$ <u>boo</u>				
☐ "Class A" Liquor	ீ "Class B" Liquor \$ <u>5</u> 5	Background Check Fee \$ 35			
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee \$ /00			
Class C" Liquor (wine only) \$		Total Fees \$ 735			
Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole prop	prietorship)				
2. Business Trade Name or DBA	+- r <sub>1</sub> C				
3. FEIN	4. Wisconsin Selle	er's Permit Number			
20-850968	2 456-	10:26386142-05			
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	Corporation Nonprofit Organization			
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number			
9. Premises Address	<u> </u>				
Las Manle 5	<b>元</b>	•			
10. City		11. State 12. Zip Code			
Evansuille		WI 53536			
13. County	14. Governing Municipality:	Town Village 15. Aldermanic District			
16. Premises Phone	of: Evansy i le	, 18. Website			
608-882-0407 Creekside Olace. ora					
19. Premises Description - Describe the building or		oduced, sold, stored, or consumed, and related records			
only on the premises described in this application	n. Attach a map or diagram and additional	ol beverage activities and storage of records may occur sheets if necessary.			
I that hosts events e	such as weddings	5) Gautherinas, art			
reception, fundraisir	y events, etc bo	werages are hosted.			
inside the bldg in	all Rms a cudsic	de Covering the Creekside			
20. Mailing Address (if different from premises addre	ss) burned parking lo	t, side lawn & bahind the lole			
21. City		22. State 23. Zip Code			
Part B: Questions	***				
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal contents.)	ership, limited liability company, or concess? Exclude traffic offenses unless	orporation) been convicted of selated to alcohol beverages.			
If yes, list the details of violation below. Attac		· · · · · · · · · · · · · · · · · · ·			
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed	W	as sentence completed? Yes No			
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed		as sentence completed? Yes No			

Are charges for any offenses pending a beverages.	against the business? Exc	dude traffic offer	nses unle	ss related to alco	ohol Tyes	№ No	
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any interest in a	n alcohol bever	rage prod	ucer or distribute	related or? Yes	∏ No	
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s					Yes needed.	No No	
4a. Name of Business Entity		4b. Business En	tity FEIN				
Have the partners, agent, or sole propr this license period? Submit proof of cor	mpletion				· · · · Yes	□ No	
6. Is the applicant business indebted to an						No	
7. Does the applicant business owe past	due municipal property ta	xes, assessmer	nts, or oth	er rees?	····· Yes	Ŋ No	
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation	or nonprofit orga					
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint an	agent by ir	ncluding Form AB-1	01.		
Last Name	First Name	Title	9		Phone		
Beltran	JP55e	P	resk	dent			
St Clair	Robin	V	ice-	presider	1		
000	Patrick	4	2000	etary			
AH	mar. A	000	Trac	251100			
Part D: Attestation	in laid it	THE	1100	a Julei			
One of the following must sign and attest	to this application:						
sole proprietor     one general	l partner of a partnership	• one co	rporate of	fficer • one	member of an L	LC	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all understand that I may be prosecuted for submingly provides materially false information on the	usiness and not on behalf of ense(s), if granted, will not b to, purchasing alcohol beve aspection will be deemed a r ny license issued contrary to itting false statements and a	any other individe assigned to and rages from state efusal to allow inso Wis. Stat. Chapffidavits in connection	dual or enti- other indivi- authorized spection. So oter 125 sh ction with t	ty seeking the lice idual or entity. I ag I wholesalers. I un Such refusal is a m Iall be void under I his application, an	nse. Further, I agre gree to operate this derstand that lack isdemeanor and gi penalty of state lav d that any person v	ee that the s business of access rounds for v. I further	
Last Name	First	Name	0		M.I	_	
Executive Dire	ctor nicki 6	o creeks	ides	bre ora	Phone (008 - 84	32-040	
Signature // Wally 1			Date 4	10/2025			
Part E: For Clerk Use Only						1	
Date Application Was Filed With Clerk Licens	se Number		Date Lice	ense Granted	Date License Iss	ued	
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issued (if a	oplicable)	

## Alcohol Beverage Appointment of Agent

Date 4-10-25

Agent Type (check one)					
Original (no fee)	Successor (\$10 fee for m	unicipal licensees on	ly)		
Part A: Business Inform		100.00			And the said
1. Legal Business Name (individual Control of Control o	e Place, Fr	00			
3. Entity Type (check one)	Limited Liability Company	☐ Corpo	ration	✓ Nonprofit Organiz	ation
Alcohol Beverage Business A Municipal Retail Lic		5. If successor agent,	provide State Perm	it or Municipal Retail L	icense Number
. Describe the reason for appo	ointing a successor agent, if successor	is checked above.			
	. 11	. 3			
	3 1/	of free			half a
\$1 G				1/2 -1 "	
Part B: Agent Informati	on				80 100
. Last Name		2. First Name			3. M.I.
トイクノ		Shaw	$\circ$		J
. Email			. 15	5. Phone	
. Home Address		7			
7. City		8. State 9. Zip C		10. Age	
Evansville			534	59	
<ol> <li>Drivers License/State ID Nu</li> </ol>	mber	1		ate ID State of Issuance	е
		- (	Viscon	SIA	
Part C: Agant Quaction	s			a in which the	
art C. Agent Question				17	V
Company of the Compan	sponsible beverage server trainir on.	ng requirement?		X	Yes N
Submit proof of completion	on. m AB-100, <i>Alcohol Beverage Indi</i>				Yes N

Part D: Business Attestation	School of the state of		
READ CAREFULLY BEFORE SIGNING: I, corporation, nonprofit organization, or limit beverage activities on such premises. I cer on behalf of the entity. If I am appointing a I understand that I may be prosecuted for any person who knowingly provides material if convicted.	ed liability company with full author tify that I am authorized by the abo successor agent, I rescind all previous submitting false statements and affire	rity and control of the premises ove-named entity to authorize the ous agent appointments for this davits in connection with this a	s and of all alcohol his individual to act premises. Further, pplication, and that
Last Name	First Name	1/0	M.I.
Title Executive Director Signature	Email or nicki Ocreeksio	Phone Date Phone	; 5-883-040
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, nonprofit organization, or limited liability co on the premises for the above-named bus and affidavits in connection with this applic application may be required to forfeit not m	mpany and assume full responsibili iness. I further understand that I m ation, and that any person who kno	ty for the conduct of all alcohol ay be prosecuted for submitting	beverage activities ng false statements
Last Name	First Name		M.I.
Signature? Shawa A-fr	Shawn	Date 4- 10-2	5
		730	Ch-
T. S. W.		ilg hiarman	Dimensión C
		on Islan Ro	f li mid
6.7	Section		Dunceril
601816	11.3	51- 1730 - 1	5,000



# City of Evansville

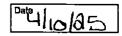
### www.ci.evansville.wi.gov

Date:Friday, April 11, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone: 608-882-2266 Fax: 608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

	Na Na	ame		Po	lice Department Review
Establishment	Last	First	DOB	Date	Approve/Den Notes W/Initials
, Creekside Place, Inc.	Lynn	Shawn J.	2	04-23-25	A-07
	Beltran	Jesse			
	Alt	Mary Anne			
() , . <del></del>	St. Clair	Robin S.			
	Сагг	Patrick F.			7

# Form 'AB-100

#### Alcohol Beverage Individual Questionnaire



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

· sole proprietor

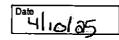
- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

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

Part	A: Business infe	ormation			<del></del>					
1. Leg	al Business Name (in		proprietor)			•				<u> </u>
		Kolde )	+lace							
2. Bus	iness Trade Name or	DBA	_,,		, <u>-</u>					
3. Enti	ty Type (check one)	<u> </u>	<del> </del>						a"	
	Sole Proprietor	Partnership	☐ Limited	Liabili	ty Compa	iny	☐ Corporation	<b>X</b> )	Nonprofit Or	ganization
							<del></del>			
	B: Individual inf	ormation	•		_					
1. Last	Name		<del>-</del>	2. Fi	rst Name		•			3. M.I.
	Deltro			1.	7	ے ہے۔	50	_		_
	tionship to Business	·	5. Email	3-5	-, -			1	6. Phone	-
	ficer po	resident								
7 Hom	1 J spenthA e			-		•				
8. City	<del> </del>	49			9. State	10.	Zip Code	- 1	11. Date of Birt	h .
¢	Eliansi	tille		Ì	تخنا	.	53536			i
12. Drls	ers License/State ID	Number	<del>-</del>			- 1 _	Drivers License/Sta	te ID State	of issuance	
						ľ	الاعادمي	در. دراخ		
	* * *	-					<del></del>			<del></del>
Part (	C: Address Histo	DEV			- <u></u>		* - *			
	you currently reside	<del></del>							<u>-</u>	
	,						P	e e e estable e e.		s No
lf ye	es to 1 above, how	long have you cont	tinuously lived in	Wisc	onsin prio	or to the	e date of application	on? ,	Years	Months
2. List	in chronological on	der all of your addr	esses within the	last 5	years. At	ttach a	dditional sheets if	necessar	 V:	<u>.ļ:</u>
	s Address 1	<del></del>		City			<del>-</del> -	State	Zip Code	
				ľ				ŀ	i	
Previou	s Address 2			City				State	Zip Code	· · · · ·
Previou	s Address 3			City	-		÷ = · · · ·	State	Zip Code	
Previou	s Address 4			City			-	State	Zip Code	
Previous	s Address 5	-		City				State	Zip Code	
3. List :	all states and count	ties you have lived	in as an adult. A	Attach	additiona	i shee	ts if necessary.			
State	County		county		State	Coun		State	County	
	1		-				-			
State	County	State C	ounty		State	Coun	ty	State	County	
	1									

Have you ever been convicted of any offer		<del>-</del>	
for violation of any federal, Wisconsin, or a	another state's laws or of any o		s) Yes No
If yes to question 1, please list details of e	ach conviction below. Attach a	dditional sheets as needed.	
aw/Ordinance Violated	Location	- <u>-</u>	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u> </u>	Was sentence completed?	Yes No
*			
	**	J)	and the second of the second o
			مواجه فی فرد آن مردسید در میسود در می منظ مورد در د
Part E: Attestation  READ CAREFULLY BEFORE SIGNING truthfully: I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicted.	: Under penalty of law, I hav I from participating in this bus in I understand that any licens stand that I may be prosecuted who knowingly provides mate	e answered each of the above quiness due to any involvement in an se issued contrary to Wis. Stat. Chron submitting false statements and enally false information on this application.	apter 125 shall be void
READ CAREFULLY BEFORE SIGNING truthfully: I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person	: Under penalty of law, I hav I from participating in this bus in I understand that any licens stand that I may be prosecuted who knowingly provides mate	e answered each of the above quiness due to any involvement in anse issued contrary to Wis. Stat. Ch	apter 125 shall be void affidavits in connection ication may be required

### **Alcohol Beverage Individual Questionnaire**



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

· sole proprietor

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

Your alcohol beverage application or renewal is r	not complete until all required Individual Q	uestionnaires are sub	mittea.
Part A: Business Information		-	
1. Legal Business Name (individual name if sole-propri	etor)		
2. Business Trade Name or DBA	ACC	<del></del>	
3. Entity Type (check one)	<del></del>		
	Limited Liability Company   Cor	poration (M Non	profit Organization
	Cor		
Part B: Individual Information	<del></del>	<u> </u>	<u>**- , </u>
1. Last Name	2. First Name	<del>-:</del>	3. M.J.
AH	Mary Br	<b>&gt;</b> Oo	J. 141.1.
4. Relationship to Business (Title)	5. Email	.].)  2	020
Officer Streogurer		1 0. 7/1	WIG.
7. Home Address	J.		
	·		
B. City	9. State 10. Zip Code	11 D	ate of Birth
Evansuille	535		AC OF BIRDS
12. Drivers License/State (D Number		ense/State ID State of is	SUBUCO
			Suarroc
		<del></del>	
Part C: Address Ulaton			
Part C: Address History			
Part C: Address History			Yes No
Part C: Address History  1. Do you currently reside in Wisconsin?			<del></del>
Part C: Address History		oplication? Ye	ars Months
Part C: Address History  1. Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a	pplication? Ye	<u> </u>
Part C: Address History  1. Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a s within the last 5 years. Attach additional s	pplication? Ye heets if necessary.	ars Months
Part C: Address History  1. Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a	pplication? Ye heets if necessary.	ars Months
Part C: Address History  Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional so	pplication? Ye heets if necessary.	ars Months
Part C: Address History  1. Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a s within the last 5 years. Attach additional s	pplication? Ye heets if necessary.	ars Months
Part C: Address History  Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional says City	pplication? Yes heets if necessary.   State   Zip	ars Months T. 2 1
Part C: Address History  1. Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional so	pplication? Yes heets if necessary.   State   Zip	ars Months
Part C: Address History  1. Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional solution City  City	pplication? Ye heets if necessary.  State Zip State Zip	ars Months  Code  Code
Part C: Address History  Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional says City	pplication? Ye heets if necessary.  State Zip State Zip	ars Months T. 2 1
Part C: Address History  Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional solution City  City  City  City	pplication? Ye heets if necessary.  State Zip State Zip State Zip State Zip	ars Months  Code Code
Part C: Address History  Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional solution City  City	pplication? Ye heets if necessary.  State Zip State Zip State Zip State Zip	ars Months  Code  Code
Part C: Address History  Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuous  List in chronological order all of your addresses  Previous Address 1  Trevious Address 3  Trevious Address 4  Trevious Address 5	usly lived in Wisconsin prior to the date of a within the last 5 years. Attach additional solution City  City  City  City  City	pplication? Yes heets if necessary.  State Zip State Zip State Zip State Zip State Zip	ars Months  Code Code Code
Part C: Address History  Do you currently reside in Wisconsin?	usly lived in Wisconsin prior to the date of a within the last 5 years. Attach additional solution City  City  City  City  City	pplication? Yes heets if necessary.  State Zip State Zip State Zip State Zip State Zip	ars Months  Code Code
Part C: Address History  I. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuous  List in chronological order all of your addresses  Previous Address 1  Previous Address 2  Previous Address 3  Previous Address 4  Previous Address 5  List all states and counties you have lived in as	usly lived in Wisconsin prior to the date of a swithin the last 5 years. Attach additional s City  City  City  City  City  Attach additional sheets if necess	pplication? Yes heets if necessary.  State Zip State Zip State Zip State Zip State Zip	ars Months  Code  Code  Code
Part C: Address History  1. Do you currently reside in Wisconsin?	city  County	pplication? Yes heets if necessary.  State Zip State Zip State Zip State Zip State Zip	ars Months T.Q
Part C: Address History  1. Do you currently reside in Wisconsin?	city  City  City  City  City  State  County	pplication? Ye heets if necessary.  State Zip	ars Months  Code  Code  Code

Have you ever been convicted of any offense for violation of any federal, Wisconsin, or and If yes to question 1, please list details of each content of the content o		<del></del>	·
If wes to question 1 please list details of each	other state's laws or of any	county or municipal ordinances r	B) ☐ Yes 🏋 No
ii yes to question ii piesso not determ of each		additional sheets as needed.	Conviction Date
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u>,                                     </u>	Was sentence completed?	Yes No
-			
•			
	·		
Part E: Attestation	· · · · · · · · · · · · · · · · · · ·		

#### **Alcohol Beverage** Individual Questionnaire

Date	10/25

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

· sole proprietor

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

Your alcohol beverage application or renewal is not complete until all required Individual Or

Toda algorida beverage application of reflewar is not com-			<u> </u>	-	
Part A: Business Information					% <del>≥=</del>
1. Legal Business Name (individual name if sole proprietor)					
Creekside Place	Inc				
2. Business Trade Name or DBA	·				
3. Entity Type (check one)	and the second		<del></del>		
ŀ <b>–</b>	ted Liability Comp	any 🗌 Corpora	ntion ⊠il	Nonprofit Org	anization
,	<u> </u>	and any any and any any and any and any any and any any and any any and any			
Part B: Individual Information				<u>*</u>	
1. Last Name	2. First Name	<u></u>	<del></del>	3	. M.I.
St Clair		iero.			5
4. Relationship to Business (Title) 5. Email	1, 1		i e	B. Phone	<u> </u>
Officer Vice President					
7. Home Address					
	7/2				
	9. State	10. Zip Code		1. Date of Birth	
Evansuille		5353			
12. Drivers License/State ID Number		13. Drivers License	/State ID State	of Issuance	•
		l un	<u> </u>	<u> </u>	
The state of the s	<u></u>	<u></u> ,	_		
Part C: Address History					
1. Do you currently reside in Wisconsin?		********		reas [y] Ye	s No
If yes to 1 above, how long have you continuously live	d in Wisconsin pri	or to the date of appli	cation?	Years	Months
2. List in chronological order all of your addresses within	the last 5 years. A	ttach additional shee	ts if neressan	<u>.l</u>	
Previous Address 1	City		State	Zip Code	
	0.3		Claic	Zip Code	
Previous Address 2	City		State	71n Code	
	City City		State	Zip Code	
Previous Address 3	City		State	Zip Code	
	"		Ciate	Zip Code	
Previous Address 4	City		State	7:- 0-4-	
1 1041000 / 4001000 7	City		State	Zip Code	
Previous Address 5	City	<del>/-</del>	State	Zip Code	
	Oity		State	Zip Code	
2. List all states and sourties were been the dis-				<u> </u>	
3. List all states and counties you have lived in as an adu			l.		
State County State County	State	County	State	County	
UT ROCK		<u> </u>			
State County State County	State	County	State	County	

Continued  $\rightarrow$ 

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	e's laws or of any cou	nty or municipal ordinances?	. 🗌 Yes 🐰 No
If yes to question 1, please list details of each conviction	on below. Attach addi	ional sheets as needed	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<del></del>	Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of pe sheets as needed.			Yes 1/2 No
Part E: Attestation	<u> </u>	and the second s	<u> </u>
READ CAREFULLY BEFORE SIGNING: Under pentruthfully, I certify that I am not prohibited from particip beverage industry as a restricted investor. I understaunder penalty of state law. I further understand that I m with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this busines and that any license is ay be prosecuted for	s due to any involvement in anou sued contrary to Wis. Stat. Chap submitting false statements and at	ter 125 shall be void fidavits in connection
Signature John St. Clair		Date 1	0-25

#### Alcohol Beverage **Individual Questionnaire**

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	Data		
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	-		ı
L			<u></u>

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

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

Todi alcohol beverage application of renewal is no	or comblete uni	an /equ	irea maiviauai Questii	onnaires are	submitted.	_
Part A: Business Information					<del> </del>	
1. Legal Business Name (Individual name if sole propriet	tor)	-	<del></del>	<del></del> -		
Creckende Place	+nc		<u> </u>			
2. Business Trade Name or DBA				-		-
					<u> </u>	
3. Entity Type (check one)	7			ــد		
Sole Proprietor Partnership	Limited Liabil	ity Compa	any Corporati	on 💹	Nonprofit Organiza	ition
Dat D. Indianal Indiana	<del></del>		****			
Part B: Individual Information 1. Last Name	<u> 10 5</u>					
Carr	2.1	Trist Name	` ` ,	_	3. M.I.	
<del></del>	<u> </u>	ra	trick		<u> </u>	
'I	Email				Phone	
officer socretary						
				-	-	-
B. City		9. State	10. Zip Code	<u>····</u>	1. Date of Birth	
Madison		لاعا	.   _ ` -	Į į	The Base of Diffi	
12. Drivers License/State ID Number	-2		13. Drivers License/S	State ID State	OKUSSIONINES	-=-
			-0. ST.		, rocadijo	
			التلاجية)			
Part C: Address History	<u> </u>	<u> </u>	<del></del>			·
		<del></del>	<del></del>			
Do you currently reside in Wisconsin?			* * * * * * * * * * * * * * * * * * * *		[27] Yes [	No
If yes to 1 above, how long have you continuous	ly lived in Wisc	onsin pric	or to the date of applica	ation?	Years Mont	ihs
			террио	_		
2. List in chronological order all of your addresses	within the last 5	years. A	ttach additional sheets	if necessar	<del></del>	
Previous Address 1	City			State	Zip Code	
	İ			ļ	·	
Previous Address 2	City			State	Zip Code	
*c			,		7-7-1-1	
Previous Address 3	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
	'					
Previous Address 4	City			State	Zip Code	
·	",			State	Zip Code	
Previous Address 5	City			State	Zip Code	
-	5,			State	Zip Gode	
3. List all states and counties you have lived in as a	an adult Attach		1			
	III AUUR. ARACA		· · · · · · · · · · · · · · · · · · ·			
		State	County	State	County	$\neg$
		01				
		State	County	State	County	
IN Hamilton		1	1			ĺ

Continued  $\rightarrow$ 

	/luding traffic offense	as unless related to alcohol heverage	9)
Have you ever been convicted of any offens for violation of any federal, Wisconsin, or an	nother state's laws or of any	county or municipal ordinances?	Yes No
If yes to question 1, please list details of ea	ch conviction below. Attach	additional sheets as needed.	
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
If yes to question 2, describe nature and s sheets as needed.	status of pending charges u	ising the space below. Attach additio	nal
	status of pending charges u	ising the space below. Attach additio	onal
sheets as needed.	status of pending charges u	sing the space below. Attach addition	onal

## Alcohol Beverage License Application

	/1
For Municipal Use C	only
Municipalit Evansui	4
License Period	006

License(s) Requested: (up to two boxes ma			Fees	
Class "A" Beer \$	Class "B" Beer \$ \( \)	) O License Fe	ees	\$ 600
"Class A" Liquor \$	Class B" Liquor \$ 5	Backgroun	nd Check Fee	\$ 7
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication	n Fee	\$ 100
Glass C" Liquor (wine only) \$		Total Fees	3	\$707
Part A: Premises/Business Informati	ion			
Legal Business Name (individual name if sole p				
El Vallarta E				
Business Trade Name or DBA	04/130/11/			
3. FEIN		eller's Permit Number		
	456-	1030363	3277	-02
5. Entity Type (check one)	1			
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	☐ Corporation	☐ Nonpro	fit Organization
6. State of Organization	7. Date of Organization	8. Wisconsi	n DFI Registration	on Number
MI				
9. Premises Address	4. 8. 8. 1			
609 E Main St	veet	44 01-1-	40 7:- Code	
10. City		11. State	12. Zip Code	300
Evansville, WI 13. County	14. Governing Municipality: City	☐ Town ☐ Village	15. Aldermani	c District
Kock	of:	Town village	To: / lidoi main	o Diotriot
16. Premises Phone	17. Premises Email	18. We	bsite	
608/887-1069	TTT TOTAL CONTROL OF THE CONTROL OF	1,5,1,1,5		
Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.  Restourch  20. Mailing Address (if different from premises address address)	ng, including living quarters. Authorized alcompands and addition. Attach a map or diagram and addition	ohol beverage activitional sheets if necessar	es and storage of	
20. Maining Address (if different from premises ad	uressy			
21. City		22. State	23. Zip Code	
Part B: Questions		in a violent		
Has the business (sole proprietorship, pa violating federal or state laws or local ord	inances? Exclude traffic offenses unle	corporation) been ess related to alcohol	convicted of ol beverages.	Yes 🐧 No
If yes, list the details of violation below. A		1-		
Law/Ordinance Violated	Location	T	rial Date	
Penalty Imposed	,	Was sentence com	oleted?	Yes No
Law/Ordinance Violated	Location	T	rial Date	
Penalty Imposed		Was sentence com	oleted?	☐ Yes ☐ No
		vas semence com	olotou!	☐ 169 ☐ 140

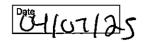
-1-

<ol><li>Are charges for any offenses pend beverages.</li></ol>	ing against the business? Ex	clude traffic offens	ses unless related to a	alcohol Yes V No
If yes, describe the nature and star	us of pending charges using	the space below.	Attach additional shee	ets as needed.
				,
<ol> <li>Is the applicant business or any o individuals or entities a restricted If yes, provide the name of the res</li> </ol>	investor with any interest in a	an alcohol bevera	ge producer or distrib	
Is the applicant business owned by     If yes, provide the name(s) and FE				Yes No
a. Name of Business Entity		4b. Business Entit		and the state of t
<ul><li>5. Have the partners, agent, or sole partners, agent, age</li></ul>	f completionto any wholesaler beyond 15	days for beer or 3	30 days for liquor/win	X Yes No e? Yes X No
Part C: Individual Information	EST ILEICENIALE			
Question 4: sole proprietor, all officers, dir managers, and agent of a limited liability of nolude Form AB-100 for each person listenders.	company. Attach additional sheet	s if necessary.		
bharassa I a	MCV	(~		THOTIC
recursion mayo	Markey	u	wher	
Part D: Attestation				
One of the following must sign and at	tast to this application:			
	neral partner of a partnership	• one corp	oorate officer - • o	one member of an LLC
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applica rights and responsibilities conferred by the according to the law, including but not lin to any portion of a licensed premises dur revocation of this license. I understand the understand that I may be prosecuted for singly provides materially false information	ant business and not on behalf of the license(s), if granted, will not lead to, purchasing alcohol beving inspection will be deemed a that any license issued contrary submitting false statements and	of any other individually be assigned to another ages from state and refusal to allow inspito Wis. Stat. Chapte affidavits in connection	al or entity seeking the her individual or entity. uthorized wholesalers. bection. Such refusal is er 125 shall be void und ion with this application,	license. Further, I agree that the I agree to operate this business I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further, and that any person who know-
Last Name	First	Name UUV LO	A	M.I.
Title	Email	3. 2. 20		Phone
Signature	1.10		041:11	\ 5
V(ar(o-A-	WGO		011011	<b>*</b> 3
Part E: For Clerk Use Only Date Application Was Filed With Clerk	icense Number		Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provision	nal License Issued (if applicable)
January State Communication of the Communication of			54.0 / 104101011	coco .socoo (ii applicable)

Form

**AB-101** 

## Alcohol Beverage Appointment of Agent



Agent Type (check one)	
Original (no fee) Successor (\$10 fee for	municipal licensees only)
	•
	·
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	·
2. Business Trade Name or DBA	•
3: Entity Type (check one)  Limited Liability Compa	ny Corporation Nonprofit Organization
Alcohol Beverage Business Authorization (check one)     Municipal Retail License     State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if success	
Menew alcohol her	everye liserish
211007-01	· · ·
• , •	
	·
Part B: Agent Information	
1. Last Name	2. First Name 3. M.I.
LUGO	Marco
4 Fmail	5. Phone
6. Flome Address	
Evansuille WI	8. State 9. Zip Code 10. Age 10. Age
11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
no wisconsin driws ID	
Part C: Agent Questions	
Have you satisfied the responsible beverage server train Submit proof of completion.	
Have you completed Form AB-100, Alcohol Beverage In Submit a completed Form AB-100 with this form.	ndividual Questionnaire?
Have you been a Wisconsin resident for at least 90 con See instructions for exceptions.	

Part D: Business Attestation			•
READ CAREFULLY BEFORE SIGNING: I, the Undersig corporation, nonprofit organization, or limited liability con beverage activities on such premises. I certify that I am on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting fals any person who knowingly provides materially false inform if convicted.	mpany with full authority and co authorized by the above-named ent, I rescind all previous agent se statements and affidavits in c	ontrol of the premises and lentity to authorize this in appointments for this pre- connection with this applica-	nd of all alcohol ndividual to act emises. Further, cation, and that
Last Name	First Name		M.I.
LUGO	Mario		<u> </u>
Title  DUYLLY  Email		Phone	,
Signature		Date	, , ,
N/arco-A-1000		10410710	<u>5</u>
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: 1, the <b>Agent</b> , he nonprofit organization, or limited liability company and as on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000.	ssume full responsibility for the or or understand that I may be pro t any person who knowingly pro	conduct of all alcohol bevisecuted for submitting fa	verage activities alse statements
Last Name	First Name May 0		M.I.
Signature arco-A-LU	7C	0410712	5



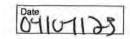
# City of Evansville

## www.ci.evansville.wi.gov

Date:Monday, April 7, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

	Na Na	me		Po	lice Department	Review
Establishment	Last	First	DOB	Date	Approve/Den y w/ Initials	Notes
El Vallarta Mexican	Lugo	Marco A.		04-23-25	A·ca	1
		- <u> </u>	; -	<del>,</del>		1

#### **Alcohol Beverage Individual Questionnaire**



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

· sole proprietor

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

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

rait	A: Business Info	ormation					
6	al Business Name (ind	cta	sole proprietor)				
2, Bus	siness Trade Name or	DBA					
3. Ent	ity Type (check one)						
	Sole Proprietor	☐ Partnersh	nip 🗌 Lim	ited Liability Con	npany 🗌 Corp	oration	Nonprofit Organization
	B: Individual Info	ormation		Ta av eta			
	UO10			2. First Nar	ne Naci		3. M.I.
	ationship to Business (	(Title)	5 Email	791	MICO		A
		(Title)	5 Email				C Dhone
	o Addross						
					-		
B. City			-	9. Stat	e 10. Zip Code	1.	11. Date of Birth
E	icursui/	9		W			II. Date of Biftil
2. Dri	vers License/State ID	Number				ense/State ID State	of Issuance
W	wiscensi	n driv	MY ID	)			or roductioe
Part (	C: Address Histo	ory					
art (		ory				· · · · · · · · · · · · · · · · · · ·	Yes N
Part (	C: Address Historyou currently reside	o <b>ry</b> e in Wisconsin?				polication?	Years Months
art (	C: Address Historyou currently reside	o <b>ry</b> e in Wisconsin?			prior to the date of a	pplication?	
Part (	C: Address Historyou currently residents to 1 above, how less to 1 above	ory in Wisconsin? long have you	continuously live	ed in Wisconsin p	orior to the date of a		Years Months
Part of Do	C: Address Historyou currently residents to 1 above, how less to 1 above	ory in Wisconsin? long have you	continuously live	ed in Wisconsin pointhe last 5 years	orior to the date of a		Years Months
Part (Do	C: Address Historyou currently resident to 1 above, how I in chronological ordinates	ory in Wisconsin? long have you	continuously live	ed in Wisconsin pointhe last 5 years	orior to the date of a	neets if necessar	Years Months  y.  Zip Code
Part (	C: Address Historyou currently resident to 1 above, how I in chronological ordinates	ory in Wisconsin? long have you	continuously live	ed in Wisconsin pointhe last 5 years	orior to the date of a	neets if necessar	Years Months y. Zip Code 5353 C
Part (	C: Address Historyou currently residences to 1 above, how him chronological orders Address 1	ory in Wisconsin? long have you	continuously live	ed in Wisconsin pointhe last 5 years	orior to the date of a	neets if necessar State State	Years Months  y.  Zip Code Zip Code
Part (	C: Address Historyou currently residences to 1 above, how him chronological orders Address 1	ory in Wisconsin? long have you	continuously live	ed in Wisconsin pointhe last 5 years	orior to the date of a	neets if necessar	Years Months y.  Zip Code Zip Code
Part ( Do If ye List	C: Address Historyou currently residences to 1 above, how lin chronological orders Address 1	ory in Wisconsin? long have you	continuously live	ed in Wisconsin portion the last 5 years  City City City	orior to the date of a	State State State WT	Years Months  y.  Zip Code Zip Code 33534
Part Co. Do If year List	C: Address Historyou currently residences to 1 above, how lin chronological orders Address 1	ory in Wisconsin? long have you	continuously live	ed in Wisconsin portion the last 5 years  City City City	orior to the date of a	State State State WT	Years Months  y.  Zip Code Zip Code 3353 C
Part ( Do If ye List reviou	C: Address Historyou currently residences to 1 above, how I in chronological orders Address 1 as Address 2 as Address 3 as Address 4	ory in Wisconsin? long have you	continuously live	city City City City	orior to the date of a	State State State State State State State	Years Months  y.  Zip Code Zip Code 3353 C Zip Code
Part ( Do If ye List reviou	C: Address Historyou currently residences to 1 above, how linich chronological orders Address 1  as Address 2  as Address 3	ory in Wisconsin? long have you	continuously live	city City City City	orior to the date of a	State State State State State State State	Years Months  y.  Zip Code Zip Code 3353 Co Zip Code
Part ( Do If ye List	C: Address Historyou currently residences to 1 above, how I in chronological orders Address 1 as Address 2 as Address 3 as Address 4	ory in Wisconsin? long have you	continuously live	city City City City City City	orior to the date of a	State State State State State State State	Years Months  y.  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code
Part ( Do If year List revious	C: Address Historyou currently residences to 1 above, how I in chronological orders Address 1 as Address 2 as Address 3 as Address 4 as Address 5	e in Wisconsin? long have you der all of your a	continuously live	city City City City City City	Attach additional sh	State State State State State State State State	Years Months  y.  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code
Part ( Do If ye List reviou reviou List	C: Address Historyou currently residences to 1 above, how I in chronological orders Address 1 as Address 3 as Address 4 as Address 5 all states and count	e in Wisconsin?  long have you der all of your a	continuously live	city City City City City City City City C	Attach additional shape of all the shape	State State State State State State State State State State	Years Months  y.  Zip Code Zip Code Zip Code Zip Code Zip Code
Previou	C: Address Historyou currently residences to 1 above, how I in chronological orders Address 1 as Address 2 as Address 3 as Address 4 as Address 5	e in Wisconsin? long have you der all of your a	continuously live	city City City City City City	Attach additional sh	State State State State State State State State	Years Months  y.  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code
Part ( I. Do If ye List Previou	C: Address Historyou currently residences to 1 above, how I in chronological orders Address 1 as Address 3 as Address 4 as Address 5 all states and count	e in Wisconsin?  long have you der all of your a	continuously live	city City City City City City City City C	Attach additional shape of all the shape	State State State State State State State State State State	Years Months  y.  Zip Code Zip Code Zip Code Zip Code Zip Code

1. Have you ever been convicted of any of			
	r another state's laws or of any	county or municipal ordinances?	s) Yes No
If yes to question 1, please list details of		additional sheets as needed.	Conviction Date
aw/Ordinance Violated Location			Conviction Date
Penalty Imposed	- U2	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNIN truthfully. I certify that I am not prohibite beverage industry as a restricted inves under penalty of state law. I further unde with this application, and that any person to forfeit not more than \$1,000 if convice	ed from participating in this bus tor. I understand that any licen rstand that I may be prosecuted in who knowingly provides mate	se issued contrary to Wis. Stat. Cha I for submitting false statements and erially false information on this appli	apter 125 shall be void affidavits in connection
READ CAREFULLY BEFORE SIGNIN truthfully. I certify that I am not prohibite beverage industry as a restricted investigation under penalty of state law. I further under with this application, and that any personal truther under the state of	ed from participating in this bus tor. I understand that any licen rstand that I may be prosecuted in who knowingly provides mate	se issued contrary to Wis. Stat. Cha for submitting false statements and	apter 125 shall be voice affidavits in connection

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period 26	

License(s) Requested: (up to two boxes may be checked)	Fees
☐ Class "A" Beer \$ \$ Class "B" Beer \$ 10 C	License Fees \$ 600
Class A" Liquor \$ \times "Class B" Liquor \$\frac{50}{2}	Background Check Fee \$ 14
☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$	Publication Fee \$ 100
Class C" Liquor (wine only) \$	Total Fees \$ 714
Part A: Premises/Business Information	
1. Legal Business Name (individual name if sole proprietorship)  Evansuille Memorial Post 69	05/VFW
2. Business Trade Name or DBA VFW POST 6905	
3. FEIN 39-1555281 4. Wisconsin Selle	or's Permit Number 0000487973 - 02
5. Entity Type (check one)	
Sole Proprietor Partnership Limited Liability Company  6. State of Organization  7. Date of Organization	Corporation Nonprofit Organization     8. Wisconsin DFI Registration Number
(Disconsin 1946	o. Wisconsin Di i Registration Number
9. Premises Address 179 E. Main St.	
10. City	11. State 12. Zip Code
L- Vansulle	WI 53536
13. County Rock  14. Governing Municipality: City of: Evansuile	Town Village 15. Aldermanic District
16. Premises Phone 17. Premises Email 18. Premises	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are pro	oduced, sold, stored, or consumed, and related records
are kept. Describe all rooms within the building, including living quarters. Authorized alcoholonly on the premises described in this application. Attach a map or diagram and additional	sheets if necessary.
old railroad station, vew meeting ho	
Bourt Beer Gurden, storage voom and o	blice.
20. Mailing Address (if different from premises address)	
21. City	22. State 23. Zip Code
Zi. Sig	
Part B: Questions	
Has the business (sole proprietorship, partnership, limited liability company, or coviolating federal or state laws or local ordinances? Exclude traffic offenses unless	reporation) been convicted of related to alcohol beverages.   Yes X No
If yes, list the details of violation below. Attach additional sheets if necessary.	
Law/Ordinance Violated Location	Trial Date
Penalty Imposed Wa	as sentence completed? Yes No
Law/Ordinance Violated Location	Trial Date
Penalty Imposed Wa	as sentence completed? Yes No

Are charges for any offenses pending a beverages.	against the business? Exc	clude traffic offense	s unless related to alc	cohol Yes	No
If yes, describe the nature and status o	f pending charges using	the space below. A	ttach additional sheets	s as needed.	
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any interest in a	in alcohol beverag	e producer or distribu		No
4. Is the applicant business owned by and	other business entity?			Yes	No
If yes, provide the name(s) and FEIN(s	) of the business entity of			needed.	
4a. Name of Business Entity		4b. Business Entity	FEIN		
Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the respon	sible beverage sen	ver training requireme	nt for Yes	No
6. Is the applicant business indebted to a				_	No
7. Does the applicant business owe past	due municipal property ta	ixes, assessments,	or other fees?	Yes 🔀	No
Part C: Individual Information		1.14.61.25			1
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparation.	s, and agent of a corporation any. Attach additional sheets	n or nonprofit organizes if necessary.	ation, all partners of a pa	rtnership, and all membe	irs,
Include Form AB-100 for each person listed be Last Name	low. Corporations and LLCs First Name	must appoint an age	ent by including Form AB	-101. Phone	
Tolomaides	clobs	-	chaent/an	1	
1 - 110001	John	->	John John	7	
Laursen	Lynaa	Dav	· Mar:		
				-	
Part D: Attestation	Little Service	4 8128 1	white has	WILLIAM	
One of the following must sign and attest  • sole proprietor  • one genera	to this application: Il partner of a partnership	• one corno	rate officer • on	e member of an LLC	
READ CAREFULLY BEFORE SIGNING: Und	A STATE OF THE PARTY OF THE PAR				e that
I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the	usiness and not on behalf o ense(s), if granted, will not b to, purchasing alcohol beven enspection will be deemed a my license issued contrary to itting false statements and a	f any other individual be assigned to another grages from state aut refusal to allow inspe o Wis. Stat. Chapter affidavits in connectio	or entity seeking the lice individual or entity. I a horized wholesalers. I u ction. Such refusal is a rate 125 shall be void under n with this application, a	ense. Further, I agree that agree to operate this busi inderstand that lack of ac misdemeanor and ground penalty of state law. I fund that any person who k	at the iness ccess ds for urther
Last Name	First	Name		M.I.	
Schneider	J.	hn		Phone	•
Bar Agent/OM	Email	905@V6W	DOST 6905 M	Phone	
Signatule om 1. Chreid	el past s	Da		25	
Part E: For Clerk Use Only				AFE LEADER	
4-4-25	se Number	D	ate License Granted	Date License Issued	
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if applica	ible)

John

Form AB-101

AB-101 (N. 03-24)

## Alcohol Beverage Appointment of Agent

Date 3 -21-2075

Wisconsin Department of Revenue

Agent Type (check one)		<u></u>	
Original (no fee)	Successor (\$10 fee for mu	unicipal licensees only)	
•			
art A: Business Inform	nation		
Legal Business Name (individ			· Line of the second
Evansuille	Memorial Pos	st 6905/VF	:W
Business Trade Name or DBA	ost 6905	· · · · · · · · · · · · · · · · · · ·	
Entity Type (check one)	Limited Liability Company	☐ Corporation	Nonprofit Organization
Alcohol Beverage Business Al  Municipal Retail Lice		5. If successor agent, provide State	e Permit or Municipal Retail License Numbe
Describe the reason for appoint	nting a successor agent, if successor	is checked above.	
		,	•
•	• •		
<u> </u>	<del></del>	2. First Name	3. M.I. <i>9</i>
Schneide	<del></del>	2. First Name	
Schneid:	<del></del>	John	E Phone
art B: Agent Information Last Name Schneid Email DOST 690 Home Address	<del></del>	2. First Name John + 6905. net	E Dhone
Last Name Schneids Email DOST 690 Home Address City	<del></del>	John +6905. net	E Dhone
Last Name Schneide Email DOST 690 Home Address City Evansuille	er 50 v fw pos	John +6905. net B. State 9. Zip Code WI 53536	10. Age
Last Name Schneide Email DOST 690 Home Address City Evansuille	er 50 v fw pos	John 16905. net  8. State 9. Zip Code WT 53536	10. Age nse/State ID State of Issuance
Last Name Schneide Email DOST 690 Home Address City Evansuille	er 50 v fw pos	John 16905. net  8. State 9. Zip Code WT 53536	10. Age
Last Name  Schneide  Email  Post 690  Home Address  City  Evansuille	er 50 v fw pos	John 16905. net  8. State 9. Zip Code WT 53536	10. Age nse/State ID State of Issuance
Last Name Schneids Email Dost 690 Home Address City Evousuille Drivers License/State ID Num	er 5 (b) v fw pos	John 16905. net  8. State 9. Zip Code WT 53536	10. Age nse/State ID State of Issuance
Email DOST 690 Home Address City Drivers License/State ID Num  art C: Agent Questions	mber s sponsible beverage server training	John + 6905. net 8. State 9. Zip Code WI 5353( 12. Drivers Lice WISCO	10. Age nse/State ID State of Issuance
Email DOST 690 Home Address  City Drivers License/State ID Num Part C: Agent Questions Have you satisfied the res Submit proof of completion	mber  s sponsible beverage server training in.  m AB-100, Alcohol Beverage Indiv	John 1-6905. Net  8. State 9. Zip Code WT 5353(  12. Drivers Lice W15()	10. Age  nse/State ID State of Issuance

Part D: Business Attestation	ıi.	
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatif convicted.	pany with full authority and co uthorized by the above-named at, I rescind all previous agent a statements and affidavits in co	entity to authorize this individual to act appointments for this premises. Further, connection with this application, and that
Schneider	John Land	M.I.
Bar Agent Post	6900 of who	1905. We Phone
Signature & January		Date 3-21-2025
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Agent, her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000	ume full responsibility for the of understand that I may be pro- any person who knowingly pro-	conduct of all alcohol beverage activities secuted for submitting false statements
Last Name Schweicher	First Name John	M.I.
Signature John S. Janeeda		Date 4-7-2025
		•



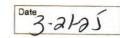
# City of Evansville

## www.ci.evansville.wi.gov

Date:Monday, April 7, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

	Na Na	ime		Po	lice Department F	Review
Establishment	Last	First	DOB	Date	Approve/Den y w/ initials	Notes
Evansville Memonal Post 6905	Schneider	John C.		01-23-25		<u> </u>
·	Laursen	Lynda M.				
	ļ.				4	

#### Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · 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 Inforr	nation							
1. Leg	gal Business Name (indivi	dual name if	sole proprietor)						
2. Bus	siness Trade Name or DB	A	10-						
	Same	,							
3. Ent	ity Type (check one)								
	Sole Proprietor	Partners	hip 🗌 Limi	ted Liabi	lity Comp	any Corpora	tion 💢	Nonprofit O	rganization
Dort	B: Individual Infor						/		
	t Name	mation		10.					
I. Las	t Name			2. F	irst Name	1			3. M.I.
	Laursen				MI	nda			M
4. Rela	ationship to Business (Title		5. Email		4			6 Phone	
7. Hon	ar Manage		,						
8. City	vansville	,			9. State	10. Zip Code 535	36	11. Date of Bjr	th
12 Dri	vers License/State ID Nur				101	13. Drivers License	/Ctate ID Ctate	261-	
						Wiscon		e of Issuance	
						VVISCON	3111		
D	C: Address History								
	you currently reside in es to 1 above, how long						cation?	Years	es No
2. List	in chronological order	all of your a	addresses within	the last !	5 years. A	Attach additional shee	ts if necessar	N N	
Previou	us Address 1			City			State	Zip Code	
Previou	is Address 2			City			State	Zip Code	
Previou	s Address 3			City			State	Zip Code	
Proviou	s Address 4								
reviou	s Address 4			City			State	Zip Code	
Previous Address 5 City			City		State	Zip Code			
B. List	all states and counties	you have li	ved in as an adu	It. Attach	addition	al sheets if necessary			
State	County	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

Have you ever been convicted of any offens for violation of any federal, Wisconsin, or an	nother state's laws or of any	county of municipal ordinances :	es) Yes No
If yes to question 1, please list details of ea		additional affects as fielded.	Conviction Date
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
sheets as needed.	status of pending charges o	ising the space below. Attach addit	ional
	status of penuling charges o	ising the space below. Attach addit	ional
	status of penuling charges o	ising the space below. Attach additional add	ional

Jo

AB-101

## Alcohol Beverage Appointment of Agent

Date 3 - 21 - 2025

▼ Original (no fee)	ccessor (\$10 fee for mu	nicipal licensees only)	
×	(4)		
Part A: Business Information			
Legal Business Name (individual name if	sole proprietor)	1	
Evansuille Men	novial Pas	st 6905/VF	(A)
Business Trade Name or DBA	6905	31 0105/11	
B. Entity Type (check one)	mited Liability Company	☐ Corporation	Nonprofit Organization
Alcohol Beverage Business Authorization  Municipal Retail License	(check one) 5	5. If successor agent, provide State	e Permit or Municipal Retail License Numbe
lead Dr. Amend Information			
Part B: Agent Information		Firet Name	12 W1 A
Last Name 4	2	First Name	3. M.I.
Schneider		John	5 Phone
Schneider Dost 6905 (D		First Name John +6905. net	5 Phone
Last Name *		John	5 Phone
Last Name Schneider Dost 6905 (March 1988) Home Address		John t6905. net	5. Phone
Schneider Dost 6905 (D		John t6905. net	5 Phone
Last Name Schneider  Email DOST 6905 (M)  Home Address		John +6905. net 8. State 9. Zip Code WI 53536	5. Phone  10. Age  nse/State ID State of Issuance
Last Name Schneider Dost 6905 (a) Home Address  City Evancuille		John +6905. net 8. State 9. Zip Code WI 53536	5. Phone
Last Name Schneider  Email Dost 6905 (a)  Home Address  City  Evancuille		John +6905. net 8. State 9. Zip Code WI 53536	5. Phone  10. Age  nse/State ID State of Issuance
Last Name Schneider  Schneider  Dost 6905 (w)  Home Address  City  Evanuille  Drivers License/State ID Number		John +6905. net 8. State 9. Zip Code WI 53536	5. Phone  10. Age  nse/State ID State of Issuance
Last Name Schneider  Schneider  Dost 6905 (w)  Home Address  City  Evanuille  Drivers License/State ID Number		John +6905. net 8. State 9. Zip Code WI 53536	5. Phone  10. Age  nse/State ID State of Issuance
Email DOST 6905 W Home Address  City EVONCUITE  1. Drivers License/State ID Number	v fw pos	John +6905. net 8. State 9. Zip Code WI 53536 12. Drivers Licer WISCO	5. Phone  10. Age  nse/State ID State of Issuance
Email DOST 6905 W Home Address  City EVONCUITE  1. Drivers License/State ID Number  Part C: Agent Questions  Have you satisfied the responsible in the second secon	v Fw pos	John +6905. net  8. State 9. Zip Code WI 53536  12. Drivers Licer WISCO	5. Phone  10. Age  nse/State ID State of Issuance

#### 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 First Name Signature Part E: Agent Attestation 🛷 READ CAREFULLY BEFORE SIGNING: I, the Agent, herby 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. First Name

Signatur

# Alcohol Beverage License Application

For	Municipal Use Only	
Municipality	Evansville	
License Peri	od 25 - 2026	

License(s) Requested: (up to two boxes may	be checked)	Fees	
☐ Class "A" Beer	☑ Class "B" Beer \$ 100	License Fees	\$ 614
Class A" Liquor	Class B" Liquor \$	Background Check Fee	\$ 14-
Class A* Liquor (cider only) \$[			\$ 100
Class C" Liquor (wine only) \$	-	Total Fees	\$ 714
Part A: Premises/Business Informatio  1. Legal Business Name (individual name if sole pro			
Lovegords LLC  2. Business Trade Name or DBA			
Lovegoods Coffee & Coch	tails		
3. FEIN	4. WISCONSIII Se	eller's Permit Number	
93~ 2145905	456-1	031461851-02	
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	☐ Corporation ☐ Nonpro	fit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registrati	
しからいい	6/29/2023	L 078473	
9. Premises Address	- 1 - 1   5 5		
10. City		11. State   12. Zip Code   13. Zip Code   15. Zip C	,
Zuansuile 13. County	14. Governing Municipality: X City	·	_
Ruck	of: Evensuille	☐ IOWII ☐ VIIIage   Totalismin	
16. Premises Phone	17. Premises Email	18. Website	
(715)630-7626	Lovegoods cc@gmeil.com	- lwegeodscoffee	20.com
19. Premises Description - Describe the building or are kept. Describe all rooms within the building only on the premises described in this application.	, including living quarters. Authorized alc on. Attach a map or diagram and additio s fairs ाँ क Separate 2 ५	ohol beverage activities and storage of nal sheets if necessary. wed apartment-1st face	of records may occur
commercial space with a pat	ie out front. Patro space	is a prox. 50 se feet,	withoutder
Seatory. Loched cabinets &	refrigerators for alcohol s	terage, Utility closet .	t handleap bet
20. Mailing Address (if different from premises addr	ress)	•	
16 W main St."	<del></del>	22. State 23. Zip Code	
Evansville,		WI 5353	
Part B: Questions			
Has the business (sole proprietorship, partiviolating federal or state laws or local ordinate)	ances? Exclude traffic offenses unle	corporation) been convicted of ess related to alcohol beverages.	☐ Yes ☐ No
If yes, list the details of violation below. Atta	ach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	,	Was sentence completed?	Yes No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	☐ Yes ☐ No

Are charges for any offenses pending beverages.	against the busines	s? Exclude traffic	offenses unless related	d to alcohol Yes 🔊 No
If yes, describe the nature and status of	of pending charges	using the space b	elow. Attach additional	sheets as needed,
` .				
·.			**	
Is the applicant business or any of its individuals or entities a restricted investiges, provide the name of the restrict.	stor with any intere	est in an alcohol b	everage producer or d	r other related istributor? Yes
			S	
<ol> <li>Is the applicant business owned by and if yes, provide the name(s) and FEIN(s</li> </ol>	other business entit ) of the business e	y?ntity owners below	. Attach additional she	ets as needed.
4a. Name of Business Entity	<del></del>	4b. Busines	s Entity FEIN	
		_	č ·	
5. Have the partners, agent, or sole propr	ietor satisfied the re	esponsible bevera	ge server training requ	irement for
this license period? Submit proof of cor	1			
<ul><li>6. Is the applicant business indebted to a</li><li>7. Does the applicant business owe past</li></ul>		••	= = =	
		erty taxes, assess	inents, or other lees?	<u>i tes 🖼 140</u>
Part C: Individual Information	n norman es antitubale	line the following no	olitono in the annihonat hu	alance or brusta factor listed in Day D
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corp	poration or nonprofit	organization, all partners	of a partnership, and all members,
Include Form AB-100 for each person listed be		d LLCs must appoin		
Last Name	First Name		Title	Phone -
0 Bren	Hamah'		Co owner	
O'Brien	Logan	•	Co owner	
	<i>3</i>			
Dark Dark and all and	<u> </u>	=-	-	
Part D: Attestation	a		:	
One of the following must sign and attest  • sole propnetor  • one genera	to this application: I partner of a partni	ombin - on	e corporate officer	• one member of an LLC
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that arunderstand that I may be prosecuted for submitingly provides materially false information on the	er penalty of law, I hausiness and not on bookerse(s), if granted, wito, purchasing alcohispection will be deen by license issued contitting false statements	ave answered each ehalf of any other in ill not be assigned to be been a refusal to allo a refusal to allo at the sand affidavits in cope required to forfeit	of the above questions of dividual or entity seeking of another individual or entate authorized wholesal winspection. Such refus Chapter 125 shall be voice innection with this application with this application.	ompletely and truthfully. I agree that the license. Further, I agree that the lity. I agree to operate this business ers. I understand that lack of access al is a misdemeanor and grounds for I under penalty of state law. I further ation, and that any person who know-convicted.
Last Name 0'Brien		First Name Hannah	- *	M.I.
Title	Email	Manuel		Phone
Owner	1 -	vegouds ca @	G cong'il arm	Hence
Signature PanchOB	÷ ,	<u>,</u>	Date 4/11/2	1025
Part E: For Clerk Use Only	$\overline{}$		, , , , ,	
	se Number		Date License Gran	ted Date License Issued
Signature of Clerk/Deputy Clerk		··	Date Prov	isional License Issued (if applicable)
AB-200 (N. 03-24)	•	-2-		·

## Alcohol Beverage Appointment of Agent

Date 041	 '///	2025
- 77	•••	

-			· · ·		<del></del>
Agent Type (check one)		<u> </u>		<u> </u>	
Original (no fee)	☐ Successor (\$10 fee for mur	nicipal licens	sees only)		
,	~ .		× .		
Part A: Business Informa	ition	-			ê ·
1. Legal Business Name (individua	al name if sole proprietor)	•	t		1.2
Lovegouds L	LC			<u> </u>	
2. Business Trade Name or DBA				,	
Lovegords Coffee	+ Cochtails		·		
3. Entity Type (check one)	Limited Liability Company		Corporation	☐ Nonprofit Orga	anization
4. Alcohol Beverage Business Aut		. If successo	r agent, provide State	Permit of Municipal Reta	ail License Number
Municipal Retail Licer	,			<u> </u>	
6. Describe the reason for appoint	ting a successor agent, if successor is	s checked ab	ove.		•
		,			
a T					
,					
. •					
	i .	•			
Part B: Agent Information	<b>n</b>		e :	2	
1. Last Name	2	. First Name		" <del>-</del>	3. M.I.
013nen		Hanna	h		m
4. Email lovegouds cc 6	gmail.com		`	5 Phone	
6. Home Address					
7. City		8. State	9. Zip Code	10. Age	_
Evansville		MI	53536		9
11. Drivers License/State ID Numl	ber		12. Drivers Licens	se/State ID State of Issu	ance
					<u>-</u> .
Part C: Agent Questions				<del> </del>	· · _ ·
<u> </u>	consible beverage server training	requireme	nt?		Yes 🛮 No
Have you completed Form Submit a completed Form I	AB-100, <i>Alcohol Beverage Indiv</i> AB-100 with this form.	idual Quesi	ionnaire?		Yes No
Have you been a Wisconsi See instructions for except	n resident for at least 90 continu ions.	ous days?.			Yes 🗓 No

Doub Double Add Add		<del></del>		
Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certife on behalf of the entity. If I am appointing a sull understand that I may be prosecuted for sull any person who knowingly provides materially if convicted.	I liability com y that I am a ccessor ager bmitting false	pany with full authority and outhorized by the above-name of, I rescind all previous agents statements and affidavits in	control of the p ed entity to auth t appointments connection with	remises and of all alcohol norize this individual to act for this premises. Further, h this application, and that
Last Name 0 13 men	•	First Name - Hannah		m.i.
Title	Email Joves	goods col gmast-com	-	Phone
Signature Han M B			Date	u jrors
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	pany and ass ess. I further on, and that a	ume full responsibility for the understand that I may be pr any person who knowingly pr	conduct of all osecuted for s	alcohol beverage activities ubmitting false statements
Last Name		First Name		M.I.
0'Bren		Hannah		_ M
Signature Handh SB		-	Date L//	11/2025



# City of Evansville

## www.ci.evansville.wi.gov

Date:Friday, April 11, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 5 Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

	Name		The second secon	Police Department Review		
Establishment	Last	First	DOB	Date	Approve/Den y Notes w/ Initials	
Lovegood's Coffee & Cocktails	O'Brien	Hannah M.		04-23-25	A-65	
: - <del></del>	O'Brien	Logan J.		1	9	
<u> </u>	, <del>.</del>		·			

# Form AR-100

#### Alcohol Beverage Individual Questionnaire

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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) Lovegoods LLC 2. Business Trade Name or DBA Coffee & Cockton's Lovegoods 3. Entity Type (check one) ☐ Sole Proprietor Partnership Limited Liability Company ☐ Corporation ■ Nonprofit Organization Part B: Individual Information 1. Last Name 2. First Name 3. M.I. 6 Boce Logan J 4. Relationship to Business (Title) 5. Email Owner levegeds co@grant.com 7. Home Address 8. City 9. State 10. Zip Code 11. Date of Birth Evansville 401 57536 12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance Part C: Address History 1. Do you currently reside in Wisconsin? ☐ No If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years Months 30 8 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Previous Address 1 State Zip Code. Evansuille 411 53536 Previous Address 2 City State Zip Code Evansville 41 53536 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 W Rock Wi LaCrosse State County State County State County State County Panz Ws

Part D: Criminal History  1. Have you ever been convicted of any offenses			
· · · · · · · · · · · · · · · · · · ·	excluding traffic offense	s unless related to alcohol beverages	s)
for violation of any federal, Wisconsin, or anoth-	er state s laws to or any	County of Internogen or amendo	Yes No
If yes to question 1, please list details of each o	conviction below. Attach	additional sheets as needed.	To-mistion Date
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u>· · · · · · · · · · · · · · · · · · · </u>	Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
		±	
			· 
Part E: Attestation		Step 1 3 a 3 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1	
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: Untruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. It under penalty of state law. I further understand with this application, and that any person who to forfeit not more than \$1,000 if convicted.	ider penalty of law, I have participating in this building in this building in this building in the same lice	ive answered each of the above qui siness due to any involvement in an use issued contrary to Wis. Stat. Ch	apter 125 shall be void
READ CAREFULLY BEFORE SIGNING: Un truthfully. I certify that I am not prohibited from haverage industry as a restricted investor. I've	ider penalty of law, I have participating in this building in this building in this building in the same lice	ive answered each of the above quesiness due to any involvement in an use issued contrary to Wis. Stat. Charles for submitting false statements and terially false information on this application.	apter 125 shall be void

AB-101 (N. 03-24)

# Alcohol Beverage Appointment of Agent

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Wisconsin Department of Revenue

State Permit   Describe the reason for appointing a successor agent, if successor is checked above.	Successor (\$10 fee for municipal licensees only)	Agent Type (check one)		٠,	٠.	•
Part A: Business Information  Levregor A: LLC  2. Business Trade Name or DBA  Levregor A: LLC  2. Business Trade Name or DBA  Levregor A: LLC  2. Business Trade Name or DBA  Levregor A: LLC  2. Business Trade Name or DBA  Levregor A: LLC  3. Entity Type (check one)    Corporation	Part A: Business Information  Legis Business Name (Individual pame if sole proprietor)  Lovegock CLC  Business Trade Name or DBA  Lovegock CLBC  Lovegock CLBC  Limited Liability Company  Corporation  Alcohol Beverage Business Authorization (check one)  Municipal Retail License  State Permit  Describe the reason for appointing a successor agent, if successor is checked above.  First Name  CB price  Last Name  CB price  Last Name  Last Na			A STATE OF		
Lucy Gods LLC  Business Trade Name (Individual plame if sole proprietor)  Lucy Gods LLC  Business Trade Name at DBA  Levry CAS CORe + Couthark  Entity Type (check one)  Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit    Describe the reason for appointing a successor agent, if successor is checked above.  Sart. B: Agent Information  Last Name  Barten  Levry Gods CC Grant Loan  Last Name  Barten  Levry Gods CC Grant Loan  Last Name  Barten  Love Godds CC Grant Loan  Home Address  City  London Barten  Love Godds CC Grant Loan  Love Godds CC G	Levegochs LLC Louises Trade Name (Individual plane if sole proprietor)  Louises Trade Name of DBA: Levegochs CCRue + Cochtaik Entity. Type (check one) Entity. Type (check	Original (no fee) Successor (\$10 fee for	r municipal licens	ees only)		
Loregouts   Lore	Levegochs LLC Louises Trade Name (Individual plane if sole proprietor)  Louises Trade Name of DBA: Levegochs CCRue + Cochtaik Entity. Type (check one) Entity. Type (check					
Loregouts   Lore	Levegochs LLC Louises Trade Name (Individual plane if sole proprietor)  Louises Trade Name of DBA: Levegochs CCRue + Cochtaik Entity. Type (check one) Entity. Type (check	Charles and the control of the contr	· · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·	
LovegocAs LLC  Business Trade Name or DBA LevegocAs Coffee + Cock+onix  Comporation   Corporation   Nonprofit Organization    Alcohol Beverage Business Authorization (check one)   State Permit    Municipal Retail License   State Permit    Municipal Retail License   State Permit    Describe the reason for appointing a successor agent, if successor is checked above.  Last Name   2. First Name   1. Alcohol Beverage Business Authorization (check one)   Municipal Retail License Number    Last Name   2. First Name   1. Alcohol Beverage License Number   10. Age   10. Age    Zone   2. First Name   2. First Name   2. First Name   1. Alcohol Beverage Individual Quastionnaire?   Yes   Note Number   Number	Lo veg cods CLCC  Business Trade Name of DBA  Leve pocds CLPse + CocHest K  Entity. Type (check one)  Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit   State Permit or Municipal Retail License Number    Describe the reason for appointing a successor agent, if successor is checked above.  Last Name  C Brich  Email   Lov egocds cc Q granificar    Home Address   State Permit or Municipal Retail License Number    S. First Name   S. First Name   Hannach   S. Phone    S. Phone   S. Phone    S. Phone   S. Phone    Lov egocds cc Q granificar    Home Address    City   B. State   S. Zip Code   Lu1   S. S. S. S. S. S. S. S. S. S. S. S. S.		red .			
2. Business Trade Name or DBA:  Let vegets a Ciffac + Cout	Business Trace Name of DBA  Levergocks Ciffex + Couthain  Acorbic Beverage Business Authorization (check one)  Municipal Retail License   State Permit   Describe the reason for appointing a successor agent, if successor is checked above.    State Permit			· · ·	•	\$ . A
Levergocks CMax + Cockhoik  3. Entity Type (check one)    Corporation   Nonprofit Organization	Lovegods CMae + Cothails  Entity Type (check one)  Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit  Describe the reason for appointing a successor agent, if successor is checked above.  2. First Name  Bare  Bare  Lovegods CCO grailcan  Lovegods CCO grai					, 
A Continuity Type (check one)    Comporation   Nonprofit Organization	Entity Type (check one)    Entity Type (check one)				• _	•
Acchail Beverage Business Authorization (check one)   S. If successor agent, provide State Permit or Municipal Retail License Number   S. If successor agent, provide State Permit or Municipal Retail License Number   S. If successor agent, provide State Permit or Municipal Retail License Number   S. If successor is checked above.	Acothol Beverage Business Authorization (check one)  Municipal Retail License   State Permit  Municipal Retail License   State Permit  Describe the reason for appointing a successor agent, if successor is checked above.  2. First Name  C British  C British  Last Name  C British  Lov regords cc 6 granil.com  Home Address  City  Low regions to the provide State Permit or Municipal Retail License Number  10. Age  2. First Name  Hahmoch  S. Phone  10. Age  2. First Name  Last Name  C British  Annoch  Email  Lov regords cc 6 granil.com  Home Address  10. Age  2. First Name  Last Na					
State Permit   Describe the reason for appointing a successor agent, if successor is checked above.	Art. B: Agent Information  Last Name  (Bine)  Last	Limited Liability Compa	any 🔲	Corporation,	Nonprofit O	rganization
Part. B: Agent Information  Last Name  (Binam)  Last Name  Last Name  Last C: Agent Questions  Last Name   Describe the reason for appointing a successor agent, if successor is checked above.   Describe the reason for appointing a successor agent, if successor is checked above.   Describe the reason for appointing a successor agent, if successor is checked above.   Describe the reason for appointing a successor agent, if successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing a successor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Describe the reason for appointing as unccessor is checked above.   Desc	Alcohol Beverage Business Authorization (check one)	5. If successor	agent, provide Sta	te Permit or Municipal R	etail License Number	
Part. B: Agent Information  Last Name  (Brien	Agent Information   2. First Name   3. M.I.   W.				•	-
Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  Last Name  (Bright Hannah  Last Name  Last	Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone	Describe the reason for appointing a successor agent, if success	sor is checked abo	ve	* .	·.
Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  Last Name  (Bright Hannah  Last Name  Last	Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone	•				
Last Name  (Bright Hannah  2. First Name Hannah  5. Phone    Jovegoods cc @ gmall.com   Jovegoods cc @	Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone			-		
Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  (Bright Hannah  Last Name  Last Name  (Bright Hannah  Last Name  Last	Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone	, **				•
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Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone	Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone		•			
Last Name  (Bright Hannah  1 ovegoods cc @ gmall.com  Home Address  City  Vonesville  1. Drivers License/State ID Number  Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Have you been a Wisconsin resident for at least 90 continuous days?  Yes Notes In Notes In Note In In Note In In In In In In In In In In In In In	Last Name  (Bright Hannah  Email    Overgoods cc @ gmall.com   Hannah    Overgoods cc @ gmall.com   S. Phone		5			
S. Phone   S. Phone	Home Address   S. Phone   S. Phone   Home Address   Home Address   S. State   S. Zip Code   S. Zip Cod	Last Name	2. First Name	er.		3. M.I.
Home Address   Home Address   State	Home Address  City  Evansarille  10. Age  29  10. Drivers License/State ID Number  12. Drivers License/State ID State of Issuance  Lu1  Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?  Yes No	0 Brien	Harinah	מ	-	m
B. State   9. Zip Code   10. Age   29	City   Every   10. Age   29   10. Age   29   12. Drivers License/State ID Number   12. Drivers License/State ID State of Issuance   13. Age   29   14. Drivers License/State ID State of Issuance   14. Drivers License/State ID State of Issuance   15. Drivers License/State ID State of Issuance   16. Drivers License/State ID State	. Email			5. Phon	3
B. State   9. Zip Code   10. Age   29	City   Every   10. Age   29   10. Age   29   12. Drivers License/State ID Number   12. Drivers License/State ID State of Issuance   13. Age   29   14. Drivers License/State ID State of Issuance   14. Drivers License/State ID State of Issuance   15. Drivers License/State ID State of Issuance   16. Drivers License/State ID State	lovegouds cc 6 grantl.can				
29 1. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance 29 12. Drivers License/State ID State of Issuance 29 14. Drivers License/State ID State of Issuance 29 15. Drivers License/State ID State of Issuance 29 16. Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.	Sart C: Agent Questions   License/State ID Number   12. Drivers License/State ID State of Issuance   License/State ID St	. Hame Address				
29 1. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance 29 12. Drivers License/State ID State of Issuance 29 14. Drivers License/State ID State of Issuance 29 15. Drivers License/State ID State of Issuance 29 16. Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.	Sart C: Agent Questions   License/State ID Number   12. Drivers License/State ID State of Issuance   License/State ID St	City	9 Chia C	Zin Codo		
12. Drivers License/State ID State of Issuance  Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?	I. Drivers License/State ID Number  12. Drivers License/State ID State of Issuance  2. In the state ID State of Issuance  2. In the state ID State of Issuance  2. In the state ID State of Issuance  3. In the state ID State of Issuance  4. In the state ID State of Issuance  5. In the state ID State of Issuance  6. In the state ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID State ID Stat	· · ·	l I		10. Age	79
Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?	Art C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.		<b></b>			-
Part C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?	Art C: Agent Questions  Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?			l .		
. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?  ✓ Yes □ No.	Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?			_		
. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?  ✓ Yes □ No.	Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?					·
Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?	Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?  Submit a completed Form AB-100 with this form.  Have you been a Wisconsin resident for at least 90 continuous days?				1	<del></del>
Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	art C: Agent Quëstions				
. Have you been a Wisconsin resident for at least 90 continuous days?	Have you been a Wisconsin resident for at least 90 continuous days?	. Have you satisfied the responsible beverage server train	ning requirement			. ∐ Yes Æ N
	A Section of Acceptables.	Have you satisfied the responsible beverage server train Submit proof of completion.  Have you completed Form AB-100, Alcohol Beverage In	<del></del>			

Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	d liability com fy that I am a uccessor age obmitting false	pany with full authority and co authorized by the above-named at, I rescind all previous agent a a statements and affidavits in co	ntrol of the pro- entity to author appointments for annection with	emises and of all alcohol orize this individual to act for this premises. Further, this application, and that
Last Name 013 men	•	First Name - Hannah		m.L
Title	Email	1 . 4		Phono
Owner	love	goods eco gmathcom		
Signature Han W B			Date 4 FM	fron
			•	
Part E: Agent Attestation			-	
READ CAREFULLY BEFORE SIGNING: 1, the nonprofit organization, or limited liability come on the premises for the above-named busine and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further ion, and that	sume full responsibility for the c understand that I may be pro- any person who knowingly pro-	onduct of all a secuted for su	lcohol bevérage activities,   bmitting false statéments
Last Name		First Name		M.I.
O'Breen		Hannah		M
Signature Alanah. OB	,		Date 4//	11/2025
•		,*		

# Alcohol Beverage License Application

	. /_
For Municipal Use Only	
Municipality Evansuille	
License Period 25 - 26	

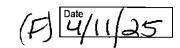
License(s) Requested: (up to two boxes may be checked)					Fees				
Class "A" Beer	<u> </u>	Class "B" Beer \$ 1		icense Fe	es	\$ 600 -			
Glass A" Liquor	. \$ <b>\</b> \	*Class B" Liquor \$ <u>5</u>	<u>00</u>	Background	d Check Fee	\$ 14-			
Class A" Liquor (cider only	) \$	Reserve "Class B" Liquor \$	P	ublication	Fee	\$ 100 -			
Class C" Liquor (wine only)	) \$		Т	otal Fees		\$ 714			
Part A: Premises/Business Information									
Legal Business Name (individual name if sole proprietorship)									
	とろ けて(	1							
2. Business Trade Name or DBA									
3. FEIN O O L COO O		4. Wisconsin	Seller's Perm	nit Number	<del>.</del>				
39-1893	-894	45b-C	200003	367a	9-03				
5. Entity Type (check one)  Sole Proprietor	] Partnership	Limited Liability Company	Corp	oration	□ Nonpro	fit Organization			
6. State of Organization	<u> </u>	7. Date of Organization			DFI Registration				
MISCONSIN	i	50 yrs. +							
9. Premises Address  Address	150N S	T. EVA							
10. City			1	1. State	12. Zip Code				
EVANSVILI 13. County	<u>-E</u>	14. Governing Municipality: City		₩ I	535 15. Aldermani				
ROCK	1	of:		village		, District			
16. Premises Phone (1008-882-4170		17. Premises Email		18. Web	site				
are kept. Describe all rooms	within the building, in ed in this application	ouildings where alcohol beverages an including living quarters. Authorized a i. Attach a map or diagram and additi INT STORAGE CASE	Icohol bevera	ge activities	s and storage of	of records may occur			
20. Mailing Address (if different fr	om premises addres	(29)							
20. Maling Address (it different in	om premises addres	99							
21. City			2	2. State	23. Zip Code				
Part B: Questions			<del> </del>	v	÷ .	,			
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									
If yes, list the details of vio	lation below. Attac	h additional sheets if necessary.							
Law/Ordinance Violated		Location		Tri	al Date	, .			
Penalty Imposed			Was sente	nce compl	eted?	Yes No			
Law/Ordinance Violated	***	Location	<u> </u>	Tri	al Date				
Penalty Imposed				٠.	* .				
			Was sente	nce compl	eted?	Yes No			

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.								
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
	•							
, ,								
Is the applicant business or any of its individuals or entities a restricted inveit fyes, provide the name of the restriction.	stor with any interest in a	an alcohol be	verage prod	ducer or distribute	elated or? Yes	No		
4 le the resident business supply by	athar business antitus			•	Yes	N 46		
<ol> <li>Is the applicant business owned by an If yes, provide the name(s) and FEIN(s)</li> </ol>						NO		
4a. Name of Business Entity	<u>,                                      </u>	4b. Business			<del>-</del>			
-			-					
5. Have the partners, agent, or sole prop this license period? Submit proof of co						□ No		
6. Is the applicant business indebted to a	•				<del></del>	X No		
7. Does the applicant business owe past						X No		
		axcs, assessi	nents, or ot		🗀 169	<u> </u>		
Part C: Individual Information								
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, directo managers, and agent of a limited liability comp	rs, and agent of a corporatio	n or nonprofit o	rganization,	pplicant business or all partners of a part	r businesses listed nership, and all m	I in Part B, embers, -		
Include Form AB-100 for each person listed be	elow. Corporations and LLCs	s must appoint	an agent by i	including Form AB-1	01.			
Last Name	First Name		Title		Phone			
BIDDICK	SHERI	^	PRES	IDENT (		2		
BIDDICK	BRYCE	1	VICET	RESIDENT(	ł.	,		
					·			
				<del></del>				
	<u> </u>							
Part D: Attestation				·				
One of the following must sign and attest	* *			. ,				
• sole proprietor • one gener	al partner of a partnership	• one	corporate o	officer • one	member of an L	LC		
READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant to	der penalty of law, I have an	swered each o	of the above of	questions completel	y and truthfully. I	agree that		
rights and responsibilities conferred by the lice	ense(s), if granted, will not l	be assigned to	another indi	vidual or entity. I ag	ree to operate thi	s business		
according to the law, including but not limited to any portion of a licensed premises during it								
revocation of this license. I understand that a								
understand that I may be prosecuted for sub- ingly provides materially false information on						who know-		
Last Name		Name	not more than	T \$1,000 II CONVICTED	u. M.I.			
BIDDICK	1 1131	SHER	21		\\\	1		
Title	Email				Phone			
TRESIDENT			l Data		<del> </del>			
Signature			Date	$\lambda / (1 / 2) r$	125			
Dort E. Ear Clark Use Only	-		117	1/11/06	<u>/                                    </u>			
Part E: For Clerk Use Only  Date Application Was Filed With Clerk   Licer	se Number		Data Lie	cense Granted	Date License Iss	, sued		
4-11-2025	ise Number		Date El	Sense Grantett	Date License is:	Jucu		
Signature of Clerk/Deputy Clerk	·			Date Provisional L	ı icense Issued (if a	pplicable)		
						•		

Form

**AB-101** 

# Alcohol Beverage Appointment of Agent



Agent Type (check one)	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	*
Original (no fee)	Successor (\$10 fee for m	nunicipal licensees only	y)	
	· · · · · · · · · · · · · · · · · · ·			
Part A: Business Informa	4:			· · · · · ·
1: Legal Business Name (individual PETES ENN	I name if sole proprietor)	•		
2. Business Trade Name or DBA				
PETES INN	, INC.			
3. Entity Type (check one)	Limited Liability Company	y Corpora	ation	onprofit Organization
4. Alcohol Beverage Business Auth	•	5. If successor agent, pr	rovide State Permit or I	Municipal Retail License Number
Municipal Retail Licens				
6. Describe the reason for appointi	ng a successor agent, if successor	r is checked above.	·- <u>-</u>	
		•		i
~				
<u> </u>		<del></del> .	<del>.</del>	
Part B: Agent Information	· · · · · · · · · · · · · · · · · · ·			<u> </u>
1. Last Name	1	2. First Name	<u>-</u>	3. M.I.
RINNICK		SHERI		17.
4. Email		01101		5. Phone
T. LINGII				L.S. FROME
C. Harra Address	<del></del>			<del></del>
6. Home Address				
7. City EVANSUILLE	<u> </u>	8. State 9. Zip Co. 53	<b>~</b> ¬ /	10. Age
	<del></del>			
11. Drivers License/State ID Numb	er	12. 0	Privers License/State ID	State of issuance
			· ·	
Part C: Agent Questions	<u> </u>			
Have you satisfied the resp.     Submit proof of completion.		ng requirement?		Yes No
Have you completed Form A     Submit a completed Form A	AB-100, <i>Alcohol Beverage Ind</i> B-100 with this form.	lividual Questionnaire?	?	Yes No
Have you been a Wisconsir See instructions for exception		nuous days?		Yes No

-1-

 $Continued \rightarrow$ 

Part D: Business Attestation					•
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a such understand that I may be prosecuted for subany person who knowingly provides materially if convicted.	liability comp y that I am au ccessor agen omitting false	pany with full authority and athorized by the above-name t, I rescind all previous ager statements and affidavits in	control of the property of the property of the control of the control of the connection with the connection with	remises and coorize this indi- for this premise this applicati	of all alcohol vidual to act ses. Further, on, and that
BIDDICK		First Name SHERI			M.J.
PRESIDENT	Email			Phone	-
Signature Better			Date	·	* -
			-	-	
Part E: Agent Attestation		•			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	eany and assuess. I further on, and that a	ume full responsibility for the understand that I may be p iny person who knowingly p	conduct of all a conduct of all a	alcohol bevera ubmitting false	ige activities statements
BIDDICK		First Name SHER [			M.L.
Signature			Date U	11/20	25
~			•	J	



# City of Evansville

#### www.ci.evansville.wi.gov

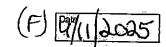
Date:Friday, April 11, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone: 608-882-2266 Fax: 608-882-2282 RE:Background Checks: Renewals 31 S Madison St. PO Box 529. Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

The second of th	Na	ime:	7 8	_ Po	lice Department	Review*
Establishment	Last	First	DOB	Date	Approve/Den y w/ Initials	Notes
Pete's Inn, Inc.	Biddick	Sheri L.		04-2425	A-5	
	Biddick	Bryce		04-24-25	AX	

#### Form

**AB-100** 

#### **Alcohol Beverage Individual Questionnaire**



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

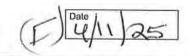
- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- sole proprietorall partners of a partnership

Your alcohol beverage application or renewal is not compl	lete uni	til all requ	ired Individual Questio	nnaires are	submitted.
Part A: Business Information		<u> </u>		<del>-,, -,, </del>	
1. Legal Business Name (individual name if sole proprietor)		promine cyclesiskii — <del>nosembe</del> gica — c	يوان جو د جويدندستون ويدينستون	talogital servertigeral accessighes	and the second s
PETES INN, FIVE	_				
2. Business Trade Name or DBA	-			<del></del>	
PEIES INNITUE.	_				
3. Entity Type (check one)					
Sole Proprietor Partnership Limited	d Liabil	ity Compa	iny Corporatio	n 🗀	Nonprofit Organization
Part B: Individual Information	·		- <del></del>	***	
1. Last Name	la =	irst Name			V 10.00
Biddick	_ I	ryce.	,		3. M.L.
4. Relationship to Business (Title) 5. Email		70~		<del> </del>	
Vice President					6 Phone
7. Home Address	· · · · · ·	<del> </del>			
			<del></del>	·	- \ <del>-</del>
8. Giv Evansvilk		9. State	10. Zip Code		11 Date of Birth
- TSD		WI	53536		
12. Drivers License/State ID Number			13. Drivers License/S	ete ID State	of Issuance
			W 1		
Paris De Jones Co.					
Part C: Address History	=				
Do you currently reside in Wisconsin?			• • • • • • • • • • • • • • • • • • • •		Yes No
If yes to 1 above, how long how you continuously the J.	- 188				Years Months
If yes to 1 above, how long have you continuously lived i	n wisc	onsın prio	r to the date of applicat	ion?	26 2
2. List in chronological order all of your addresses within the	e last 5	vears. At	lach additional sheets i	finecessar	
Previous Address 1	City	,		State	Zip Code
			•	1	
Previous Address 2	City	City State			Zip Code
Previous Address 3	City		Mat.	State	Zip Code
<u>.</u>	-			i .	`
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	additiona	sheets if necessary.	<del>_</del>	
State County State County		State	County	State	County
AN LANE			_		
State County State County		State	County	State	County
NI KOCK,					

Continued →

Part D: Criminal History	E PRESENT		. १ १५ ए एउटा हुन्छ। - केन्द्री स्टब्स्ट्री अस्ट्रीस्ट्री
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or a	nses (excluding traffic offenses another state's laws or of any	s unless related to alcohol beverages county or municipal ordinances?	) 🗌 Yes 🔀 No
If yes to question 1, please list details of ea	· · ·	dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
; ;			·
Parl E: Attestation		The second of th	
READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited beverage industry as a restricted investor under penalty of state-law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicter	: Under penalty of law, I have from participating in this busi r. I understand that any licens tand that I may be prosecuted who knowingly provides mate	ness due to any involvement in and se issued contrary to Wis. Stat. Cha for submitting false statements and a	pter 125 shall be void
Signature Bryce Bildell		Date 4-11-2	ζ

#### **Alcohol Beverage Individual Questionnaire**



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

· sole proprietor

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

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

Part A: Business Informati								
1. Legal Business Name (individual	name if s	ole proprietor)						
PETES INN	II	NC.						
2. Business Trade Name or DBA								
3. Entity Type (check one)					/			
☐ Sole Proprietor ☐ P	artnersh	ip 🗌 Limi	ited Liabil	ity Compa	any Corpora	ation 🔲 I	Nonprofit O	rganization
						_		0
Part B: Individual Informat	ion							
1. Last Name			2. F	irst Name				3. M.I.
BIDDICK				SHE	N2/		1	
4. Relationship to Business (Title)		5. Email				16	B. Phone	
PRESIDENT								
7. Home Address								
	ŕ							
8. City		-		9. State	10. Zip Code	11	1. Date of Bi	rth
EVANCUILL	F			WI	5353		I Bato of Bi	
12. Drivers License/State ID Number					/13. Drivers Licens	1.0	of Issuance	
					B337	(DI	OI ISSUATIO	
					1	٠.1		
Part C: Address History								
Do you currently reside in Wis	consin?							es No
thus to deliberate baseless by							Years	Months
If yes to 1 above, how long ha	ive you c	continuousiy iive	ea in Wisc	consin prid	or to the date of appl	lication?	56	Q.
2 List in chronological order all	of vour o	ddroogog within	the lest	F A	Harle - Halling 1 - 1		107	
List in chronological order all orders 1  Previous Address 1	or your a	daresses within			πach additional shee			
Previous Address 1	_		City		0 11 1 2	State	Zip Code	- /
					SUILLE	101	5 65	36
Previous Address 2			City			State	Zip Code	
V			- 0-					
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	u have li	ved in as an adı	ult. Attach	additiona	al sheets if necessar	v.	1	
State County	State	County		State			I On with a	
WIDANE	State	Journey		State	County	State	County	
State County	State	County		State	County	Diete	Count	
WI ROCK	State	Journey		State	County	State	County	
VO.   (-)								

Continued →

Part D: Criminal History				
Have you ever been convicted of any for violation of any federal, Wisconsir	n, or another state's laws or of any	county or municipal ordinances?	es) Yes No	
If yes to question 1, please list details	s of each conviction below. Attach	additional sheets as needed.	Conviction Date	
Law/Ordinance Violated	Location	Location		
Penalty Imposed		Was sentence completed?	Yes No	
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed? .	Yes No	
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?.	Yes No	
Part E: Attestation				
READ CAREFULLY BEFORE SIGN truthfully. I certify that I am not prohib beverage industry as a restricted invunder penalty of state law. I further un with this application, and that any per to forfeit not more than \$1,000 if controls.	bited from participating in this bus restor. I understand that any licent derstand that I may be prosecuted rson who knowingly provides mate	iness due to any involvement in an se issued contrary to Wis. Stat. Ch for submitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection	

Date 4/11/2025

Signature

#### Alcohol Beverage License Application

For Munic	ipal Use Only
Municipality &	insuille
License Period	26

License(s) Requested: (up to two boxes ma	y be checked)		Fees			
Class "A" Beer \$	Class "B" Beer	\$	License Fe	es	\$ (000	
Class A" Liquor \$	Class B" Liquor .	Backgroun	d Check Fee	\$ 14		
Class A" Liquor (cider only) \$	Reserve "Class B	" Liquor \$	Publication	Fee	\$ 100	
Class C" Liquor (wine only) \$			Total Fees		\$ 714	
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole produced by the control of the control		A Missons in Sall	er's Permit Number			
3.88-2040513	0310837	21 - 07-				
5. Entity Type (check one)		454	0910091	31-02		
☐ Sole Proprietor ☐ Partnership	☑ Limited Liabili	ty Company [	Corporation	Nonpro	fit Organization	
6. State of Organization	7. Date of Organizat	ion	8. Wisconsin	DFI Registrati	on Number	
WI	11-27					
9. Premises Address   E Mum S+						
10. City Evansville			11. State	12. Zip Code 5353	36	
13. County York	14. Governing Munici	pality: City C	Town Village	15. Aldermani	c District	
16. Premises Phone	17. Premises Email		18. Web			
(008-882-1044	Still golf wi	@ UVHOOK.	on Wwn	1. Still 40	16 wi- com	
19. Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this applicate Bar Where Berenges are on 1ft floor of building.  20. Mailing Address (if different from premises add 1 E Main St	g, including living quarte ion. Attach a map or dia Servel ar Secun Storag	rs. Authorized alcoh gram and additional W Sold in	ol beverage activitie I sheets if necessary Hue Main W/ OUT-do	s and storage of	of records may occur	
Evansulu			22. State	23. Zip Code 5353	Q	
Part B: Questions						
Has the business (sole proprietorship, part violating federal or state laws or local ordin If yes, list the details of violation below. Att	nances? Exclude traff ach additional sheets	ic offenses unless	related to alcoho	l beverages.	☐ Yes 🛴 No	
Law/Ordinance Violated	Location			ial Date		
Penalty Imposed		Wa	as sentence comp	leted?	Yes No	
Law/Ordinance Violated	Location		Tr	ial Date		
Penalty Imposed		Wa	as sentence comp	leted?	Yes No	

Are charges for any offenses pen beverages.	ding against the business?	Exclude traffic offe	nses unless related to alc	ohol  Yes V
If yes, describe the nature and st	atus of pending charges usi	ng the space belov	v. Attach additional sheets	as needed.
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	investor with any interest	in an alcohol beve	rage producer or distribut	related tor? ☐ Yes Ø No
Is the applicant business owned     If yes, provide the name(s) and F	by another business entity? EIN(s) of the business entit	y owners below. At	tach additional sheets as	Yes 1 No needed.
4a. Name of Business Entity		4b. Business Er		
Still bolf LLC		88 - 2	40513	
5. Have the partners, agent, or sole	proprietor satisfied the resp	onsible beverage	server training requiremen	nt for Yes No
this license period? Submit proof  6. Is the applicant business indebte				· ·
7. Does the applicant business owe				
Part C: Individual Information			1/21/2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
List the name, title, and phone number f Question 4: sole proprietor, all officers, of	or each person or entity holding directors, and agent of a corpora	ation or nonprofit orga		
managers, and agent of a limited liability				
Include Form AB-100 for each person lis	- Comment Control Control Control	LCs must appoint an		Phone
Last Name	First Name	A		Filone
Dis	Juran		Wher	+
19MIN	Moren		Thur	
Part D: Attestation	Construction of the Constr	UNIVERSE ST		
One of the following must sign and	attest to this application:			
	general partner of a partners		A CONTRACTOR OF THE CONTRACTOR	e member of an LLC
READ CAREFULLY BEFORE SIGNIN I am acting solely on behalf of the appli rights and responsibilities conferred by according to the law, including but not to any portion of a licensed premises of revocation of this license. I understand understand that I may be prosecuted fo ingly provides materially false informati	icant business and not on beha the license(s), if granted, will r limited to, purchasing alcohol t uring inspection will be deemed that any license issued contra r submitting false statements a	alf of any other individual to an object to an object to an object to an object to allow in a refusal to allow in to Wis. Stat. Chaind affidavits in connection	dual or entity seeking the lice to the individual or entity. I as authorized wholesalers. I uspection. Such refusal is a reter 125 shall be void under action with this application, as	ense. Further, I agree that the agree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further nd that any person who know-
Last Name		irst Name		M.I.
Mps		Jurch		M
OWW	Email	nkips @gv	nal con	Phone
Signature			Date 4-8-25	
Part E: For Clerk Use Only			The District	M. A. Carlotte
Date Application Was Filed With Clerk	License Number		Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if applicable)

Sarah

Form

AB-101 (N. 03-24)

AB-101

# Alcohol Beverage Appointment of Agent

Pare 4-8-25

Wisconsin Department of Revenue

Agent Type (check one)		
Original (no fee) Successor (\$10 fee for n	nunicipal licensees only)	
· •		
l and the state of		
1. Legal Business Name (individual name if sole proprietor)	• • • • • • • • • • • • • • • • • • • •	• :
2. Business Trade Name or DBA		
3. Entity Type (check one) Limited Liability Compan	y Corporation	☐ Nonprofit Organization
Alcohol Beverage Business Authorization (check one)     Municipal Retail License	5. If successor agent, provide State	e Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	r is checked above.	\$
,		
	· · · · · · · · · · · · · · · · · · ·	* * *
		· · · · · · · · · · · · · · · · · · ·
Part B: Agent Information  1. Last Name	2. First Name	3. M.I.
Vilos	Alrah	M
4. Email		5. Phone
6 Home Address		
7. CIV EVUNSVILLE	8. State 9. Zip Code 6353 40	10. Age 33
11. Drivers License/State ID Number	12. Drivers Lice	nse/State ID State of Issuance
	WI	<del></del>
Part C: Agent Questions		
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requirement?	
Have you completed Form AB-100, Alcohol Beverage Inc.     Submit a completed Form AB-100 with this form.	dividual Questionnaire?	
Have you been a Wisconsin resident for at least 90 continuous for exceptions.	nuous days?	
		Continued →

-1-

Part D: Business Attestation		
corporation, nonprofit organization, or lim beverage activities on such premises. I co on behalf of the entity. If I am appointing a I understand that I may be prosecuted for	I, the <b>Undersigned</b> , authorize the above-nare ited liability company with full authority and sertify that I am authorized by the above-name a successor agent, I rescind all previous agent resubmitting false statements and affidavits in the results of the successor agent on this application may	control of the premises and of all alcohol ed entity to authorize this individual to act at appointments for this premises. Further, connection with this application, and that
Last Name	First Name	M.I.
Title OWW	Email	Phone
Signature		Date 4-8-25
Don't E. Account Attractables		mat News
Part E: Agent Attestation		
nonprofit organization, or limited liability of on the premises for the above-named but	I, the <b>Agent</b> , herby accept this appointment a company and assume full responsibility for the usiness. I further understand that I may be p ication, and that any person who knowingly p more than \$1,000 if convicted.	e conduct of all alcohol beverage activities rosecuted for submitting false statements
Last Name Lips	First Name	M.J.
Signature MUV	<b>V</b>	Date 4-8-25



# City of Evansville

#### www.ci.evansville.wi.gov

Date:Wednesday, April 9, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

en en en en en en en en en en en en en e	No.	imė			lice Department Review
Establishment	Last	First	DOB	Date	Approve/Den y Notes w/ Initials
Slice Golf	Kilps	Sarah		04-23-75	A-9
-	Tomlin	Andrew	<u>.</u>	1	9
i		<u>-</u>	L	L	

#### **Alcohol Beverage** Individual Questionnaire

	Date	8-7	.5
--	------	-----	----

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

· sale proprietor

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

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

Part	A: Business Inf			<del></del>		-				
	al Business Name (in		nronrietor)		<del></del>		<del></del>			
[]	IU BOIL	lic	proprietor)							
2. Bus	iness Trade Name or	DBA	· · · ·					<del></del>		•
Ĺ										
	ty Type (check one)	<del></del>		-					· .	
	Sole Proprietor	☐ Partnership	<b>\Z</b> \Z\Lin	nited Liabil	ity Compa	any (	Corporatio	n 🔲 I	Nonprofit Or	ganization
			<del>-</del>					<del>.</del>	<del>,</del>	<del></del>
Part	B: Individual Inf	ormation								
1. Last	Name	<del></del>	<u></u>	2. F	irst Name	<del></del>				3, M.I.
	DMIN			1	Mdv	CW :				И
4. Rela	itionship to Business	(Title)	5. Ema	ii <sup>.</sup>	18 V 202.	<u> </u>	<del></del>	-  F	Phone	
	MULLY									
7 Hom	a Address					7				
:								•		
8. City				r	9. State	10. Zir	Code		1. Date of Bir	<u> </u>
	tvansulu				WI	.1	3536			
12. Driv	vers License/State ID	Number	<del></del>	= .			vers License/St	ate ID State	of Issuance	_ =
							WI	•	1	
	- · · <u>-</u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		- -		<del>-</del>		·	
Part (	C: Address Histo					<del></del>				<u>-                                      </u>
		<del></del>		<del></del>	···-			<del></del>		
י סע זו.	you currently reside	in vvisconsin? , ,				· · · · · · ·	· · · · · · · · · · · · · · · ·		🛛 Y	es No
If ve	es to 1 above, how	ong have you con	inuquely liv	ed in Wisc	onsin oric	or to the d	ate of applicat	lion?	Years	Months
	- · · · ·	<b>g</b>		00 11,00	onom pric		ate of applicat	auni	18	Q
2. List	iπ chronological on	der all of your addr	esses within	n the last 5	years. A	ttach addi	itioпal sheets i	if necessar	- <del>1 </del>	<u> </u>
	s Address 1			City				State	Zip Code	
				1						
Previou	s Address 2			City				State	Zip Code	
			*	",				State	Zip Code	
Previou	s Address 3	<del></del>	<del></del>	City				Chalo	Zin Code	
				City				State	Zip Code	
Previou	s Address 4			City		·			<u> </u>	
. 104100	5 / IGUI 005 +			City				State	Zip Code	
Previous	s Address 5	<del></del>	<del></del>	City						
1 104100	a riddicas o			City				State	Zip Code	
					•					
3. List	all states and count	ties you have lived	in as an ad	lult. Attach	additiona	ıl sheets i	f necessary.			
State	County		ounty		State	County	-	State	County	<del></del>
WI	Low	] [	-							
State	County	State C	ounty		State	County		State	County	
									-	
					<del></del>				1 .	

Continued →

Part D: Criminal History	elle la el la compagnia		
<ol> <li>Have you ever been convicted of any offenses for violation of any federal, Wisconsin, or anoth</li> </ol>	ter state's laws or of any	county or municipal ordinances (	s) 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 Imposèd		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
ordinances?	a právia a sessencia alla si ariamenta a dila		
ordinances?	a právia a sessencia alla si ariamenta a dila	কোন এটিটেটেন জন্ম নাম জন্মটিন জন্মত কথাৰ স্থা প্ৰস্তুত সূত্ৰ	
ordinances?	a právia a sessencia alla si ariamenta a dila	কোন এটিটেটেন জন্ম নাম জন্মটিন জন্মত কথাৰ স্থা প্ৰস্তুত সূত্ৰ	
ordinances?	us of pending charges u	ising the space below. Attach additio	

Sarah

**Form AB-100** 

#### **Alcohol Beverage Individual Questionnaire**

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

· sole proprietor

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

Part A: Business Information

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

JI	iu Golf	dividual name if sole	proprietor)					
2. Busii	ness Trade Name or	DBA						
	y Type (check one)		-0		_			
	Sole Proprietor	Partnership	Limited	Liability Compa	ny Corporation		Nonprofit Organization	
Part E	3: Individual Inf	ormation						
1. Last	Name			2. First Name			3.,M.I.	
4. Relat	ionship to Business	(Title)	5. Email	Januari		- P	6. Phone	
OW	Ner							
	Address				<b>V</b>			
8. City	Vansille h	11		9. State	10. Zip Code 5353 6		11. Date of Birth	
12 Driv	ers License/State ID	Number			13. Drivers License/Sta	ite ID State	of Issuance	
	: Address Histo	•						
		e in Wisconsin?			or to the date of applicati		Years Months	
							33 11	
	n chronological or Address 1	der all of your addr	esses within the	1	tach additional sheets if			
Br	own schoo	Rd		EVUNSVI	lle	State	Zip Code 5353 U	
Previous	s Address 2			City		State	Zip Code	
Previous	s Address 3			City			Zip Code	
Previous Address 4 City			City	State Zip Code		Zip Code		
Previous Address 5 City				State	itate Zip Code			
3. List a	all states and coun	ties you have lived	in as an adult. A	L Attach additiona	I sheets if necessary.	1		
State	County	State C	Dau	State	County WULWDVHA	State	County	
State	County	State C	ounty	State	County	State	County	
						1		

i. Have you ever been convicted of any	offences (evoluting traffic offence	s unless related to alcohol beverag	ies)
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.	
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
.aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Part F: Attestation			
Part E: Attestation  READ CAREFULLY BEFORE SIGN truthfully. I certify that I am not prohib beverage industry as a restricted invunder penalty of state law. I further unwith this application, and that any per to forfeit not more than \$1,000 if conv	ofted from participating in this bus estor. I understand that any licen- derstand that I may be prosecuted son who knowingly provides mate	iness due to any involvement in ar se issued contrary to Wis. Stat. Cl for submitting false statements an	nother tier of the alcoho napter 125 shall be voi d affidavits in connectio

# Alcohol Beverage License Application

For Municipal Use On	ily
Municipality Evansui /	le
License Period 25 - 26	

License(s) Requested: (up to two boxes m	ay be checked)		Fees			
☐ Class "A" Beer \$	Class "B" Beer \$_	Lic	cense Fe	es	\$ 600	
☐ "Class A" Liquor \$	Class B" Liquor \$_	Ва	ackgroun	d Check Fee	\$ 14	
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_	Pu	ublication	Fee	\$100	
"Class C" Liquor (wine only) \$		То	tal Fees		\$ 714	
Part A: Premises/Business Informat	ion					
1. Legal Business Name (individual name if sole	proprietorship) Food É Spirits	Two	1			
Business Trade Name or DBA	SPORTS PUB É  4. Wisconsin		RY			
20-4558759	4. Wisconsin	Seller's Permit	Number 00	2153	3003	
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	<b>⊠</b> Corpo	ration	Nonpro	fit Organization	
6. State of Organization	7. Date of Organization			DFI Registration		
wt						
9. Premises Address 189 E MAIN						
10. City Evansville			State	12. Zip Code		
13. County	14. Governing Municipality: ① City of:	_ Town _	] Village	15. Aldermani	c District	
16. Premises Phone	17. Premises Email		18. Web	site		
608-882-9973	THEN I GHTOWL SPORT	SPUDANO	CATO	RY@G	MAIL.COM	
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application of the premises described in this application.	ng, including living quarters. Authorized a ation. Attach a map or diagram and addit	lcohol beverage ional sheets if n	e activities necessary.	s and storage o	f records may occur	
20. Mailing Address (if different from premises ad	dress)					
21. City		22.	State	23. Zip Code		
Part B: Questions			THE SUP			
Has the business (sole proprietorship, par violating federal or state laws or local ord If yes, list the details of violation below. At	inances? Exclude traffic offenses un	or corporation less related to	) been co alcohol	onvicted of beverages.	Yes 🗹 No	
Law/Ordinance Violated	Location		Tri	al Date		
Penalty Imposed		Was sentend	ce compl	eted?	Yes No	
Law/Ordinance Violated	Location		Tria	al Date		
Penalty Imposed		Was sentend	ce compl	eted?	Yes No	

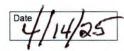
Are charges for any offenses pendi beverages.	ing against the business? Ex	clude traffic offer	nses unless related to alc	ohol 🗌 Yes 🧗 No
If yes, describe the nature and stat	us of pending charges using	the space below	Attach additional sheets	as needed.
Is the applicant business or any of individuals or entities a restricted if yes, provide the name of the restricted.	nvestor with any interest in	an alcohol bever	age producer or distribut	related or?  Yes <b>X</b> No
Is the applicant business owned by If yes, provide the name(s) and FE	y another business entity? IN(s) of the business entity of	owners below. Att	ach additional sheets as	Yes X No
4a. Name of Business Entity	ar has been	4b. Business En	tity FEIN	
<ul><li>5. Have the partners, agent, or sole per this license period? Submit proof of</li><li>6. Is the applicant business indebted</li><li>7. Does the applicant business owe period?</li></ul>	f completionto any wholesaler beyond 1	5 days for beer o	30 days for liquor/wine?	Yes No
Part C: Individual Information	2 PATRICE PER (2014) 2 PA	782 F3 2 -1	CISSURATORS	
List the name, title, and phone number for Question 4: sole proprietor, all officers, dirmanagers, and agent of a limited liability of	ectors, and agent of a corporation company. Attach additional shee	on or nonprofit orga ts if necessary.	nization, all partners of a pa	rtnership, and all members,
Include Form AB-100 for each person liste	ed below. Corporations and LLC First Name	s must appoint an	4	Phone
Last Name	First Name	1100	11.	THORE
AKDISSON	(DRELDE		MANAGER PIZESIDENT	
17/2/13/0.4	of walks in	100 100	1	(1)
Part D: Attestation			40.44.20	
One of the following must sign and at	ttest to this application:	*8	1, 00	
sole proprietor     one ge  READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the application rights and responsibilities conferred by the according to the law, including but not lire to any portion of a licensed premises durevocation of this license. I understand the understand that I may be prosecuted for singly provides materially false information.	ant business and not on behalf ne license(s), if granted, will not nited to, purchasing alcohol ber ing inspection will be deemed a hat any license issued contrary submitting false statements and	nswered each of the of any other individual be assigned to an overages from state a refusal to allow in the Wis. Stat. Chaple affidavits in connections	ne above questions completed and or entity seeking the lice other individual or entity. It authorized wholesalers. I uspection. Such refusal is a rotter 125 shall be void under ction with this application, a	ense. Further, I agree that the agree to operate this busines onderstand that lack of acces misdemeanor and grounds for penalty of state law. I furthe and that any person who know
Last Name		st Mime	- Cu	*
THE	Email	y negore		Phone
Signature Augustis	300		Date 4/10/25	
Part E: For Clerk Use Only	Linean Niget		Data Liganes Granted	Date License Issued
7-14-2025	License Number		Date License Granted	
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if applicable

Greg

Form

**AB-101** 

#### Alcohol Beverage Appointment of Agent



Original (no fee)	☐ Successor (\$10 fee for r	municipal licen	sees only)	
art A: Business Inform	nation	VALUE OF	*.	
Legal Business Name (individ	dual name if sole proprietor)	7 1 3	50 0	1110
THE DIG	SHT OWL PO	304 2	SPIRITS	100
Business Trade Name or DBA	HTOWLS	PARTS	SPIRITS PubéE	TPRV
Entity Type (check one)				
	Limited Liability Compar	ny 🗶	Corporation	Nonprofit Organization
Alcohol Beverage Business A		5. If successo	r agent, provide State Permit	or Municipal Retail License Numb
Municipal Retail Lice	ense State Permit inting a successor agent, if successor	or is checked ah	OVA	
rescribe the reason for appoint	ming a successor agent, it successor	or is cricered as	040.	
	N			
Last Name		2. First Name		3-M-I
ARDISSON			GORY	3-M-I
ARDISSON			GORY	3-M-I
Last Name ARDISSON Email			CORY	3-MI
Art B: Agent Information Last Name ARD ISSON Email Home Address			GORY	3 MI
Last Name APDISSON Email Home Address			9. Zip Code	3 M.I.
Last Name ARDISSON Email Home Address		GRE		10. Age
Home Address		8. State	9. Zip Code	66
Home Address		8. State	9. Zip Code 53534	66
Home Address		8. State	9. Zip Code 53534	66
Home Address  City EVANSUIL		8. State	9. Zip Code 53534	66
Home Address  City  Drivers License/State ID Nur	la mber	8. State	9. Zip Code 53534	66
Home Address  City  City  Drivers License/State ID Nur  art C: Agent Questions	mber  s sponsible beverage server train	8. State	9. Zip Code 53534  12. Drivers License/Stat	E ID State of Issuance
Have you satisfied the resubmit proof of completion	s sponsible beverage server train on.	8. State WF	9. Zip Code 53534  12. Drivers License/Stat  W. J.	e ID State of Issuance  ✓ Yes

Fait D. Business Attestation		
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersig</b> corporation, nonprofit organization, or limited liability conbeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting fals any person who knowingly provides materially false inform if convicted.	mpany with full authority and con authorized by the above-named e ent, I rescind all previous agent a e statements and affidavits in con	trol of the premises and of all alcoholentity to authorize this individual to act ppointments for this premises. Further, nnection with this application, and that
Last Name	First Name	M.I.
MIZD1350N	O ZEGORY	-
THE FIRESIDENT Email		
Signature AMC+		Date
J. 1000	1	
Part E: Agent Attestation	<u> </u>	
READ CAREFULLY BEFORE SIGNING: I, the Agent, he nonprofit organization, or limited liability company and as on the premises for the above-named business. I furthe and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,00	sume full responsibility for the co r understand that I may be prose any person who knowingly provi	induct of all alcohol beverage activities ecuted for submitting false statements
Last Name A HIZO1550 W	First Name	M.I.
Signature A A	<u> </u>	Date 4/14/25
	ŧ	L.



# City of Evansville

#### www.ci.evansville.wi.gov

Date:Monday, April 14, 2025 To:Police Department From:Leah Hurtley/Joiene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

	Na	ime	4 22 24	The state of the s
Establishment	: 1923.5		DOB	Approve/Den ; Date y Notes w/ Initials
The Night Owi	Ardisson	Gregory P.		04-73-25 A - CS
	Ardisson	Travis		

Iravi S

Form AB-100

#### Alcohol Beverage Individual Questionnaire

Date 4-21-25

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

Legal Business Name (individual name if sole proprietor)									
-	The Ninh	+ (w)	SPOILS	Pub as	or tele	11			
2. Busin	ess Trade Name or D	BA							
3. Entity	Type (check one)								
☐ S	ole Proprietor	Partnershi	ip Limit	ted Liability	Compa	ny Corpor	ation 🔲 I	Nonprofit Org	anization
Part E	: Individual Info	rmation							
1. Last I	A STATE OF THE PARTY OF THE PAR			2. Fir	st Name			13	. M.I.
1	lal co.			_	Trov.	(			
	trd SSCA	Title\	5. Email		1100.	2		Phone	
	onship to Business (	iue)	S. Email					DAAAA	
	Member								
7. Home	Address		^						
		, .							
8. City					9. State	10. Zip Code		<ol> <li>Date of Birt</li> </ol>	h
E	Vensville				W	53536			
12. Driv	ers License/State ID I	Number				13. Drivers Licens	e/State ID State	of Issuance	,
						1	1/		
						1			
Part C	· Addrage Histo	n.							
	: Address Histo	-							
	: Address Histo	-		A+9.8+9.10		***********		Ye	es No
1. Do y	ou currently reside	in Wisconsin?						-	
1. Do y	ou currently reside	in Wisconsin?				or to the date of app	lication?	Years	es No
1. Do y	ou currently reside	in Wisconsin?	continuously live	ed in Wisco	onsin pric	or to the date of app		Years 34	
1. Do y If ye	ou currently reside s to 1 above, how lin chronological ord	in Wisconsin?	continuously live	the last 5	onsin pric		ets if necessar	Years 34	
1. Do y If ye	ou currently reside	in Wisconsin?	continuously live	ed in Wisco	onsin pric	or to the date of app		Years 34	
1. Do y If ye	ou currently reside s to 1 above, how lin chronological ord	in Wisconsin?	continuously live	the last 5	onsin pric	or to the date of app	ets if necessar	Years 34	
1. Do y If ye  2. List	ou currently reside s to 1 above, how lin chronological ord	in Wisconsin?	continuously live	the last 5	onsin pric	or to the date of app	ets if necessar	Years 34	
1. Do y If ye  2. List	ou currently reside s to 1 above, how line in chronological ord s Address 1	in Wisconsin?	continuously live	the last 5	onsin pric	or to the date of app	ets if necessar State	Years 3-4 y. Zip Code	
Do y     If ye     List     Previous	ou currently reside s to 1 above, how lin in chronological ord s Address 1	in Wisconsin?	continuously live	the last 5 City City	onsin pric	or to the date of app	ets if necessar State State	Years 3 4  y.  Zip Code  Zip Code	
Do y     If ye     List     Previous	ou currently reside s to 1 above, how line in chronological ord s Address 1	in Wisconsin?	continuously live	the last 5	onsin pric	or to the date of app	ets if necessar State	Years 3-4 y. Zip Code	
Do y     If ye      List     Previous  Previous  Previous	s to 1 above, how in chronological ords Address 1 s Address 2 s Address 3	in Wisconsin?	continuously live	the last 5 City City	onsin pric	or to the date of app	ets if necessar State State State	Years 3-4  y.  Zip Code  Zip Code	
Do y     If ye     List     Previous     Previous     Previous	ou currently reside s to 1 above, how lin in chronological ord s Address 1	in Wisconsin?	continuously live	the last 5 City City	onsin pric	or to the date of app	ets if necessar State State	Years 3 4  y.  Zip Code  Zip Code	
Do y     If ye     List     Previous     Previous     Previous     Previous	ou currently reside s to 1 above, how le in chronological ord s Address 1 s Address 2 s Address 3 s Address 4	in Wisconsin?	continuously live	the last 5 City City City City	onsin pric	or to the date of app	State State State State State	Years 3 4  y.  Zip Code  Zip Code  Zip Code	
Do y     If ye     List     Previous     Previous     Previous     Previous	s to 1 above, how in chronological ords Address 1 s Address 2 s Address 3	in Wisconsin?	continuously live	the last 5 City City	onsin pric	or to the date of app	ets if necessar State State State	Years 3-4  y.  Zip Code  Zip Code	
Do y     If ye     List     Previous     Previous     Previous     Previous	ou currently reside s to 1 above, how le in chronological ord s Address 1 s Address 2 s Address 3 s Address 4	in Wisconsin?	continuously live	the last 5 City City City City	onsin pric	or to the date of app	State State State State State	Years 3 4  y.  Zip Code  Zip Code  Zip Code	
Do y     If ye     List i     Previous     Previous     Previous     Previous     Previous     Previous	ou currently reside s to 1 above, how le n chronological ord s Address 1 s Address 2 s Address 3 s Address 4 s Address 5	in Wisconsin?	continuously live	the last 5 City City City City City	years. A	or to the date of app	State State State State State State State	Years 3 4  y.  Zip Code  Zip Code  Zip Code	
Do y     If ye     List revious     Previous     Previous     Previous     Previous     Previous     A    List revious     S    List revious	ou currently reside s to 1 above, how le in chronological ord s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and count	in Wisconsin? ong have you of	ddresses within	the last 5 City City City City City	years. A	or to the date of app ttach additional she	ets if necessar State State State State State	Years 3 Y  Zip Code Zip Code Zip Code Zip Code	
1. Do y If ye 2. List i Previous Previous Previous Previous State*	ou currently reside s to 1 above, how le n chronological ord s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and count	in Wisconsin?	continuously live	the last 5 City City City City City	years. A	or to the date of app	State State State State State State State	Years 3 4  y.  Zip Code  Zip Code  Zip Code	
1. Do y If ye 2. List i Previous Previous Previous Previous State	ou currently reside s to 1 above, how in chronological ord s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and count	in Wisconsin? ong have you of ler all of your a	ddresses within	the last 5 City City City City City	years. A	at sheets if necessa	ets if necessar State State State State State State State State State	Years 3-4 y. Zip Code Zip Code Zip Code Zip Code County	
1. Do y If ye 2. List i Previous Previous Previous Previous State*	ou currently reside s to 1 above, how le n chronological ord s Address 1 s Address 2 s Address 3 s Address 4 s Address 5 all states and count	in Wisconsin? ong have you of ler all of your a	ddresses within	the last 5 City City City City City	years. A	or to the date of app ttach additional she	ets if necessar State State State State State	Years 3 Y  Zip Code Zip Code Zip Code Zip Code	

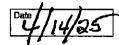
Continued →

Part D: Criminal History	<del></del>	
Have you ever been convicted of any offenses (ex- for violation of any federal, Wisconsin, or another		
If yes to question 1, please list details of each con	viction below. Attach a	dditional sheets as needed.
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? Yes No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	······	Was sentence completed? Yes No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? Yes No
If yes to question 2, describe nature and status of sheets as needed.	f pending charges usi	ng the space below. Attach additional
, , ,		
Part E: Attestation		
truthfully. I certify that I am not prohibited from par beverage industry as a restricted investor. I under under penalty of state law. I further understand that with this application, and that any person who knot to forfeit not more than \$1,000 if convicted.	ticipating in this busin stand that any license I may be prosecuted fo	answered each of the above questions completely and ess due to any involvement in another tier of the alcohole issued contrary to Wis. Stat. Chapter 125 shall be void or submitting false statements and affidavits in connection ally false information on this application may be required
Signature / Con 1/2		Date 4-17-15

Greg

Form AB-101

# Alcohol Beverage Appointment of Agent



1. Last Name APDISSON 2. First Name AREGORM 4. En 6. Home Address 7. City LUAN = V1/Let 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance LUAN = V1/Let 12. Drivers License/State ID State of Issuance LUAN = V1/Let 13. Age CC CC CC CC CC CC CC CC CC CC CC CC CC	Original (no fee) Successor (\$10 fee			-	<del> </del>
1. Legal Business Name (individual name if sole proprietor)  2. Business Trade Name or DBA  HE DIGHT OWL SPORTS Public Earcen  3. Entity Type (check one)    Limited Liability Company   Corporation   Nonprofit Organization    4. Alcohol Beverage Business Authorization (check one)   S. If successor agent, provide State Permit or Municipal Retail License Number      Municipal Retail License   State Permit     Municipal Retail License   State Permit     Municipal Retail License   State Permit     B. Bescribe the reason for appointing a successor agent, if successor is checked above.    Part B: Agent information     Last yame   Part D ISSON   S. State     Check one   S. State   S. Zip Code   UK     S. State   S. Zip Code     L. Drivers License/State ID Number     Part C: Agent Questions     S. Have you satisfied the responsible beverage server training requirement?   Yes   N     Submit proof of completion.		e for municip	pal licensees only)		
1. Lestal Business Name (individual name if sole proprietor)  2. Business Trade Name or DBA    HH				×,	
2. Business Trade Name or DBA THE DIGHT OWL 5 PORTS PUNE EATERY 3. Entity Type (check one)   Limited Liability Company   Corporation   Nonprofit Organization   4. Alcohol Beverage Business Authorization (check one)   S. If successor agent, provide State Permit or Municipal Retail License Numbe   Municipal Retail License Numbe   Municipal Retail License Numbe   6. Describe the reason for appointing a successor agent, if successor is checked above.  Part B: Agent Information 1. Last Name   PRECORM   4. Em   PRECORM   6. Home Address   7. City   S. State   S. Zip Code   U. Age   C. Code   6. Home Address   7. City   S. State   S. Zip Code   U. Drivers License/State ID Number   7. In July 201   S. State   S. Zip Code   U. Age   C. Code   8. State   S. Zip Code   U. Drivers License/State ID State of Issuance   8. State   S. Zip Code   U. Drivers License/State ID State of Issuance   8. State   S. Zip Code   U. Drivers License/State ID State of Issuance   9. Ves   N. Submit proof of completed Form AB-100, Alcohol Beverage individual Questionnaire?   9. Ves   N. Submit proof of completed Form AB-100, Alcohol Beverage individual Questionnaire?   9. Ves   N. State   S. Zip Code   U. Drivers License/State ID State   9. Ves   N. Submit proof of completed Form AB-100, Alcohol Beverage individual Questionnaire?   9. Ves   N. State   S. Zip Code   U. Drivers License/State   9. Ves   N. Submit proof of completed Form AB-100, Alcohol Beverage individual Questionnaire?   9. Ves   N. State   S. Zip Code   U. Drivers License/State   U. Age   U.		2125		The state of the s	
3. Entity Type (check one)    Limited Liability Company   Corporation   Nonprofit Organization	THE DIGHTOWL	Food	DE SPIRIT	SINC	
3. Entily Type (check one)    Limited Liability Company   Corporation   Nonprofit Organization		5 Pos	is Pubé	EATERY	
Municipal Retail License	3. Entity Type (check one)			☐ Nonprofit Organ	ization
Part B: Agent Information  1. Last ylame			uccessor agent, provide State	Permit or Municipal Retail	License Number
Part B: Agent Information  1. Last Name  APD ISSON  4. Em  6. Home Address  7. City  Lans v,   Land  10. Age  Completed Form AB-100, Alcohol Beverage Individual Questionnaire?  11. Drivers License/State Information  2. First Name  FREGORM  10. Age  Completion  12. Drivers License/State ID State of Issuance  W. T.  Yes   N.  Yes   N.  Yes   N.			ecked above.		
Part B: Agent information  1. Last Jame APDISSON  4. Err  6. Home Address  7. City Wr  10. Age Wr  53534  Code 11. Drivers License/State ID Number  12. Drivers License/State ID State of Issuance Wr  13. Drivers License/State ID State of Issuance Wr  14. Drivers License/State ID State of Issuance Wr  15. Drivers License/State ID State of Issuance Wr  16. Have you satisfied the responsible beverage server training requirement?  17. Submit proof of completion.	, , , ,				
Part B: Agent information  1. Last Jame APDISSON  4. Err 6. Home Address  7. City Wr 53534	·				
Part B: Agent Information  1. Last Name  ADDISSON  2. First Name  ADDISSON  4. Err  6. Home Address  7. City Lorivers License/State ID Number  10. Age  Wr 53534  10. Age  11. Drivers License/State ID Number  12. Drivers License/State ID State of Issuance  W T  Part C: Agent Questions  1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.	, , , , , , , , , , , , , , , , , , ,	• ,	• • • •		•
Part B: Agent information  1. Last Name ADDISSON  4. En  6. Home Address  7. City Law Sulla			1,5		,
1. Last Name  A REGORM 4. Em  6. Home Address  7. City				•	
1. Last Name  A PD ISSON  4. Em  6. Home Address  7) City Submit proof of completion.  2. First Name  9. Zip Code  Wr 535344 10. Age  4. Em  10. Age  11. Drivers License/State ID Number  12. Drivers License/State ID State of Issuance  W T  Yes N  13. Have you satisfied the responsible beverage server training requirement?  2. First Name  9. Zip Code  Wr 535344 10. Age  10. Age  11. Drivers License/State ID State of Issuance  W T  Yes N  1. Have you satisfied the responsible beverage server training requirement?  2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	<u> </u>				
4. Err  6. Home Address  7) City	1. Last Name			<u>na naga katura jar</u>	3
7 City EVANSVILLE 8. State 9. Zip Code U. Age U. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance W. T. Drivers License/State ID State of Issuance W. Drivers License/Sta	4. Err			,	
Part C: Agent Questions  1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.					
Part C: Agent Questions  1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?.	6. Home Address				
Part C: Agent Questions  1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?.	7) City (2)		4 Company — min	10. Age	
1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?.  7 Yes N	ACITY EVANSUILLE		Ur 53534	2 66	C8
1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?.  7 Yes N	ACITY EVANSUILLE		12. Drivers Licer	2 66	C8
1. Have you satisfied the responsible beverage server training requirement?  Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?.  7 Yes N	ACITY EVANSUILLE		12. Drivers Licer	2 66	CG
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	7) City EVAN SV1/18— 11. Drivers License/State ID Number	( 	12. Drivers Licer	2 66	<b>CB</b>
	7) City PUANSVILLE 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server		12. Drivers Licer	se/State ID State of Issuan	A STANKE TO THE PERSON OF THE
3. Have you been a Wisconsin resident for at least 90 continuous days?	Part C: Agent Questions  1. Have you satisfied the responsible beverage server Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Bevera	r training req	12. Drivers Licer	se/State ID State of Issuan	Yes □ No

# 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 forfelt not more than \$1,000 if convicted. Last Name First Name Phone Phone Phone Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, herby 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 ALESTICAL HIZDISSO W	First Name DE BRE	1	M.I.
Signature A A A		Date 4/14/2=	5
		7777	

# Alcohol Beverage License Application

For Munici	ipal Use Only
Municipality EVG	nsuille
License Period	26

cicense(s) Requested. (up to two boxes in	100-	Fees			
Class "A" Beer \$	Class "B" Beer	\$ 100	License F	ees	\$ 600 -
Class A" Liquor \$	Class B" Liquor	\$500-	Backgroun	nd Check Fee	\$ 7.00
Class A" Liquor (cider only) \$	Reserve "Class B" Liqu	or \$	Publicatio	n Fee	\$ 100-
"Class C" Liquor (wine only) \$			Total Fees	S	\$707-
Part A: Premises/Business Informati	ion		-		
Legal Business Name (individual name if sole pages)					
Johnnie Mae Washin	s-ton				
2. Business Trade Name or DBA	8.				
Totally Elegant Event	Dec. 11C				
3. FEIN	J.C., G.	fisconsin Seller's P	ermit Number		
92-0247359					
5. Entity Type (check one)					
Sole Proprietor Partnership	☐ Limited Liability Cor	npany $\square$ C	orporation	Nonpro	fit Organization
6. State of Organization	7. Date of Organization	, , ,		n DFI Registration	-
WISGOSIA	09-18-2022	<u>.</u>		3	
9. Premises Address	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
7 East Main St	reet Unit!				
10. City			11. State	12. Zip Code	
Evansville			Tw	535	36
13. County	14. Governing Municipality:	⊠ City ☐ Tow	n Village		
Rock	of:				
16. Premises Phone	17. Premises Email		18. We	bsite	
608-446-0424	Judshing bol	ebegahoo 10	8 m		
19. Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this applicance of the state	ng, including living quarters. Autlation. Attach a map or diagram a	norized alcohol ber	verage activitients if necessar	es and storage o y.	f records may oc
20. Mailing Address (if different from premises add					
21. City			22. State	23. Zip Code	
Part B: Questions			A THE		
Has the business (sole proprietorship, par violating federal or state laws or local ordi If yes, list the details of violation below. At	inances? Exclude traffic offe	nses unless rela	ation) been o	convicted of bl beverages.	Yes 🔀
in yes, list the details of violation below. At	macii addinollai sileets ii nec	cooaly.			
Law/Ordinance Violated			-	rial Data	
Law/Ordinance Violated	Location		Т	rial Date	
Law/Ordinance Violated  Penalty Imposed		Was se		rial Date	Yes
		Was se	ntence comp		Yes

Are charges for any offenses pend beverages.	siness? Exclude traffic	raffic offenses unless related to alcohol Yes				
If yes, describe the nature and sta	tus of pending char	rges using the space be	elow. Attach	additional sheets	as needed.	
Is the applicant business or any of individuals or entities a restricted of the second of the restricted of the res	investor with any i	nterest in an alcohol be	everage prod	ducer or distribute		Ŋ No
Is the applicant business owned b     If yes, provide the name(s) and FE					· · · · · · · Yes eeded.	<b>№</b> No
4a. Name of Business Entity	5.5 60		s Entity FEIN			
Totally Elegant Event Dec	· LLC	92	-024-	7359		
5. Have the partners, agent, or sole p		the responsible bevera	ge server tra	ining requirement		No.
this license period? Submit proof of 6. Is the applicant business indebted		heyond 15 days for he				No No
7. Does the applicant business owe						No
	past due mamorpar	property taxes, assess	mionio, or or			
Part C: Individual Information List the name, title, and phone number for	r each person or entit	y holding the following no	sitions in the a	ipplicant business of	husinesses listed	In Part B
Question 4: sole proprietor, all officers, dir managers, and agent of a limited liability	rectors, and agent of	a corporation or nonprofit	organization,	all partners of a part	nership, and all m	embers,
Include Form AB-100 for each person list		ns and LLCs must appoin		including Form AB-1	1000	
Last Name	First Name		Title		Phone	
Washington	John	nie	Sole t	roprietr	XXXXXX	XXXX
() 						
				235 m 1 m 2 m 2		1
Part D: Attestation						
One of the following must sign and a   • sole proprietor • one get	ittest to this applica eneral partner of a p		e corporate o	officer • one	member of an L	I.C.
READ CAREFULLY BEFORE SIGNING		and the second s				
I am acting solely on behalf of the applic rights and responsibilities conferred by the according to the law, including but not lire to any portion of a licensed premises durevocation of this license. I understand that I may be prosecuted for ingly provides materially false informatio	eant business and not the license(s), if grant mited to, purchasing ring inspection will be that any license issue submitting false state	on behalf of any other in ed, will not be assigned to alcohol beverages from s deemed a refusal to allo ded contrary to Wis. Stat. ( ements and affidavits in co	dividual or ento another indivi- state authorized winspection. Chapter 125 sonnection with	tity seeking the licer vidual or entity. I ag d wholesalers. I und Such refusal is a mi hall be void under pathis application, and	nse. Further, I agre tree to operate this derstand that lack isdemeanor and go benalty of state land that any person	ee that the s business of access rounds for w. I further
Last Name		First Name			M.I.	
Washington		John	ine			M
Title Sole Proprietr	E	mail J. Washingdo	6684	ahoo, com	Phone XXXXXX	XXX
Signature			Date	03-31-	2025	
Part E: For Clerk Use Only		W-27-36-3-15				
Date Application Was Filed With Clerk	License Number		Date Lie	cense Granted	Date License Iss	sued
4-7-35 Signature of Clerk/Deputy Clerk				Date Provisional L	icense lesued (if a	nnlicable)
Signature of Clerk/Deputy Clerk				Date Flovisional L	ivelise issued (il a	ррпсавіе)

#### Form

**AB-101** 

# Alcohol Beverage Appointment of Agent

Date		
03-	31-	25

Agent Type (check one)	<u> </u>		<u> </u>	· .	· · · · · · · · · · · · · · · · · · ·	1
Original (no fee)	Successor (\$10 fee for mu	inicipal licen	sees only)		_	
Part A: Business Informat	ion		<u> </u>	*		
1. Legal Business Name (individua	<b>-</b>		1 , ,		1 \	
2. Business Trade Name or DBA	trent Lec. LLC		Johnnie	M. Wa	15 hington	ı
Totally Elegan	Front Dec UC					
3. Entity Type (check one)			Corporation	☐ Nor	profit Organiza	ation
Alcohol Beverage Business Auth     Municipal Retail Licens	e State Permit		r agent, provide Sta	ate Permit or Mi	unicipal Retail Lic	ense Number
6. Describe the reason for appointing	ng a successor agent, if successor	is checked ab	ove.			
					·	
Part B: Agent Information				<u> </u>		
1. Last Name		2. First Name	•		•	3. M.I.
Washingt		Joh	nnu		C Dhana	M
4. Email J. Washington	166 eyahoo. C	۸ ۸۰			5. Phone (XXXX-XXXX	XXXXXXXXXXX
6. Home Address	160 094 1000 . 0				SAULT LA	
7. City		8. State ₩፲	9. Zip Code S 37 0 イ		10. Age	,
11. Drivers License/State ID Numb	 er	ω1.	_	ense/State ID S	State of Issuance	
			TW'			
			•	•		
			· · · · · · · · · · · · · · · · · · ·		<del> </del>	·
Part C: Agent Questions		•	- " 		<u></u>	<u></u>
Have you satisfied the responsibility of completion.	onsible beverage server trainir	ng requireme	ent?		······ 🗷	Yes No
Have you completed Form A     Submit a completed Form A	AB-100, Alcohol Beverage Indi B-100 with this form.	vidual Ques	tionnaire?		<u>Þ</u>	Yes 🗌 No
Have you been a Wisconsing     See instructions for exceptions		uous days?.			图	Yes No
			<del></del>			5

 $\textit{Continued} \rightarrow$ 

Part D: Business Attestation	- /		. 4
READ CAREFULLY BEFORE SIGNING: I, to corporation, nonprofit organization, or limite beverage activities on such premises. I certion behalf of the entity. If I am appointing a still understand that I may be prosecuted for stany person who knowingly provides materially	d liability company with full authority and ify that I am authorized by the above-nam uccessor agent, I rescind all previous age ubmitting false statements and affidavits in	control of the prei ed entity to author at appointments for a connection with t	nises and of all alcohol ize this individual to act r this premises. Further, his application, and that
if convicted.  Last Name  U) 9 Sh 12 5 4	First Name		M.I. Mae
Title Sole Prosto	Email XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	Phone XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Signature		Date 0 4 - 6-	1-25
	_		
Part E: Agent Attestation	* * * * * * * * * * * * * * * * * * * *		
READ CAREFULLY BEFORE SIGNING: I, to nonprofit organization, or limited liability cort on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not mo	npany and assume full responsibility for the ness. I further understand that I may be p tion, and that any person who knowingly p	e conduct of all ald rosecuted for sub	ohol beverage activities mitting false statements
Last Name	First Name		M.I. 1

04-07- 25



# City of Evansville

#### www.ci.evansville.wi.gov

Date:Monday, April 7, 2025
To:Police Department
From:Leah Hurtley/Jolene Klitzman
Phone:608-882-2266
Fax:608-882-2282
RE:Background Checks: Renewals

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

#*	Name		F Programme B C C C C C C C C C C C C C C C C C C	Police Department Review		
Establishment	Last	First	DÓB	Date	Approve/Den y w/ Initials:	Notes
Totally Elegant, LLC	Washington	Johnnie Mae		04-23-25	A-OC	-
	·	,		<u>-</u>	! ! !: ~~	**************************************

#### Form

**AB-100** 

#### **Alcohol Beverage Individual Questionnaire**

Date			
03-	3	)-	25

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

sole proprietor

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

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

Part A: Business Information						
1. Legal Business Name (individual name if sole pr	oprietor)	1	1	\ -	١	
Totally Elegant Event De	c. LLC	<	Johnnie M. W	ashins	+	
Business Trade Name or DBA						
Totally Elegant Event Dec	LLC					
3. Entity Type (check one)						
Sole Proprietor  Partnership	Limited Liab	ility Compa	ny 🗌 Corporatio	n 🗌 l	Nonprofit Organiza	tion
Part B: Individual Information						
1. Last Name	2.	First Name			3. M.I.	
4. Relationship to Business (Title)		John	14		M	E.
4. Relationship to Business (Title)	5. Email				6. Phone	
Sole Proprietor	XXXXX	XXXXX	XXXXXXXXXX	XX	XXXXXXXX	XX
7. Home Address	•					
8. City		9. State	10. Zip Code	1	1. Date of Birth	
wag1200		IW	53704			
12. Drivers License/State ID Number		•	13. Drivers License/St	tate ID State	of Issuance	
			madison	IW,		
V-						
Part C: Address History						
Do you currently reside in Wisconsin?					Yes T	□No
1. Do you delicitly reside in Wisconsin:					res _	_ 140
If yes to 1 above, how long have you contin	nuously lived in Wi	sconsin prid	or to the date of applica	tion?	Years Mont	ths
					33	
2. List in chronological order all of your address	sses within the las	t 5 years. A	ttach additional sheets	if necessar	y.	
Previous Address 1	C	•		State	Zip Code	
		wegis.	in wI	WI	53704	
Previous Address 2	Ci			State	Zip Code	
Previous Address 3	Ci	ty		State	Zip Code	
Previous Address 4	Ci	ty		State	Zip Code	
Previous Address 5	Ci	ty		State	Zip Code	
2 1:		1 1				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.						
	ounty	State	County	State	County	
Il Cook						
	ounty	State	County	State	County	
WI Dane				4		
			0			

Continued  $\rightarrow$ 

1. Have you ever been convicted of any			
for violation of any federal, Wisconsin	or another state's laws or of an		ages) Yes No
If yes to question 1, please list details		additional sheets as needed.	Conviction Date
Law/Ordinance Violated	Location	Location	
Penalty Imposed	1	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	?
		using the space below. Attach addi	
Part E: Attestation	MOs Hadan non-this of law ha-		
Part E: Attestation  READ CAREFULLY BEFORE SIGNI truthfully. I certify that I am not prohibi beverage industry as a restricted inveunder penalty of state law. I further und with this application, and that any pers to forfeit not more than \$1,000 if convi	ted from participating in this bu- istor. I understand that any licer lerstand that I may be prosecute son who knowingly provides mat	ve answered each of the above of siness due to any involvement in a see issued contrary to Wis. Stat. Of for submitting false statements a	questions completely and another tier of the alcohol Chapter 125 shall be void nd affidavits in connection

# Alcohol Beverage License Application

For	Municipal Use Only
Municipality	Evansuille
License Peri	25-26

License(s) Requested: (up to two boxes may be checked)		F	Fees		
Class "A" Beer \$	Class "B" Beer \$ 100	License Fees	\$ 600		
Class A" Liquor \$	"Class B" Liquor \$ 50	Background Check	-		
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$100		
"Class C" Liquor (wine only) \$		Total Fees	\$714		
Part A: Premises/Business Informa					
Legal Business Name (individual name if sold     Business Trade Name or DBA	e proprietorship)	LC			
3. FEIN 92-04365 5. Entity Type (check one)	July 9 4. Wisconsin S	eller's Permit Number	989206		
Sole Proprietor Partnership	Limited Liability Company	☐ Corporation ☐ No	inprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Regi	stration Number		
9. Premises Address	11-1-2022				
50 union S	+				
10. City SVANSVILL		11. State 12. Zip 0	63534		
13. County C	14. Governing Municipality: City of:	Town Village 15. Alder	manic District		
16. Premises Phone \$\infty 87 - 1170	17. Premises Email  Trappers bar 50 6	18. Website			
	Jing, including living quarters. Authorized alcotton. Attach a map or diagram and addition in a secure, 100 mg vooms, all all nells and additions.	ohol beverage activities and stor	age of records may occur		
21. City		22. State 23. Zip 0	Code		
100			7/7		
Part B: Questions					
Has the business (sole proprietorship, p violating federal or state laws or local or  If you list the details of violation below.	rdinances? Exclude traffic offenses unle				
If yes, list the details of violation below.  Law/Ordinance Violated	Location .	Trial Date			
	Location ,	mai Date			
Penalty Imposed		Was sentence completed?	Yes No		
Law/Ordinance Violated	Location	Trial Date			
Penalty Imposed		Was sentence completed?	Yes No		

Are charges for any offenses per beverages.				
If yes, describe the nature and st	atus of pending charges using t	the space below	v. Attach additional sheets	s as needed.
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any interest in a	n alcohol beve	rage producer or distribut	related tor?  \( \sum \) Yes \( \sum \) No
Is the applicant business owned     If yes, provide the name(s) and F	by another business entity? FEIN(s) of the business entity or	wners below. At	tach additional sheets as	Yes No needed.
4a. Name of Business Entity		4b. Business Er	ntity FEIN	
5. Have the partners, agent, or sole this license period? Submit proof	f of completion			Yes No
6. Is the applicant business indebte				
7. Does the applicant business owe	past due municipal property ta	xes, assessme	nts, or other fees?	Yes No
Part C: Individual Information				
List the name, title, and phone number f Question 4: sole proprietor, all officers, of managers, and agent of a limited liability	directors, and agent of a corporation	or nonprofit orga		
Include Form AB-100 for each person lis	sted below. Corporations and LLCs	must appoint an	agent by including Form AB-	-101.
Last Name	First Name	Title	e	Phone
Schuh	Travis	(	MINER	
Slile	Vanossa	j	na wa aa r	
2108	Variable		ind or get	4
Part D: Attestation	50 KUSUS - 50			
One of the following must sign and	attest to this application:		STATE OF THE PARTY	
	general partner of a partnership	• one co	orporate officer • on	e member of an LLC
READ CAREFULLY BEFORE SIGNIN I am acting solely on behalf of the applinghts and responsibilities conferred by according to the law, including but not to any portion of a licensed premises direvocation of this license. I understand understand that I may be prosecuted for ingly provides materially false informations.	icant business and not on behalf of the license(s), if granted, will not be limited to, purchasing alcohol beve- during inspection will be deemed a re dithat any license issued contrary to or submitting false statements and a	f any other individue assigned to an erages from state refusal to allow in o Wis. Stat. Chap affidavits in conne	dual or entity seeking the lice other individual or entity. I a authorized wholesalers. I uspection. Such refusal is a roter 125 shall be void under ection with this application, a	ense. Further, I agree that the agree to operate this business inderstand that lack of access misdemeanor and grounds for penalty of state law. I further ind that any person who know-
Last Name Scheen		Name TYQVI	5	M.I.
Title	Email TYOPP	ers bour	50@gmail	Phone
Signature	, ,		Date 4-10-2	5
Part E: For Clerk Use Only			1 10 0	
Date Application Was Filed With Clerk	License Number		Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if applicable)

AB-200 (N. 03-24)

Travis

Form AB-101

# Alcohol Beverage Appointment of Agent

Date\_4-10-25

Original (no fee)	Cuccescar (\$10 fee fee	nunicinal licensess only	\		
Original (no lee)	Successor (\$10 fee for r	nunicipal licensees only,	)		
Part A: Business Inform	ation	SE TO EVEN			
. Legal Business Name (individ	ual name if sole proprietor)	0 111 1	1.7		
Trappers	BAR WILL	brill 1			
. Business Trade Name or DBA		V			
Entity Type (check one)	Limited Liability Compar	Corporat	tion N	onprofit Organiz	zation
. Alcohol Beverage Business A		5. If successor agent, pro	ovide State Permit or	Municipal Retail L	icense Number
Municipal Retail Lice	The state of the s				
Describe the reason for appoi	nting a successor agent, if successor	or is checked above.			
Part B: Agent Information	on				28 5 4 4 1
	on	2. First Name			3. M <sub>4</sub> J.
	on	2. First Name			3. M <sub>1</sub> i.
TARREST TO SECURITION OF THE PARTY OF THE PA	on ,	2. First Name			3. M <sub>3</sub> I.
Schuh	on .	2. First Name		5. Phone	3. M <sub>4</sub> l.
Schuh		2. First Name		5. Phone	3. Myl.
Schuh	sopamail	2. First Name		5. Phone	3. Myl.
Email Trappers bar		2. First Name		5. Phone	3. Myl.
Email Trappers bar		2. First Name		5. Phone	3. Myl.
Email Trappers bar		Travis			3. Myl.
Email Home Address		2. First Name  8. State 9. Zip Coo	de	5. Phone	3. Myl.
Email Home Address		8. State 9. Zip Coo	de 25710		3. Myl.
Email Home Address  City Orfordvill	50 Dgmail	8. State 9. Zip Coo	3576	10. Age	
Email Home Address  City Orfordvill	50 Dgmail	8. State 9. Zip Coo	de 357 Voivers License/State ID	10. Age	
Email Home Address City Orfordvill	50 Dgmail	8. State 9. Zip Coo	3576	10. Age	
Email Home Address  City Orfordvill	50 Dgmail	8. State 9. Zip Coo	3576	10. Age	3
Email Home Address  City Orfordvill	50 Dgmail	8. State 9. Zip Coo	3576	10. Age	
Email Home Address City Orfordvill	50 Dgmail	8. State 9. Zip Coo	3576	10. Age	
Email Home Address  City Orfordvill	50 Dgmail	8. State 9. Zip Coo	3576	10. Age	
Email  Home Address  City  O'For AVILL  I. Drivers License/State ID Nur	50(Dgmail	8. State 9. Zip Coo	3576	10. Age	3
Email  Home Address  City  O'For AVILL  I. Drivers License/State ID Nur	50(Dgmail	8. State 9. Zip Coo	3576	10. Age	
Email Home Address City Or Hoy Chill Drivers License/State ID Nur	Sow gmail  and a server train  seponsible beverage server train	8. State 9. Zip Cod   W   5	357 W ivers License/State ID W	10. Age	
Email Home Address  City  City  1. Drivers License/State ID Nur  Part C: Agent Questions  Have you satisfied the res Submit proof of completion	Sow gmail  and a server training.	8. State 9. Zip Cod W 5	357 W ivers License/State ID W	10. Age O State of Issuance	Yes N
Submit proof of completion	Social gmail  and a sponsible beverage server training.  AB-100, Alcohol Beverage In	8. State 9. Zip Cod W 5	357 W ivers License/State ID W	10. Age O State of Issuance	Yes N

-1-

Part D: Business Attestation		
corporation, nonprofit organization, or lin beverage activities on such premises. I con on behalf of the entity. If I am appointing I understand that I may be prosecuted for	I, the <b>Undersigned</b> , authorize the above-named mited liability company with full authority and concertify that I am authorized by the above-named a successor agent, I rescind all previous agent a per submitting false statements and affidavits in contrally false information on this application may be	ntrol of the premises and of all alcohol entity to authorize this individual to act appointments for this premises. Further, connection with this application, and that
Schuh	First Name	M.I.
Title O WON OR 1	Email	Phone
Signature		Date 4-10-25
		1.
Part E: Agent Attestation		
nonprofit organization, or limited liability on the premises for the above-named b	I, the <b>Agent</b> , herby accept this appointment as a company and assume full responsibility for the cousiness. I further understand that I may be proslication, and that any person who knowingly proving than \$1,000 if convicted.	onduct of all alcohol beverage activities secuted for submitting false statements
Last Name SChull 2	First Name	M.I.
Signature		Date 4-10-25



# City of Evansville

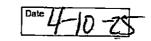
# www.ci.evansville.wi.gov

Date:Thursday, April 10, 2025 To:Police Department From:Leah Hurtley/Jolene Klitzman Phone:608-882-2266 Fax:608-882-2282 RE:Background Checks: Renewals 3.1 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

Na Na	ame "		Po	lice Department	Réview
Last	First	DOB	Date	Approve/Den y w/ Initials	Notes
Schuh	Travis		194-24-25	A - 05	· · · · · · · · · · · · · · · · · · ·
Siye	Vanessa M.				-
	Läst Schuh	Last First Schuh Travis	Last First DOB  Schuh Travis	Last First DOB Date  Schuh Travis 04-24-25	Last First DOB Date Approve/Den Winitials  Schuh Travis 04-24-25 A Siye Vanessa M. 04-24-25 A

### \*Form ' **AB-100**

### **Alcohol Beverage** Individual Questionnaire



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

· sale proprietar

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

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

F= 1.2 = 1.2		<del></del>			- Submitted.
Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor)			ALVII	ر ز ز	
rappers BAR a	<u>Jhc</u>	<u> </u>	<u>11100</u>		
2. Business Trade Name or DBA					
3. Entity Type (check one)					
Sole Proprietor Partnership Cimited	Liabili	ty Compa	ny 🗌 Corporat	jon 🔲 🛭	Nonprofit Organization
Part B: Individual Information	_=		<u> </u>		<b>-</b> - <del> </del>
1. Last Name	2.月	rst-Name	* *		3. M.I.
Schuk.		1774	Z1 \		
4. Relationship to Business (Title) 5 Smoil		1 4 4			<u> </u>
Owner					
7. Home Address		-1400	The second second		1
8. City		9. State	10. Zip Code	. 1	1. Date of Birth
DYTOXAVILLE		$\mathcal{W}$	1535/4		
12. Drivers License/State ID Number		- · g	13. Drivers License/	State ID State	of Issuance
		<u></u>			
Part C: Address History					
1. Do you currently reside in Wisconsin?			~ - ~	<del>and a second a</del>	Yes No
If you to 1 above how long have you continuously lived in	185	-1			Years Months
If yes to 1 above, how long have you continuously lived in	VVISCO	ong nienc	r to the date of applic	ation?	777
2. List in chronological order all of your addresses within the	last 5	vears. At	tach additional sheet:	s if necessar	1701 <u>-</u>
Previous Address 1	City	700.2.7	E "	State	Zip Code
	A	vino	duilo	12	53574
Previous Address 2	City	t Tu	Cruru	State	Zip Code
•				, =, ===	Lip Gode
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. A	\ttach	additional	sheets if necessary.		
State County State County		State	County	State	County
		1 '	1	1	1 ,
State County State County			County		ļ.

Continued →

Travis

Form AB-101

# Alcohol Beverage Appointment of Agent

Date 4-10-25

Agent Type (check one)					
Original (no fee)	Successor (\$10 fee for m	nunicipal licensees only)			
Part A: Business Info					
1. Legal Business Name (indi-	vidual name if sole proprietor)  BA	Grill LLC			
3. Entity Type (check one)	∑ Limited Liability Company	y Corporation	□ No	nprofit Organiza	ation
4. Alcohol Beverage Business  Municipal Retail L	the state of the s	5. If successor agent, provide St	ate Permit or M	lunicipal Retail Lic	cense Number
Describe the reason for app	pointing a successor agent, if successor	r is checked above.			
Part R: Agent Informa	tion				
	tion	2 First Name			3 Mal.
	tion	2. First Name			3. M.J.
Schuh	tion	2. First Name		5 Phone	3. M.J.
Schuh	tion amail	2 First Name		5. Phone	3. M <sub>4</sub> i.
Email Trappers ba	r sowgmail	2 First Name		5. Phone	3. M.J.
Part B: Agent Informa Last Name Schuch Email Transpers ba Home Address	r sologmail	2 First Name		5. Phone	3. M.l.
Last Name Schuh  Email  Trappers ba  Home Address	r sopgmail	Travis		N 10 a	3. M <sub>4</sub> l.
Last Name Schuh  Email  Trappers ba  Home Address	r sowgmail	8. State 9. Zip Code	710	5. Phone 10. Age	3. M.J.
Email Trappers based to the Address  City Orfordvill	r sop grail	8. State 9. Zip Code W1 535	76	10. Age 43	<u>)</u>
Email Trappers bases Home Address Total City Or For AVI	r sop grail	8. State 9. Zip Code W1 535	7 Conse/State ID	N 10 a	<u>)</u>
Email Trappers bases Home Address Total City Or For AVI	r sop grail	8. State 9. Zip Code W1 535	27 Copense/State ID	10. Age 43	<u>)</u>
Email Trappers bases  City Orfordvill	r sop grail	8. State 9. Zip Code W1 535	OT Conse/State ID	10. Age 43	<u>)</u>
Email Trappers based to the Address  City Orfordvill	r sop grail	8. State 9. Zip Code W1 535	OT Conse/State ID	10. Age 43	<u>)</u>
Email  Trappers bases  Home Address  City  Or For All  In Drivers License/State ID N	s sologmail	8. State 9. Zip Code W1 535	27 Vo	10. Age 43	<u>)</u>
Email  Trappers bases  Home Address  City  City  Drivers License/State ID N	s sologmail	8. State 9 Zip Code W 535	OT Conse/State ID	10. Age 43 State of Issuance	
Email  Transpers bases  Home Address  City  City  Drivers License/State ID N	Solognar L	8. State 9 Zip Code W 535	Cense/State ID	10. Age 43 State of Issuance	<u>)</u>
Email  Transpers bases  Home Address  City  City  Part C: Agent Question  Have you satisfied the Submit proof of completed February and process  Have you comple	Solognar L	8. State 9 Zip Code 535 12 Drivers Lie	27 Copense/State ID	10. Age 43 State of Issuance	

# 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 First Name Phone Date Phone Date Phone Date Phone Carefitulty BEFORE SIGNING: I, the Agent, herby 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.

Date

# Chapter 90

### SOLICITORS1

Sec. 90-1.	Registration Required
Sec. 90-2.	Definitions.
Sec. 90-3.	Exemptions.
Sec. 90-4.	License application requirements
Sec. 90-5.	Investigation, Issuance & Denial.
Sec. 90-6	Appeal
Sec. 90-7	Revocation
Sec. 90-8.	Bond.
Sec. 90-9.	Regulations.

<sup>1</sup> Cross references: Businesses, ch. 22; streets, sidewalks and other public places, ch. 106.

### **SOLICITORS**

### Sec. 90-1 Registration Required

It shall be unlawful for any solicitor to engage in direct sales or solicitation activities within the City of Evansville without first obtaining a license therefor in compliance with the provisions of this division.

(Ord 2021-13)

### Sec. 90-2. Definitions<sup>2</sup>.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

- (a) <u>"Business"</u> includes all vocations, occupations, services, professions, enterprises, establishments and all other kinds of activities and matters intended to generate revenue or conduct for private profit or benefit, either directly or indirectly, located within the City's jurisdiction.
  - (b) "Solicitor" is defined as follows:
  - (1) Any person, both principals and agents, as well as employers and employees, who intend to sell, offer for or expose for sale, or who shall trade, deal or traffic in, any property or services in the city by going from house to house or from place to place or by indiscriminately approaching individual, whether on foot or by vehicle.
  - (2) Person seeking to obtain orders, prospective customers or subscriptions for the purchase of goods, publication or services of any kind, character whatsoever, for any consideration whatsoever;
  - (3) Any person, while offering for sale any goods, wares, merchandise, services or anything of value, stands in a doorway or uses any building, structure, vehicle, unenclosed vacant lot, parcel of land or any other place not used by such person as a permanent place of business; or
  - (4) Persons seeking to obtain gifts or contributions of money, clothing or any other valuable thing for the support or benefit of any association, organization, corporation or project, not otherwise exempt under this chapter.
- (c) <u>"Registered Solicitor"</u> means and includes a person or business that has obtained a solicitor's permit as provided in this chapter.
- (d) <u>"Residence"</u> means and includes every separate living unit occupied for residential purposes by one or more persons, contained within any type of building or structure.

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<sup>&</sup>lt;sup>2</sup> **Cross references:** Definitions generally, § 1-2.

- (e) <u>"Police Chief or Chief of Police".</u> Shall mean the City Police Chief and/or their designated representative.
- (f) "City Clerk or Clerk". Shall mean the City Clerk and/or their designated representative.

(Code 1986, § 12.07(1), Ord 2021-13)

### Sec. 90-3. Exemptions.

No license shall be required under this chapter of the following:

- (1) Officers or employees of the City, County, State or Federal Government, or any subdivision thereof, when on official business.
- (2) Persons selling personal property at wholesale to dealers in such articles.
- (3) Merchants or their employees delivering goods to regular customers on established routes; items to include but not limited to newspapers, fuel, dairy products
- (4) Farmers or truck gardeners offering to sell the products of the farm or garden occupied and cultivated by them.
- (5) A veteran holding a special state license under Wis. Stats. § 440.51, but he/she shall comply with sections 90-9.
- (6) Any person soliciting for charitable, religious, patriotic or philanthropic purposes where the proceeds thereof are devoted solely to the purposes of the organization.
- (7) Sales required by statute or order of a court.
- (8) Bona fide auction sales conducted pursuant to law.
- (9) Minors under the age of eighteen (18) who are residents of the City of Evansville conducting "fundraisers" for youth programs, such as athletics, scouting or school programs, or youth sales such as lemonade stands.
- (10) Candidates for local political office, campaign workers, members and representatives of political organizations campaigning on behalf of local elections for petitions to be submitted to the City of Evansville.

(Code 1986, § 12.07(2), Ord 2021-13)

### Sec. 90-4. License application requirements.

- (a) <u>Application information</u>- The application for a Solicitor's Permit shall include the following information:
  - (1) Name, permanent address and telephone number, and temporary address, if any.

- (2) Height, weight, color of hair and eyes, and the date of birth.
- (3) Name, address and telephone number of the person that the peddler represents or is employed by, or whose merchandise is being sold.
- (4) Temporary address and telephone number from which business will be conducted, if any.
- (5) Nature of business to be conducted and a brief description of the merchandise offered and any services offered.
- (6) Proposed method of delivery of merchandise, if applicable.
- (7) Make, model and license number of any vehicle to be used by applicant in the conduct of his business.
- (8) Last cities, villages, towns, not to exceed three, where applicant conducted similar business just prior to making this registration.
- (9) Statement as to whether applicant has been convicted of any crime or ordinance violation related to applicant's transient merchant business within the last five years, the nature of the offense and the place of conviction.
- (10)Attached to the application form shall be two recent photographs of the applicant, which pictures shall be not less than two inches by two inches and showing the face and shoulders of the applicant in a clear and distinguishing manner
- (11) Any other information the deemed necessary
- (b) <u>Identification and Certification</u>-Applicants shall present to the City Clerk for examination
  - (1) A driver's license or other proof of identity as may be reasonably required.
  - (2) A state certified certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities.
  - (3) Any application for a solicitor to engage in the sale of food or beverages shall be referred to the Rock County Health Department for approval and issuance on a certificate of health inspection. The applicant's equipment shall be subject to inspections by the Rock County Health Department at the time of application and at periodic intervals thereafter.

### (c) Application fees

- (1) At the time of filing application, the applicant for a license under this chapter shall pay to the City Clerk a fee as established by the Council from time to time by resolution and as set forth in appendix A to cover the cost of investigation of the facts stated in the application.
- (2) Solicitors of funds or donations for charitable or other organizations shall comply with all provisions in this chapter, but shall be exempt from the application fee;

- such applicants, however, shall pay an amount equal to the CIB investigation fee currently charged by the Department of Justice.
- (3) Upon payment of the fee and pending completion of the investigation in sec. 90-5, the City Clerk shall register the applicant as a solicitor and issue the license. The license shall be valid for a period no more than one (1) year expiring on December 31<sup>st</sup>, subject to subsequent refusal as provided in Sec 90-5 below.
- (4) All fees paid under this chapter are non-refundable.

### (d) License Reprint

- (1) If a license reprint is needed the applicant shall pay to the City Clerk a fee as established by the Council from time to time by resolution as set forth in appendix A.
- (2) If a reprint is requested two additional recent photographs of the applicant, which pictures shall be not less than two inches by two inches and showing the face and shoulders of the applicant in a clear and distinguishing manner must be provided.

(Code 1986, § 12.07(3), Ord 2021-13)

### Sec. 90-5. Investigation, Issuance and Denial.

### (a) Background Check

- (1) Upon receipt of a completed application form and fee, the City Clerk shall indicate upon the face of the form whether the fee has been paid and then refer it to the Police Chief who may make and complete an investigation of the statements made upon the application form, the applicant or both.
- (2) The Police Chief shall review the application and either recommend or not recommend issuance of a licenses then return it to the City Clerk.

### (b) Recommended

(1) In the event that the Police Chief recommends such application, the City Clerk shall issue a Solicitor's License to the applicant.

### (c) Non Recommend

- (1) In the event the Police Chief does not recommend issuance of such application, the City Clerk shall not issue a solicitor license to the applicant.
- (2) A Solicitor's license may be denied if the Police Chief or the City Clerk find anyone or a combination of the following:
  - (a) The application contains any material omission or any inaccurate, false, or misleading statement.
  - (b) The applicant violated any provisions of any similar or related state, federal, or local ordinance or law anywhere in the previous five years.

- (c) That there is a reason to believe that the applicant or the company violated any provision of any similar or related state, federal or local ordinance or law anywhere in the previous five years.
- (d) The applicant failed and/or fails to comply with any provisions in this chapter.
- (e) Within the previous 10 years, committed any act consisting of fraud or misrepresentation directly related to the occupation of solicitor.
- (f) Within the previous 10 years, been convicted of a misdemeanor or felony involving moral turpitude or assault.
- (g) Committed any offense for which registration as a sex offender is a legal requirement of conviction for that offense.
- (h) The Chief of Police finds that the applicant's proposed activity and/or issuance to the applicant of a Solicitor's license might not be consistent with, or might be contrary to, or might not be in the best interest of, or otherwise not in the furtherance of, the health, safety or welfare of the community.

### Sec. 90-6 Appeal

- (a) Any person denied approval of a Solicitor's License may appeal such decision to the Public Safety Committee at one of its regularly scheduled meetings but submitting a written request with the City Clerk's office within five days of receiving notice of denial and permit non-issuance.
- (b) The Public Safety Committee will review the appeal request and any recommendations from the Police Chief. The Public Safety Committee shall decide by majority of those voting whether to grant or deny a Solicitor's License to the applicant.

### Sec. 90-7 Revocation

License may be revoked by The police Chief, Public Safety Committee or City Clerk if the applicant made any material omission or materially inaccurate statement in the application for registration, made any fraudulent, false, deceptive or misleading statement or representation in the course of engaging in direct sales, violated any provision of this Chapter or was convicted of any crime or ordinance or statutory violation which is directly related to the registrant's fitness to engage in direct selling.

(Code 1986, § 12.07(4), Ord 2021-13)

### Sec. 90-8. Bond.

Every applicant for a license under this chapter who is not a resident of the county or who represents a firm whose principal place of business is located outside of the state shall file with the city clerk a surety bond in the amount of \$500.00, approved by the clerk, conditioned that the applicant will comply with all provisions of the ordinances of

the city and state laws regulating solicitors, and guaranteeing to any person doing business with the licensee that all money paid as a down payment will be accounted for and applied according to the representations of the licensee, and further guaranteeing that property purchased for future delivery will be delivered according to the representations of the licensee. Action on such bond may be brought by any person aggrieved.

(Code 1986, § 12.07(5), Ord 2021-13)

### Sec. 90-9. Regulations.

### (a) Prohibited Practices

- (1) No person licensed under this chapter shall, in hawking his wares, create such noise as is annoying to a person of ordinary sensibilities. (Code 1986, § 12.07(6), Ord 2021-13)
- (2)<sup>3</sup> No licensee under this chapter shall use the public streets or sidewalks for purposes of sales in such a manner as to impede or inconvenience the public use of the streets or sidewalks. (Code 1986, § 12.07(7), Ord 2021-13)
- (3) A solicitor shall be prohibited from: calling at any dwelling or other place between the hours of eight o'clock (8:00) p.m. and nine o'clock (9:00) a.m., except by appointment;
- (4) Calling at any dwelling of other place where a sign is displayed bearing the words "No Peddlers", "No Solicitors", or words of similar meaning.
- (5) Calling at the rear door of any dwelling place, or remaining on any premise after being asked to leave by the owner, occupant, or other person have authority over such premises.
- (6) Litter, accumulate, or allow the littering or the accumulation of any litter, refuse, or rubbish in or around the area in which such solicitor is conducting business.
- (7) A direct seller shall not misrepresent or make false, deceptive or misleading statements concerning the quality, quantity, or character of any goods offered for sale, the purpose of his/her visit, his/her identity, or the identity of the organization he/she represents.
- (8) In the event that the person is acting on behalf of a charitable, benevolent, educational or non-profit organization or corporation, refuse to specifically and accurately disclose, as a percentage of the sale or donation price of the goods or services, the portion of the sale or donation price of the goods or services offered which shall actually be used for the charitable, benevolent, educational or non-profit purpose for which the solicitation is being made.

<sup>&</sup>lt;sup>3</sup> Cross references: Streets, sidewalks and public places, ch. 106.

(9) Violate any other ordinance or law.

### (b) Disclosure Requirements

- (1) After the initial greeting and before any other statement is made to a prospective customer, a peddler shall expressly disclose his/her name, the name of the company or organization he/she is affiliated with, if any, and the identity of goods or services he/she offers to sell.
- (2) If any sale of goods is made by a peddler, or any sales order for the later delivery of goods is taken by the seller, the buyer shall have the right to cancel the transaction if it involves the extension of credit of more than twenty-five dollars, or is a cash transaction, in accordance with the procedure as set forth in Section 423.203 of the Wisconsin Statutes; the seller shall give the buyer two copies of a typed or printed notice of that fact. Such notice shall conform to the requirements of Sections 423.203(1)(a)(b)and (c), (2) and (3) of the Wisconsin Statutes.
- (3) If the solicitor takes a sales order for the later delivery of goods, he/she shall, at the time the order is taken, provide the buyer with a written statement containing the terms of the agreement, the amount paid in advance, whether full, partial or no advance payment is made, the name, address and telephone number of the seller, the delivery or performance date and whether a guarantee or warranty is provided, and, if so, the terms thereof.
- (4) Possession/Display of License. Solicitor shall at all times when engaging in direct sales activities, have on their person and visibly display to the public, the license issued pursuant to this section, as well as photo identification. Solicitors shall show their license to sell issued by the City of Evansville, as well as photo identification upon request.

(Ord. 2021-13)

7I-1

# 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 Lice	nsed P	remise 	APPLIC	ATION FEE WILL NOT BE REF	UNDED IF DENIED OR WITHDRAW	N
Number of License	d Prem	iise(s):		x \$10.00 = \$ /O —	Total Due	
License Type: (Check one)	X	Beer Only	y	Wine Only		_
Event Name: Foundly of		ULY				
Event Date: JULY 2-4				Event Time: 12-12		
Name of Person in Charge of Eve						
			Orga	nization		7
Bona fide Club		Ct	hurch		Lodge/Society	
Chamber of Commerce/ s Civic or Trade Organizatio		Fa	iir Assoc	/Agricultural Society	Veteran's Organization	
Organization Name: EUTWS	VILL	Com	01 W.W ( 1	y PORTNIPSILIT	· · · · · · · · · · · · · · · · · · ·	- 12
Address: Po Boy 69						
	7					
Date Organized:	If Co	orporation	, Date of	Incorporation:		
If organization is not required to hold	d a Wise	consin Sellei	's Permit	Pursuant to SS 77.54(7m), Wis	s. Stats., Check here	
	Nam	es and add	iresses o	f all Organization Officers:		1
President/Primary Officer: Jun	u B	RUOICS		310 5 6th Sr	EUNWSUILICE	
Name		, <u></u>		Address	City/State/Zip	_
Vice President:			<del></del>	Address	City/State/Zip	
Secretary:				*	-	
Treasurer:				Address	City/State/Zip	_
Name				Address	City/State/Zip	_
Location of Premises were Beer and	l/or Wi	ne will be s	erved, co be	nsumed, or stored and areas v stored:	where Alcohol Beverage Records wi	Ī,
Address/Location Description:			IN PI	ME NEM WEREN	DIAMON B	
Do premises occupy all or part of bu		ours				_
If part of building, fully describe all p	premise	s covered u	nder this	application, which floor(s) & a	room(s) licenses is to cover:	_
		•		· · · · · · · · · · · · · · · · · · ·		
·						
		_				_
<b>Declaration:</b> An officer of the organiz and correct to the best of his/her kno application for a license may be requi	wledge	and belief.	Any pers	on who knowingly provides ma	provided in this application is true aterially false information in an	-
				1		-



# 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: JULY 2-6, 2025	EVENT TIME: /	2-12
NAME: JAMES BROOKED		DATE OF BIRTH: 8/8/1851-
ADDRESS: 310 5 6th ST 53536		, , , , , , , , , , , , , , , , , , ,
EMAIL: JAMES . A - BROWS @ CURCOK . COM	PHONE: 60	18 238 0587
Chapter 6 of the Evansville Code and the WI Publication 309 (R laws and requirements which you are governed by and with whe The City Clerk's Office will provide you a copy of this ordinance application must be fully completed, and submitted to the City the required fees.	nich you are re and the State Clerk's Office a	sponsible for knowing and must comply with.
ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARIL  I, the undersigned being duly sworn on oath, affirm that within following:  Successfully completed a responsible Alcohol Servers of Held a Wisconsin Operator's License for the City of Evaluation An Alcohol Agent for a Retail Alcohol License  The Sole Proprietor of Retail Alcohol License.	the last two (2	2) years have been/or completed one of the
I acknowledge I am the responsible party for this event and I ag for said event. I further acknowledge that I am familiar with or I Signature of Mai	have asked for	the laws which regulate the activities planned copies of such laws.  ### Date
FOR MUNICIPALITY USE C	NLY BELOW THE	S LINE
Police Chief Recommenda	ation and Comn	nents:
Recommend Non-Recommend	Re	ecommend with conditions
Police Chief's	Sizmat.uza	
Folice Cities 5	Signature	Date
Date Filed with Clerk: 5-5-25	Date License Iss	ued:
200	Clerk's Signatur	
	elerk 3 Jignatur	City of Evansville
Notes & Receipt Information:		

Receipt: 1.158650 10.00 EVANSVILLE COMMUNITY PA May 5, 2025 12:51 PM May 7<sup>th</sup>, 2025

Evansville Police Department

**Public Safety Report** 

### > Training:

- Officers Schmidt and Johnson attended PACE Background Investigations.
- Lt. Reilly and Quinn attended the WILEAG Accreditation Assessor Training.
- Officers Hanson and Schwark passed the final PRT test and are in the final week of the Police Academy. The final exam is scheduled for May 9<sup>th</sup>. They are on track to graduate on May 16<sup>th</sup>.

### **Community Outreach:**

- Chief Jones and Officer Schmidt participated in the Drug Takeback Event at Creekside.
- Chief Jones, Officer Nankee and Officer Z participated in the Statewide Drug Takeback Event on April 26<sup>th</sup>. Total drugs received since the last takeback event in October 2024 was 130.9 lbs.
- Chief Jones and Officer Nankee participated in the Civics Day event for JC McKenna Middel School.
- **Calls for service:** As of 05/01/25 April 2024: 1458 April 2025: 852

### Police Commission/Staffing:

- Police Commission did not meet in April.
- Officers Hanson and Schwark passed the final PRT test and are in the final week of the Police Academy. The final exam is scheduled for May 9<sup>th</sup>. They are on track to graduate on May 16<sup>th</sup>.
- Two applicants are in the process of background investigations to fill the 2 full-time positions that are currently vacant.

### > Accreditation:

- EPD was awarded a 6-month extension on this Accreditation cycle to complete the proofs required for each standard.
- Lt. Reilly and Quinn attended the WILEAG Accreditation Assessor Training.

### **➤** Notable calls:

- A death investigation of a juvenile on S. Madison St was turned over to the ROSO Detective Bureau for investigation. Three people are facing charges in the investigation. The investigation is ongoing, and information is limited.
- 22 Traffic Stops Conducted 11 Citations Issued.
- 2 Domestic Incidents resulting in 2 arrests for Disorderly Conduct and Damage to Property.

### Admin update:

- Chief Jones has been working with the School District to plan a "Ride your Bike to School Day" scheduled for May 7<sup>th</sup>.
- Lt. Reilly is in the process of getting his contract finalized with the City.
- A new handicapped accessible door was installed for the lobby of the PD.
- The detached PD garage that is shared with EMS received substantial damage from the hailstorm on April 18<sup>th</sup>. Badgerland Exteriors is working with the City and insurance company to assess the damage to all city buildings and property.

# CAD Incidents By Type

Agency: EVPD

Printed:5/1/2025 10:07:04 AM

Covering Incidents From: 04/01/2024 00:00:01 To: 04/30/2024 23:59:59

Incident Type Description	# of Inicdents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	7	911
ABANDONED VEHICLE	1	AVR
ALARM	6	ALARM
ANIMAL COMPLAINT	21	ANM
ARMED SUBJECT	1	ARMD
ASSIST CITIZEN	19	ACIT
ASSIST FIRE OR EMS	21	FAST
ASSIST OTHER JURISDICTION	14	OJUR
BUSINESS CHECK	52	BCK
CHILD OFFENSE	3	CHILD
CIVIL DISPUTE	4	CD
DEATH INVESTIGATION	1	DOA
DISORDERLY CONDUCT	4	DC
DISTURBANCE	4	DIST
DRUG OFFENSE	3	DRUG
ESCORT/TRANSPORT	2	ESCORT
FAMILY PROBLEM	3	FAM
FOLLOWUP	72	FOL
FOOT PATROL	89	FOOT
HARASSMENT	5	HAR
HAZARDOUS CONDITION	14	HAZC
HIT & RUN	1	HR
KID PROBLEM	4	KID
LOUD NOISE	3	LOUD
MESSAGE DELIVERY	1	MESD
OPEN DOOR/WINDOW	2	OPEN
OPERATING WHILE INTOXICATED	2	OWI
ORDINANCE VIOLATION	6	ORD
OUT WITH SUBJECT	3	OWS
PARKING COMPLAINT	23	PARK
PHONE MESSAGE FOR OFFICER	1	PHONE
PROPERTY	8	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU

RESTRAINING ORDER/TRO VIOLATION	3	TRO
SCHOOL PATROL	56	SCHOOL
SECURITY CHECK	724	SECK
SEX OFFENSE	2	SEX
SPECIAL ASSIGNMENT	21	SPAS
STALLED VEHICLE	6	STALLD
SUSPICIOUS	12	SUSP
THEFT	4	THFT
THREAT	1	THREAT
TRAFFIC ACCIDENT	5	TA
TRAFFIC COMPLAINT	18	TC
TRAFFIC STOP	183	Т
TRESPASSING	2	TRES
UNWANTED PERSON	2	NOWN
VANDALISM	3	VAND
VEHICLE UNLOCK	4	UNLK
WARRANT SERVICE	2	WAR
WELFARE CHECK	9	WELF
Number of CAD Complaints During Period	1458	

City of Evansville EMS 11 W. Church St. Evansville, WI 53536 (608) 882-2269 Chief Carolyn Kleisch Public Safety Meeting May 7th, 2025

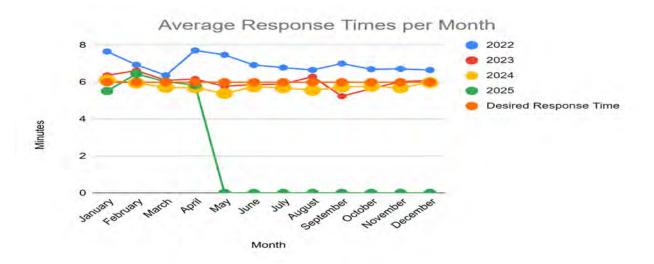
### 1. Calls for Service:

- a. 55 Calls during the month of March 2025 (641-2/642-53)
- b. 44 Calls during the month of March 2024. (641-3/642-41)
- c. To date call volume 2025-228
- d. To date call volume 2024-209

### **Updates:**

- 1- Refresher was held by Mercy with Run Review, and Airway management with vomiting/bleeding patients
- 2- EMS crew attended Family Fun night at the TRIS
- 3- EMS crew attended the HS Career Fair
- 4- Keri attended the Prescription and illicit drug conference in Tenn. She has been attending some BASE meetings, and they sent her there for the week.
- 5- Karla and Holly are back on running calls.
- 6- EMR class is complete. 2 FF and 2 others have passed for our departments. Now waiting on licensing and affiliation to start their training.
- 7- EMT-B in class to end In May, will take her National Registry and then plans to join as well.

vg 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
5.85	4.69	21.11	28.58	38.79	55



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	11	20.00%
Breathing Problem	8	14.55%
Sick Person	7	12.73%
Chronic Illness/Medical Condition	6	10.91%
Traffic/Transportation Incident/MVA	5	9.09%
Unconscious/Fainting/Near-Fainting	4	7.27%
Traumatic Injury	3	5.45%
Choking	2	3.64%
Overdose/Poisoning/Ingestion	2	3.64%
Assist Other Agency	1	1.82%
Cardiac Arrest/Death	1	1.82%
Convulsions/Seizure	1	1.82%
Back Pain (Non-Traumatic)	1	1.82%
Heart Problems/AICD	1	1.82%
Stroke/CVA	1	1.82%
Gunshot	1	1.82%
	Total: 55	Total: 100.00%